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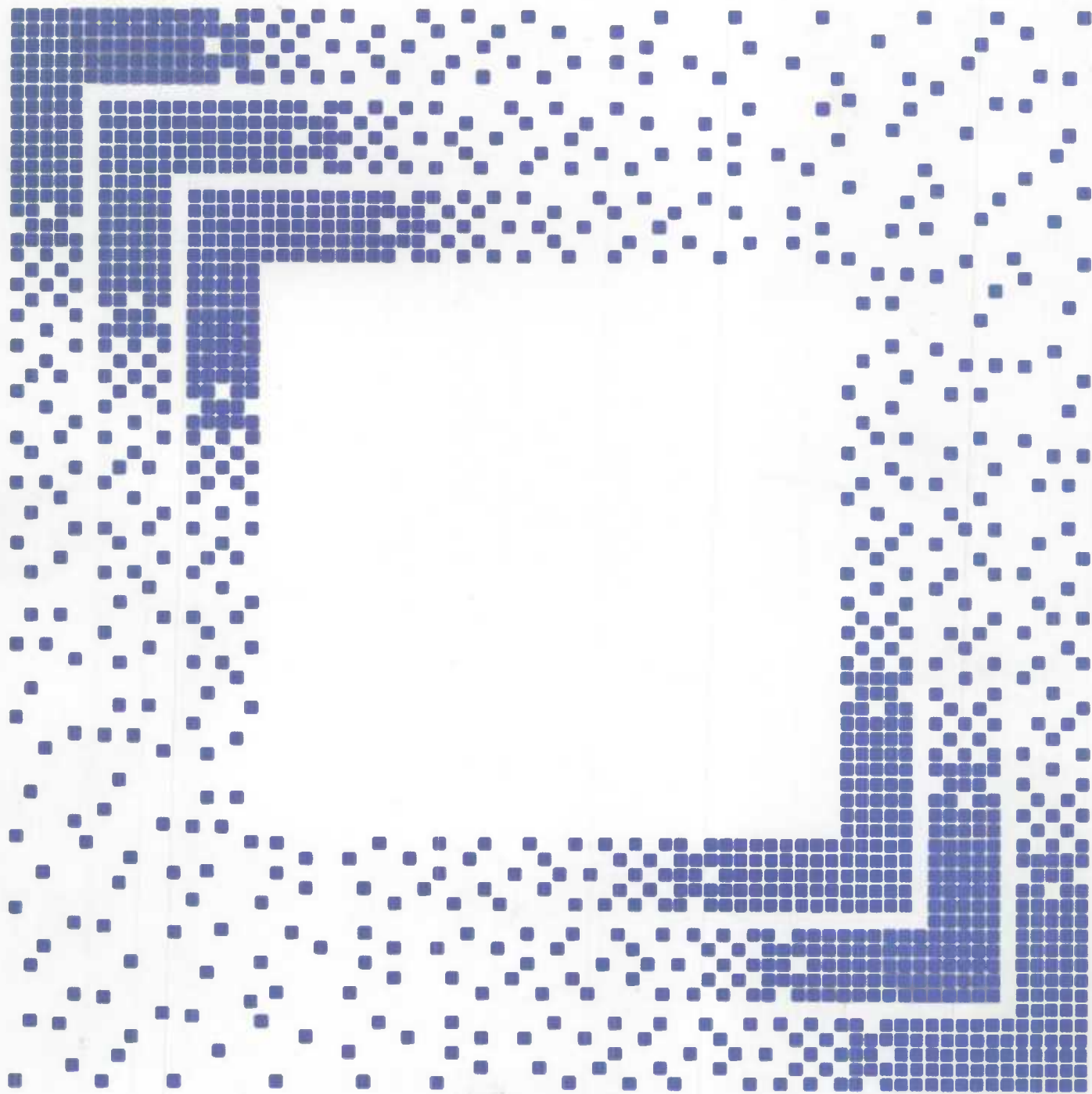
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General Social Survey

GENERAL SOCIAL SURVEYS

QUESTIONNAIRE PACKAGES

CYCLES 1, 2, 3, 4, 5, 6 AND 7



Statistics
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GENERAL SOCIAL SURVEYS

QUESTIONNAIRE PACKAGES

CYCLES 1, 2, 3, 4, 5, 6 AND 7

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GENERAL SOCIAL SURVEY
CYCLE ONE QUESTIONNAIRE PACKAGE

This package briefly describes the content of the first cycle of the General Social Survey and the different questionnaires, methodologies and samples involved. A copy of the longest questionnaire (GSS-3) is attached as Appendix A.

Content and Questionnaires

The first cycle of the General Social Survey was conducted in the last week of September and the first two weeks of October, 1985. The survey collected information on the health status of the population and on social support for the elderly. Questions on social support (Sections K, L, and M of the GSS-3, see below) were asked of persons 55 years and over only. The information for the GSS was collected using two different methods; interviews over the telephone and face-to-face interviews. The age groups interviewed, the method, and the type of information collected are shown below:

Questionnaire	Ages	Interview Method	Content
GSS-2	15 - 54	telephone	health status & support network
GSS-3	55 - 64	telephone	health status & social support
GSS-4	65 & over	face-to-face	health status & social support

Because of the varying methodologies and type of information collected three different questionnaires were designed, as indicated in the left margin of the above table. The GSS-3 has the maximum number of questions and sections and therefore it is the questionnaire which has been attached. For easier reference the Sections of the GSS-3 are titled and listed below:

GSS-3 Sections:

A. Health Problems	Q.s 1 - 10
B. Two Week Disability	Q.s 11 - 19
C. Health Care Services	Q.s 20 - 26
D. Long Term Disability	Q.s 27 - 37
E. Height and Weight	Q.s 38 - 40
F. Physical Activity	Q.s 41 - 52
G. Smoking	Q.s 53 - 62

H. Alcohol Use	Q.s 63 - 69
I. Sleeping	Q.s 70 - 72
J. Satisfaction	Q.s 73 - 75
K. Social Activities	Q. 76
L. Help Given to Others	Q.s 77 - 83
M. Household Activities Support	Q.s 84 - 103
N. Support Network	Q.s 104 - 128
O. Background Characteristics	Q.s 129 - 168

The GSS-4 questionnaire is identical to the GSS-3 except for the exclusion of Q.s 146 - 150 from the Background Characteristics Section. These five questions which ask about household telephones are pertinent to the telephone sample only.

Sections A through J of the GSS-2 questionnaire are identical to that of the GSS-3. The three sections on social support, Sections K, L, and M of the GSS-3, are excluded from the GSS-2. The remaining two sections of the GSS-3, Support Network and Background Characteristics, are included on the GSS-2 as Sections K and L respectively.

Samples

The telephone sample, consisting of persons aged 15 to 64 was created through random digit dialing. Each computer generated telephone number in the sample was called. When a private household was reached an interviewer completed a selection control form (GSS-1), shown in Appendix B. The interviewer used the GSS-1 to list all the eligible household members (persons 15 - 64) and to record age, sex and household relationships. One person in the household was then randomly selected to be interviewed. Approximately 8,150 telephone interviews were completed with an overall response rate of over 84%.

The sample of persons 65 years and over selected for personal interviews was drawn from the groups which rotated out of the Labour Force Survey in June and July, 1985. All the persons in these groups who were 65 years and over, were recontacted and asked to participate in the GSS. The age, sex, marital status and household composition were collected previously as part of the LFS. Approximately 3,150 personal interviews were completed with a response rate of 87%.

Nov. 29, 1985



- - Telephone Number (Item 1, GSS-1)

Page-Line No. (Item 40-41, GSS-1)

Age (Item 44, GSS-1)

GSS-3

CONFIDENTIAL when completed

GENERAL SOCIAL SURVEY
HEALTH AND SOCIAL SUPPORT
QUESTIONNAIRE
AGES 55 AND OVER

SECTION A

I would now like to ask you some questions related to your health. Most of the questions are about specific health concerns but the first question is about health in general.

1. How would you describe your state of health? Compared to other persons your age, would you say it was...

- ☐ 1 Excellent
☐ 2 Good
☐ 3 Fair, or
☐ 4 Poor?

2. Now I'd like to ask you some questions about your blood pressure. How long ago did you last have your blood pressure checked?

- ☐ 1 Within last 6 months
☐ 2 7 to 12 months ago
☐ 3 13 to 24 months ago
☐ 4 More than 2 years ago
☐ 5 Never
☐ 6 Don't know

Go to 5

3. Have you ever been told by a doctor or nurse that you have high blood pressure?

- ☐ 1 Yes
☐ 2 No
☐ 3 Don't know

Go to 5

Note: Women should exclude high blood pressure due to pregnancy.

4. Has any medication or treatment such as a change in diet ever been prescribed for your high blood pressure?

- ☐ 1 Yes
☐ 2 No
☐ 3 Don't know

5. The next few questions refer to certain other health problems. Have you ever had trouble with your heart, such as a heart attack, angina, heart failure or rheumatic heart disease?

- ☐ 1 Yes
☐ 2 No
☐ 3 Don't know

Go to 7

6. At what age were you first diagnosed?

- ☐ 1 Never diagnosed
☐ 2 Don't know

7. Do you have diabetes?

- ☐ 1 Yes
☐ 2 No
☐ 3 Don't know

Go to 9

8. At what age were you first diagnosed?

- ☐ 1 Never diagnosed
☐ 2 Don't know

9. Do you have any respiratory problems such as asthma, emphysema, chronic bronchitis, persistent cough or shortness of breath?

- ☐ 1 Yes
☐ 2 No
☐ 3 Don't know

10. Do you have arthritis, rheumatism or bursitis?

- ☐ 1 Yes
☐ 2 No
☐ 3 Don't know

SECTION B

11. It is important in the next few questions for you to refer to the 14 day period from Sunday _____ to Saturday _____. During those two weeks, was your main activity working, going to school, keeping house or something else?

- ☐ 1 Working
☐ 2 Going to school
☐ 3 Keeping house
☐ 4 Other (specify) _____

Note: If sickness or illness is reported, ask for usual major activity.

12. During those 14 days did you stay in bed at all because of your health, including any nights spent as a patient in a hospital?

- ☐ 1 Yes
☐ 2 No → Go to 16

13. How many days did you stay in bed for all or most of the day?

14. Interviewer:

If code 4, 5 or 6 in Q 11. ☐ Go to 15
 Otherwise, ☐ Go to 16

<p>15. On how many of those days would you normally have ... { worked? gone to school? done housework? }</p> <div style="border: 1px solid black; width: 40px; height: 20px; margin-left: 20px;"></div>	<p>23. During the last 12 months, how many times did you see or talk to a medical specialist about your health?</p> <div style="border: 1px solid black; width: 40px; height: 20px; margin-left: 20px;"></div> <p>³⁷ <input type="radio"/> None</p> <p>³⁸ <input type="radio"/> Don't know</p>
<p>16. (Not counting days spent in bed) Were there any days in those 2 weeks that you cut down on things you normally do because of your health?</p> <p>³ <input type="radio"/> Yes</p> <p>⁴ <input type="radio"/> No → Go to 20</p>	<p>24. During the last 12 months, how many times did you see or talk to a dentist?</p> <div style="border: 1px solid black; width: 40px; height: 20px; margin-left: 20px;"></div> <p>³⁷ <input type="radio"/> None</p> <p>³⁸ <input type="radio"/> Don't know</p>
<p>17. How many days did you cut down for all or most of the day?</p> <div style="border: 1px solid black; width: 40px; height: 20px; margin-left: 20px;"></div>	<p>25. During the last 12 months, how many times did you see or talk to a nurse about your health, excluding making appointments?</p> <div style="border: 1px solid black; width: 40px; height: 20px; margin-left: 20px;"></div> <p>³⁷ <input type="radio"/> None</p> <p>³⁸ <input type="radio"/> Don't know</p>
<p>18. Interviewer:</p> <p>If code 4, 5 or 6 in Q. 11, ¹ <input type="radio"/> Go to 19</p> <p>Otherwise, ² <input type="radio"/> Go to 20</p>	<p>26. Did you spend any nights as a patient in a hospital, nursing home or convalescent home during the last 12 months?</p> <p>¹ <input type="radio"/> Yes → How many nights? <div style="border: 1px solid black; width: 40px; height: 20px; margin-left: 10px;"></div></p> <p>² <input type="radio"/> No</p>
<p>19. On how many of those days were you not able to ... { work? go to school? do housework? }</p> <div style="border: 1px solid black; width: 40px; height: 20px; margin-left: 20px;"></div>	<p style="text-align: center;">SECTION D</p> <p>Now I would like to ask you some questions about what you can do on an average day, with any aids if you normally use them. Please exclude any temporary difficulties you might be experiencing due to pregnancy or injury.</p>
<p style="text-align: center;">SECTION C</p> <p>20. During those 14 days, did you see or talk to a medical doctor about your health?</p> <p>³ <input type="radio"/> Yes</p> <p>⁴ <input type="radio"/> No → Go to 22</p>	<p>27. Do you have any trouble walking 400 metres without resting; that's about 3 city blocks?</p> <p>¹ <input type="radio"/> Yes → <div style="border: 1px solid black; padding: 2px; display: inline-block;">Are you completely unable to do this?</div></p> <p>² <input type="radio"/> No ³ <input type="radio"/> Yes</p> <p>⁴ <input type="radio"/> No</p>
<p>21. What was the main reason for this contact?</p> <p>⁵ <input type="radio"/> Illness or health problem</p> <p>⁶ <input type="radio"/> Medical check-up</p> <p>⁷ <input type="radio"/> Shots, inoculations or vaccination</p> <p>⁸ <input type="radio"/> Pre or post-natal care</p> <p>⁹ <input type="radio"/> Other (specify) _____</p>	<p>28. Do you have any trouble walking up and down a flight of stairs?</p> <p>⁵ <input type="radio"/> Yes → <div style="border: 1px solid black; padding: 2px; display: inline-block;">Are you completely unable to do this?</div></p> <p>⁶ <input type="radio"/> No ⁷ <input type="radio"/> Yes</p> <p>⁸ <input type="radio"/> No</p>
<p>22. Now I'd like to ask you about your contacts during the last 12 months with the health care system.</p> <p>During the last 12 months, how many times did you see or talk to a general practitioner about your health?</p> <div style="border: 1px solid black; width: 40px; height: 20px; margin-left: 20px;"></div> <p>³⁷ <input type="radio"/> None</p> <p>³⁸ <input type="radio"/> Don't know</p>	<p>29. Do you have any trouble carrying an object of 5 kilograms 10 metres; that's like carrying a 12 pound bag of groceries about 30 feet?</p> <p>¹ <input type="radio"/> Yes → <div style="border: 1px solid black; padding: 2px; display: inline-block;">Are you completely unable to do this?</div></p> <p>² <input type="radio"/> No ³ <input type="radio"/> Yes</p> <p>⁴ <input type="radio"/> No</p>

30. Do you have any trouble standing for long periods of time; for example, waiting in line at a bank for 20 minutes or more?

- ¹ ☐ Yes → Are you completely unable to do this?
² ☐ No ³ ☐ Yes
⁴ ☐ No ⁴ ☐ No

31. Do you have any trouble, when standing, bending down to pick up an object from the floor?

- ¹ ☐ Yes → Are you completely unable to do this?
² ☐ No ³ ☐ Yes
⁴ ☐ No ⁴ ☐ No

32. Do you have any trouble cutting your own toenails?

- ¹ ☐ Yes → Are you completely unable to do this?
² ☐ No ³ ☐ Yes
⁴ ☐ No ⁴ ☐ No

33. Do you have trouble using your fingers to grasp or handle?

- ¹ ☐ Yes → Are you completely unable to do this?
² ☐ No ³ ☐ Yes
⁴ ☐ No ⁴ ☐ No

34. Do you have any trouble reaching above your head?

- ¹ ☐ Yes → Are you completely unable to do this?
² ☐ No ³ ☐ Yes
⁴ ☐ No ⁴ ☐ No

35. Do you have any trouble seeing well enough to read ordinary newspaper, with glasses if you normally wear them?

- ¹ ☐ Yes → Are you completely unable to do this?
² ☐ No ³ ☐ Yes
⁴ ☐ No ⁴ ☐ No

36. Do you have any trouble hearing what is said in a normal conversation with at least two persons, with a hearing aid if you normally use one?

- ¹ ☐ Yes → Are you completely unable to do this?
² ☐ No ³ ☐ Yes
⁴ ☐ No ⁴ ☐ No

37. Are you limited in the kind or amount of activity you can do at home, at work or at school because of a long term physical condition or health problem?

- ¹ ☐ Yes → How are you limited?
² ☐ No

SECTION E

The next few questions concern your physical condition and physical activity.

38. What is your height?

feet inches or centimetres

³ ☐ Don't know

39. What is your weight?

lbs. or kilograms

⁴ ☐ Don't know

40. Do you consider yourself to be ...

- ¹ ☐ Overweight
² ☐ Underweight
³ ☐ About the proper weight?

SECTION F

41. Thinking back over the last 3 months did you participate in active physical exercise, that is, exercise which made you perspire or breathe more heavily than normal?

- ¹ ☐ Yes
² ☐ No → Go to 50

42. What did you do? Anything else? (Mark all that apply.)

- ¹ ☐ Running or jogging
² ☐ Bicycling
³ ☐ Tennis
⁴ ☐ Exercise in a class or at home
⁵ ☐ Swimming
⁶ ☐ Raquetball or squash
⁷ ☐ Other (specify) _____
⁸ ☐ Other (specify) _____
⁹ ☐ Other (specify) _____

43. Over the last 3 months which did you do most frequently?

- ¹ ☐ Running or jogging
² ☐ Bicycling
³ ☐ Tennis
⁴ ☐ Exercise in a class or at home
⁵ ☐ Swimming
⁶ ☐ Raquetball or squash
⁷ ☐ Other (specify) _____

<p>44. How frequently did you participate in this activity?</p> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;">1</div> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;"></div> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;"></div> <div>times per week</div> </div> <p style="text-align: center; margin: 0;">OR</p> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;">2</div> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;"></div> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;"></div> <div>times per month</div> </div> <p><input type="radio"/> Less than once a month</p> <p><input type="radio"/> Don't know</p>	<p>50. Which of the following best describes the level of physical effort in your work or daily activities?</p> <p><input type="radio"/> Light – such as office work, driving, sitting...</p> <p><input type="radio"/> Moderate – such as vacuuming, carpentry, walking...</p> <p><input type="radio"/> Heavy – such as pushing or carrying heavy objects...</p> <p><input type="radio"/> Don't know</p>
<p>45. About how much time did you spend on each occasion?</p> <p><input type="radio"/> More than one hour</p> <p><input type="radio"/> 46 minutes to one hour</p> <p><input type="radio"/> 31 minutes to 45 minutes</p> <p><input type="radio"/> 16 minutes to 30 minutes</p> <p><input type="radio"/> 15 minutes or less</p> <p><input type="radio"/> Don't know</p>	<p>51. Over the past 3 months how frequently did you participate in light physical exercise or recreation such as walking, dancing, golfing, gardening, baseball, etc.?</p> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;">1</div> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;"></div> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;"></div> <div>times a week</div> </div> <p style="text-align: center; margin: 0;">OR</p> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;">2</div> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;"></div> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;"></div> <div>times a month</div> </div> <p><input type="radio"/> Less than once a month</p> <p><input type="radio"/> Don't know</p>
<p>46. Interviewer:</p> <p>If only one circle marked in Q. 42... <input type="radio"/> Go to 50</p> <p>Otherwise, ... <input type="radio"/> Go to 47</p>	<p>52. Overall, do you consider the amount of physical activity you usually get to be ...</p> <p><input type="radio"/> Too much</p> <p><input type="radio"/> Too little</p> <p><input type="radio"/> The right amount?</p>
<p>47. Which was the next most frequent exercise you participated in during the last 3 months?</p> <p><input type="radio"/> Running or jogging</p> <p><input type="radio"/> Bicycling</p> <p><input type="radio"/> Tennis</p> <p><input type="radio"/> Exercise in a class or at home</p> <p><input type="radio"/> Swimming</p> <p><input type="radio"/> Raquetball or squash</p> <p><input type="radio"/> Other (specify) _____</p>	<p style="text-align: center;">SECTION G</p> <p>The next questions are about smoking.</p> <p>53. At the present time do you smoke cigarettes daily, occasionally or not at all?</p> <div style="display: flex; align-items: center;"> <div style="margin-right: 20px;"> <input type="radio"/> Daily <input type="radio"/> Occasionally <input type="radio"/> Not at all </div> <div style="font-size: 3em; margin-right: 10px;">}</div> <div>Go to 57</div> </div>
<p>48. How frequently did you do this activity?</p> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;">1</div> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;"></div> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;"></div> <div>times a week</div> </div> <p style="text-align: center; margin: 0;">OR</p> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;">2</div> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;"></div> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;"></div> <div>times a month</div> </div> <p><input type="radio"/> Less than once a month</p> <p><input type="radio"/> Don't know</p>	<p>54. At what age did you start smoking cigarettes daily?</p> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> <p><input type="radio"/> Don't know</p>
<p>49. About how much time did you spend on each occasion?</p> <p><input type="radio"/> More than one hour</p> <p><input type="radio"/> 46 minutes to one hour</p> <p><input type="radio"/> 31 minutes to 45 minutes</p> <p><input type="radio"/> 16 minutes to 30 minutes</p> <p><input type="radio"/> 15 minutes or less</p> <p><input type="radio"/> Don't know</p>	<p>55. About how many cigarettes do you smoke each day?</p> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>
<p>56. What brand of cigarettes do you usually smoke?</p> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> <p style="text-align: right;">→ Go to 62 (code from brand chart)</p>	<p>57. Do you smoke pipes, cigars, or cigarillos daily?</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p>

<p>58. Have you ever smoked cigarettes daily?</p> <p>¹ <input type="radio"/> Yes</p> <p>² <input type="radio"/> No → Go to 62</p>	<p>The next question concerns drinking in the last 7 days. By a drink we mean:</p> <ul style="list-style-type: none"> - One pint bottle of beer - One small glass of wine - 1 1/2 ounces of liquor
<p>59. At what age did you start smoking daily?</p> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 5px auto;"></div>	<p>66. (a) Thinking back over the last 7 days, on how many of these days did you have any alcoholic drinks?</p> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 5px auto;"></div> <p>¹ <input type="radio"/> None → Go to 67</p>
<p>60. At what age did you last stop smoking daily?</p> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 5px auto;"></div>	<p>(b) On how many of these days did you have 2 or more drinks?</p> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 5px auto;"></div> <p>¹ <input type="radio"/> None → Go to 67</p>
<p>61. About how many cigarettes did you usually smoke daily?</p> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 5px auto;"></div>	<p>(c) On how many of these days did you have 4 or more drinks?</p> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 5px auto;"></div> <p>¹ <input type="radio"/> None → Go to 67</p>
<p>62. How many people in your household, excluding yourself, smoke daily?</p> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 5px auto;"></div> <p>² <input type="radio"/> Don't know</p>	<p>(d) On how many of these days did you have 8 or more drinks?</p> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 5px auto;"></div> <p>¹ <input type="radio"/> None → Go to 67</p>
<p>SECTION H</p> <p>The following questions are about drinking wine, beer or liquor -- all kinds of alcoholic beverages.</p>	<p>(e) On how many of these days did you have 12 or more drinks?</p> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 5px auto;"></div> <p>¹ <input type="radio"/> None</p>
<p>63. In the last 12 months have you taken a drink of beer, wine, liquor or other alcoholic beverage?</p> <p>¹ <input type="radio"/> Yes</p> <p>² <input type="radio"/> No → Go to 68</p>	<p>67. Compared to this time last year are you now drinking...</p> <div style="display: flex; align-items: center; margin-top: 10px;"> <div style="margin-right: 20px;"> <p>¹ <input type="radio"/> More</p> <p>² <input type="radio"/> About the same</p> <p>³ <input type="radio"/> Less</p> </div> <div style="font-size: 3em; margin-right: 10px;">}</div> <p>Go to 70</p> </div>
<p>64. How often did you take a drink? Was it...</p> <p>⁴ <input type="radio"/> Everyday</p> <p>⁵ <input type="radio"/> At least once a week</p> <p>⁶ <input type="radio"/> One or more times a month</p> <p>⁷ <input type="radio"/> Less often than once a month?</p> <p>⁸ <input type="radio"/> Don't know</p>	<p>68. Did you ever drink alcoholic beverages?</p> <p>⁴ <input type="radio"/> Yes</p> <p>⁵ <input type="radio"/> No → Go to 70</p>
<p>65. At what age did you start drinking alcoholic beverages?</p> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 5px auto;"></div> <p>² <input type="radio"/> Don't know</p>	<p>69. Why did you stop?</p> <p>⁶ <input type="radio"/> Health</p> <p>⁷ <input type="radio"/> Other (specify) _____</p>
<p>SECTION I</p> <p>Recent studies have shown that the amount of sleep a person gets may be related to their health.</p>	
<p>70. Within a 24-hour period, how much time do you usually spend in bed resting, reading and sleeping?</p> <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div> <div style="display: flex; justify-content: space-around; margin-top: 5px;"> hours minutes </div> <p>⁹ <input type="radio"/> Don't know</p>	

71. Of this time, how long do you usually spend sleeping?

hours

minutes

☐ Don't know

72. Do you consider that you get...

☐ Too much sleep

☐ Too little sleep

☐ About the right amount?

SECTION J

73. The next questions ask you to rate your feelings about areas of your life and living conditions, whether you are very satisfied, somewhat satisfied, somewhat dissatisfied or very dissatisfied. How would you rate your feelings about each of the following?

	Very Satisfied	Somewhat Satisfied	Somewhat Dissatisfied	Very Dissatisfied	No Opinion
(a) Your health	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>
(b) Your job or major activity	06 <input type="radio"/>	07 <input type="radio"/>	08 <input type="radio"/>	09 <input type="radio"/>	10 <input type="radio"/>
(c) Your finances	11 <input type="radio"/>	12 <input type="radio"/>	13 <input type="radio"/>	14 <input type="radio"/>	15 <input type="radio"/>
(d) Your housing	16 <input type="radio"/>	17 <input type="radio"/>	18 <input type="radio"/>	19 <input type="radio"/>	20 <input type="radio"/>
(e) Family relations	21 <input type="radio"/>	22 <input type="radio"/>	23 <input type="radio"/>	24 <input type="radio"/>	25 <input type="radio"/>
(f) Friendships	26 <input type="radio"/>	27 <input type="radio"/>	28 <input type="radio"/>	29 <input type="radio"/>	30 <input type="radio"/>

74. Using the same scale, how do you feel about your life as a whole...

☐ Very satisfied

☐ Somewhat satisfied

☐ Somewhat dissatisfied

☐ Very dissatisfied?

☐ No opinion

75. Would you describe yourself as...

☐ Very happy

☐ Somewhat happy

☐ Somewhat unhappy

☐ Very unhappy?

☐ No opinion

76(b) In the last month, how many times did you travel out of your town or community?

☐ Never → Go to 76(c)

With whom did you travel?
(Mark all that apply)

☐ Alone

☐ Spouse/Partner

☐ Son/Daughter

☐ Other Relative

☐ Friend

☐ Other (specify) _____

76(c) Go to senior centres or clubs?

☐ Never

SECTION K

76(a) The next questions concern social activities. In the last month, how many times did you go to public places such as movies, restaurants, theatre or sports events?

☐ Never → Go to 76(b)

With whom did you go?
(Mark all that apply)

☐ Alone

☐ Spouse/Partner

☐ Son/Daughter

☐ Other relative

☐ Friend

☐ Other (specify) _____

76(d) Go out to activities such as bingo, playing cards, or to attend courses?

☐ Never → Go to 76(e)

With whom did you go?
(Mark all that apply)

☐ Alone

☐ Spouse/Partner

☐ Son/Daughter

☐ Other Relative

☐ Friend

☐ Other (specify) _____

76(e) Attend meetings of clubs or organizations?

☐ Never

SECTION L

The next few questions are about any unpaid help you have given to others during the last 6 months. This includes volunteer work through organizations such as hospitals, churches, sport associations and other volunteer organizations as well as unpaid help given to friends, neighbours or acquaintances.

77. In the last 6 months have you done any unpaid housework outside your home such as cooking, sewing or cleaning?

- ¹ ☐ Yes ➤ For which person or for which organization? (Mark all that apply)
- ² ☐ No
- ³ ☐ Son/Daughter
- ⁴ ☐ Parent
- ⁵ ☐ Other relative
- ⁶ ☐ Friend, neighbour, etc.
- ⁷ ☐ Organization (specify) _____

78. In the last 6 months have you provided transportation such as driving a person to a doctor, a hospital or to stores?

- ¹ ☐ Yes ➤ For which person or for which organization? (Mark all that apply)
- ² ☐ No
- ³ ☐ Son/Daughter
- ⁴ ☐ Parent
- ⁵ ☐ Other relative
- ⁶ ☐ Friend, neighbour, etc.
- ⁷ ☐ Organization (specify) _____

79. In the last 6 months have you done any maintenance or yard work such as repairs, painting, carpentry or lawn mowing?

- ¹ ☐ Yes ➤ For which person or for which organization? (Mark all that apply)
- ² ☐ No
- ³ ☐ Son/Daughter
- ⁴ ☐ Parent
- ⁵ ☐ Other relative
- ⁶ ☐ Friend, neighbour, etc.
- ⁷ ☐ Organization (specify) _____

80. In the last 6 months have you done any unpaid babysitting?

- ¹ ☐ Yes ➤ For which person or for which organization? (Mark all that apply)
- ² ☐ No
- ³ ☐ Son/Daughter
- ⁴ ☐ Parent
- ⁵ ☐ Other relative
- ⁶ ☐ Friend, neighbour, etc.
- ⁷ ☐ Organization (specify) _____

81. In the last 6 months have you provided personal care, things such as help bathing or dressing, to anyone outside your home?

- ¹ ☐ Yes ➤ For which person or for which organization? (Mark all that apply)
- ² ☐ No
- ³ ☐ Son/Daughter
- ⁴ ☐ Parent
- ⁵ ☐ Other relative
- ⁶ ☐ Friend, neighbour, etc.
- ⁷ ☐ Organization (specify) _____

82. In the last 6 months have you provided any unpaid volunteer work for organizations such as teaching, fundraising or office work?

- ¹ ☐ Yes ➤ For which person or for which organization? (Mark all that apply)
- ² ☐ No
- ³ ☐ Son/Daughter
- ⁴ ☐ Parent
- ⁵ ☐ Other relative
- ⁶ ☐ Friend, neighbour, etc.
- ⁷ ☐ Organization (specify) _____

83. In the last 6 months, did you donate money to any organizations or provide voluntary financial support to any persons who do not live in your household, including family members?

- ¹ ☐ Yes ➤ For which person or for which organization? (Mark all that apply)
- ² ☐ No
- ³ ☐ Son/Daughter
- ⁴ ☐ Parent
- ⁵ ☐ Other relative
- ⁶ ☐ Friend, neighbour, etc.
- ⁷ ☐ Organization (specify) _____

SECTION M

The next questions are about household activities and who takes part in these activities in your home.

84. Interviewer: Ask if not known:

Do you live in an apartment?

- ³ ☐ Yes ➔ Go to 88
- ⁴ ☐ No

85. Is the yard work for your dwelling, such as lawn mowing, leaf raking and snow removal usually done by ...

- ⁵ ☐ Yourself alone → Go to 88
⁶ ☐ Yourself and someone else
⁷ ☐ Someone else

86. Who (besides yourself) does the yard work?

For each circle marked ask:
How often is — involved doing the yard work?

	Once or more per week	Once or more per month	Less than once a month
⁰¹ <input type="radio"/> Spouse	⁰² <input type="radio"/>	⁰³ <input type="radio"/>	⁰⁴ <input type="radio"/>
⁰⁵ <input type="radio"/> Daughter	⁰⁶ <input type="radio"/>	⁰⁷ <input type="radio"/>	⁰⁸ <input type="radio"/>
⁰⁹ <input type="radio"/> Son	¹⁰ <input type="radio"/>	¹¹ <input type="radio"/>	¹² <input type="radio"/>
¹³ <input type="radio"/> Other relative	¹⁴ <input type="radio"/>	¹⁵ <input type="radio"/>	¹⁶ <input type="radio"/>
¹⁷ <input type="radio"/> Friend or neighbour	¹⁸ <input type="radio"/>	¹⁹ <input type="radio"/>	²⁰ <input type="radio"/>
²¹ <input type="radio"/> House maintenance service	²² <input type="radio"/>	²³ <input type="radio"/>	²⁴ <input type="radio"/>
²⁵ <input type="radio"/> Lawn/garden maintenance service	²⁶ <input type="radio"/>	²⁷ <input type="radio"/>	²⁸ <input type="radio"/>
²⁹ <input type="radio"/> Senior centre or club	³⁰ <input type="radio"/>	³¹ <input type="radio"/>	³² <input type="radio"/>
³³ <input type="radio"/> Landlord or agent	³⁴ <input type="radio"/>	³⁵ <input type="radio"/>	³⁶ <input type="radio"/>
³⁷ <input type="radio"/> Condominium corporation	³⁸ <input type="radio"/>	³⁹ <input type="radio"/>	⁴⁰ <input type="radio"/>
⁴¹ <input type="radio"/> Other (specify) _____	⁴² <input type="radio"/>	⁴³ <input type="radio"/>	⁴⁴ <input type="radio"/>

87. If you had to, could you do the yard work without help?

- ¹ ☐ Yes
² ☐ No →

Are you completely unable to do it?

- ³ ☐ Yes
⁴ ☐ No

88. Is the housework in your household usually done by ...

- ⁵ ☐ Yourself alone → Go to 92
⁶ ☐ Yourself and someone else
⁷ ☐ Someone else

89. Who (besides yourself) does the housework?

For each circle marked ask:
How often is — involved doing the housework?

	Once or more per week	Once or more per month	Less than once a month
⁰¹ <input type="radio"/> Spouse	⁰² <input type="radio"/>	⁰³ <input type="radio"/>	⁰⁴ <input type="radio"/>
⁰⁵ <input type="radio"/> Daughter	⁰⁶ <input type="radio"/>	⁰⁷ <input type="radio"/>	⁰⁸ <input type="radio"/>
⁰⁹ <input type="radio"/> Son	¹⁰ <input type="radio"/>	¹¹ <input type="radio"/>	¹² <input type="radio"/>
¹³ <input type="radio"/> Other relative	¹⁴ <input type="radio"/>	¹⁵ <input type="radio"/>	¹⁶ <input type="radio"/>
¹⁷ <input type="radio"/> Friend or neighbor	¹⁸ <input type="radio"/>	¹⁹ <input type="radio"/>	²⁰ <input type="radio"/>
²¹ <input type="radio"/> Homemaker service	²² <input type="radio"/>	²³ <input type="radio"/>	²⁴ <input type="radio"/>
²⁵ <input type="radio"/> Friendly visitor service	²⁶ <input type="radio"/>	²⁷ <input type="radio"/>	²⁸ <input type="radio"/>
²⁹ <input type="radio"/> Senior centre or club	³⁰ <input type="radio"/>	³¹ <input type="radio"/>	³² <input type="radio"/>
³³ <input type="radio"/> Other (specify) _____	³⁴ <input type="radio"/>	³⁵ <input type="radio"/>	³⁶ <input type="radio"/>

90. If you had to, could you do heavy housework such as washing floors and cleaning windows without help?

- ¹ ☐ Yes → Go to 92
² ☐ No →

Are you completely unable to do heavy housework?

- ³ ☐ Yes
⁴ ☐ No

91. If you had to, could you do light housework such as washing dishes and dusting without help?

¹ ☐ Yes

² ☐ No →

Are you completely unable to do light housework?

³ ☐ Yes

⁴ ☐ No

92. Are the meals in your household usually prepared by ...

⁵ ☐ Yourself alone → Go to 95

⁶ ☐ Yourself and someone else

⁷ ☐ Someone else

93. Who (besides yourself) makes the meals?

For each circle marked ask:

How often is _____ involved in making meals?

⁰¹ ☐ Spouse

⁰⁵ ☐ Daughter

⁰⁹ ☐ Son

¹³ ☐ Other relative

¹⁷ ☐ Friend or neighbour

²¹ ☐ Homemaker service

²⁵ ☐ Friendly visitor service

²⁹ ☐ Senior centre or club

³³ ☐ Other (specify) _____

Once or more
per week

⁰² ☐

⁰⁶ ☐

¹⁰ ☐

¹⁴ ☐

¹⁸ ☐

²² ☐

²⁶ ☐

³⁰ ☐

³⁴ ☐

Once or more
per month

⁰³ ☐

⁰⁷ ☐

¹¹ ☐

¹⁵ ☐

¹⁹ ☐

²³ ☐

²⁷ ☐

³¹ ☐

³⁵ ☐

Less than
once a month

⁰⁴ ☐

⁰⁸ ☐

¹² ☐

¹⁶ ☐

²⁰ ☐

²⁴ ☐

²⁸ ☐

³² ☐

³⁶ ☐

94. If you had to make meals on a regular basis, could you do it without help?

¹ ☐ Yes

² ☐ No →

Are you completely unable to make meals?

³ ☐ Yes

⁴ ☐ No

95. Is the grocery shopping in your household usually done by ...

⁵ ☐ Yourself alone → Go to 98

⁶ ☐ Yourself and someone else

⁷ ☐ Someone else

96. Who (besides yourself) shops for groceries?

For each circle marked ask:

How often is _____ involved in grocery shopping?

⁰¹ ☐ Spouse

⁰⁵ ☐ Daughter

⁰⁹ ☐ Son

¹³ ☐ Other relative

¹⁷ ☐ Friend or neighbour

²¹ ☐ Homemaker service

²⁵ ☐ Friendly visitor service

²⁹ ☐ Senior centre or club

³³ ☐ Other (specify) _____

Once or more
per week

⁰² ☐

⁰⁶ ☐

¹⁰ ☐

¹⁴ ☐

¹⁸ ☐

²² ☐

²⁶ ☐

³⁰ ☐

³⁴ ☐

Once or more
per month

⁰³ ☐

⁰⁷ ☐

¹¹ ☐

¹⁵ ☐

¹⁹ ☐

²³ ☐

²⁷ ☐

³¹ ☐

³⁵ ☐

Less than
once a month

⁰⁴ ☐

⁰⁸ ☐

¹² ☐

¹⁶ ☐

²⁰ ☐

²⁴ ☐

²⁸ ☐

³² ☐

³⁶ ☐

97. If you had to, could you do the grocery shopping without help?

☐ Yes

☐ No →

Are you completely unable to do shopping?

☐ Yes

☐ No

98. Do you usually get help with managing your money such as keeping track of expenses and paying bills?

☐ Yes

☐ No →

Go to 101

99. Who usually helps you?

For each circle marked ask:

How often does _____ help?

☐ Spouse

☐ Daughter

☐ Son

☐ Other relative

☐ Friend or neighbour

☐ Counselling service

☐ Legal/accounting service

☐ Senior centre or club

☐ Other (specify) _____

Once or more
per week

Once or more
per month

Less than
once a month

☐

☐

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100. If you had to, could you manage your money without help?

☐ Yes

☐ No →

Are you completely unable to do it?

☐ Yes

☐ No

101. Do you usually get help with personal care such as dressing, feeding or taking medication?

☐ Yes

☐ No →

Go to 104

102. Who usually helps you?

For each circle marked ask:

How often does _____ help?

☐ Spouse

☐ Daughter

☐ Son

☐ Other relative

☐ Friend or neighbour

☐ Nursing service

☐ Friendly visitor service

☐ Homemaker service

☐ Other (specify) _____

Once or more
per week

Once or more
per month

Less than
once a month

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103. If you had to, could you care for yourself without help?

¹ ☐ Yes

² ☐ No

Are you completely unable to care for yourself?

³ ☐ Yes

⁴ ☐ No

SECTION N

The following questions are about contact with your family and friends.

104. Interviewer: Ask if not known:

Is your mother still living?

¹ ☐ Yes

² ☐ No

³ ☐ Don't know

} Go to 109

105. How old is your mother?

⁴ ☐ Don't know

106. Does she live in this household?

¹ ☐ Yes

→ Go to 109

² ☐ No

107. How often do you see your mother?

¹ ☐ Daily

² ☐ At least once a week

³ ☐ At least once a month

⁴ ☐ Less than once a month

⁵ ☐ Never

108. How often do you have contact by letter or telephone with her?

¹ ☐ Daily

² ☐ At least once a week

³ ☐ At least once a month

⁴ ☐ Less than once a month

⁵ ☐ Never

109. Interviewer: Ask if not known:

Is your father still living?

¹ ☐ Yes

² ☐ No

³ ☐ Don't know

} Go to 114

110. How old is your father?

⁴ ☐ Don't know

111. Does he live in this household?

¹ ☐ Yes

→ Go to 114

² ☐ No

112. How often do you see your father?

¹ ☐ Daily

² ☐ At least once a week

³ ☐ At least once a month

⁴ ☐ Less than once a month

⁵ ☐ Never

113. How often do you have contact by letter or telephone with him?

¹ ☐ Daily

² ☐ At least once a week

³ ☐ At least once a month

⁴ ☐ Less than once a month

⁵ ☐ Never

114. Do you have any children?

¹ ☐ Yes

→ How many?

² ☐ No

→ Go to 119

<p>115. Do all of them live in this household?</p> <p>¹ <input type="radio"/> Yes —————→ Go to 118</p> <p>⁴ <input type="radio"/> No</p>	<p>122. How often do you have contact by letter or telephone with them?</p> <p>¹ <input type="radio"/> Daily</p> <p>² <input type="radio"/> At least once a week</p> <p>³ <input type="radio"/> At least once a month</p> <p>⁴ <input type="radio"/> Less than once a month</p> <p>⁵ <input type="radio"/> Never</p>
<p>The next questions concern your children <u>not</u> living in this household.</p>	
<p>116. How often do you see them?</p> <p>¹ <input type="radio"/> Daily</p> <p>⁴ <input type="radio"/> At least once a week</p> <p>⁷ <input type="radio"/> At least once a month</p> <p>⁸ <input type="radio"/> Less than once a month</p> <p>⁹ <input type="radio"/> Never</p>	<p>123. About how many <u>other</u> relatives have you had contact with in the last 3 months? Include aunts, uncles, cousins, nieces, nephews, in-laws.</p> <p 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"/> </p> <p>⁹⁷ <input type="radio"/> None —————→ Go to 126</p>
<p>117. How often do you have contact by letter or telephone with them?</p> <p>¹ <input type="radio"/> Daily</p> <p>² <input type="radio"/> At least once a week</p> <p>³ <input type="radio"/> At least once a month</p> <p>⁴ <input type="radio"/> Less than once a month</p> <p>⁵ <input type="radio"/> Never</p>	<p>124. How often do you see your relatives?</p> <p>¹ <input type="radio"/> Daily</p> <p>² <input type="radio"/> At least once a week</p> <p>³ <input type="radio"/> At least once a month</p> <p>⁴ <input type="radio"/> Less than once a month</p> <p>⁵ <input type="radio"/> Never</p>
<p>118. Do you have any grandchildren?</p> <p>⁶ <input type="radio"/> Yes —————→ How many? <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>⁷ <input type="radio"/> No</p>	<p>125. How often do you have contact by letter or telephone with them?</p> <p>¹ <input type="radio"/> Daily</p> <p>² <input type="radio"/> At least once a week</p> <p>³ <input type="radio"/> At least once a month</p> <p>⁴ <input type="radio"/> Less than once a month</p> <p>⁵ <input type="radio"/> Never</p>
<p>119. Do you have any sisters or brothers?</p> <p>⁴ <input type="radio"/> Yes —————→ How many? <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>⁹ <input type="radio"/> No —————→ Go to 123</p>	<p>126. Other than relatives, how many people do you consider close friends? That is, friends you feel close to and can confide in.</p> <p 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"/> </p> <p>⁹⁷ <input type="radio"/> None —————→ Go to 129</p>
<p>120. Do all of them live in this household?</p> <p>¹ <input type="radio"/> Yes —————→ Go to 123</p> <p>² <input type="radio"/> No</p>	<p>127. How often do you see your close friends?</p> <p>¹ <input type="radio"/> Daily</p> <p>² <input type="radio"/> At least once a week</p> <p>³ <input type="radio"/> At least once a month</p> <p>⁴ <input type="radio"/> Less than once a month</p> <p>⁵ <input type="radio"/> Never</p>
<p>The next questions concern your brothers and sisters <u>not</u> living in this household.</p>	
<p>121. How often do you see your brothers and sisters?</p> <p>¹ <input type="radio"/> Daily</p> <p>⁴ <input type="radio"/> At least once a week</p> <p>⁵ <input type="radio"/> At least once a month</p> <p>⁶ <input type="radio"/> Less than once a month</p> <p>⁷ <input type="radio"/> Never</p>	<p>128. How often do you see your close friends?</p> <p>¹ <input type="radio"/> Daily</p> <p>² <input type="radio"/> At least once a week</p> <p>³ <input type="radio"/> At least once a month</p> <p>⁴ <input type="radio"/> Less than once a month</p> <p>⁵ <input type="radio"/> Never</p>

128. How often do you have contact by letter or telephone with them?

- ¹ ☐ Daily
² ☐ At least once a week
³ ☐ At least once a month
⁴ ☐ Less than once a month
⁵ ☐ Never

SECTION O

129. Now, I'd like to ask you for some background information. How many years of elementary or secondary education have you completed?

- ⁰¹ ☐ No schooling
⁰² ☐ One
⁰³ ☐ Two
⁰⁴ ☐ Three
⁰⁵ ☐ Four
⁰⁶ ☐ Five
⁰⁷ ☐ Six
⁰⁸ ☐ Seven
⁰⁹ ☐ Eight
¹⁰ ☐ Nine
¹¹ ☐ Ten
¹² ☐ Eleven
¹³ ☐ Twelve
¹⁴ ☐ Thirteen
¹⁵ ☐ Don't know

Go to 131

130. Have you graduated from secondary school?

- ¹ ☐ Yes
² ☐ No

131. Have you had any further schooling beyond elementary/secondary school?

- ³ ☐ Yes
⁴ ☐ No → Go to 133

132. What is the highest level? (accept multiple response)

- ¹ ☐ Some community college, CEGEP, or nursing school
² ☐ Diploma or certificate from community college, CEGEP, or nursing school
³ ☐ Some university
⁴ ☐ Bachelor or undergraduate degree or teacher's college
⁵ ☐ Master's or earned doctorate
⁶ ☐ Other (specify) _____

133. What is your date of birth?

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

Day Month Year

134. Where were you born?

- ⁰¹ ☐ Newfoundland
⁰² ☐ Prince Edward Island
⁰³ ☐ Nova Scotia
⁰⁴ ☐ New Brunswick
⁰⁵ ☐ Québec
⁰⁶ ☐ Ontario
⁰⁷ ☐ Manitoba
⁰⁸ ☐ Saskatchewan
⁰⁹ ☐ Alberta
¹⁰ ☐ British Columbia
¹¹ ☐ Yukon
¹² ☐ Northwest Territories
¹³ ☐ Country outside Canada (specify) _____

Go to 136

135. In what year did you first immigrate to Canada?

1	9		
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- ⁹⁷ ☐ Canadian citizen by birth

136. What language did you first speak in childhood?

- ¹ ☐ English
² ☐ French
³ ☐ Italian
⁴ ☐ German
⁵ ☐ Ukrainian
⁶ ☐ Other (specify) _____

137. Do you still understand that language?

- ⁷ ☐ Yes
⁸ ☐ No

138. What language do you speak at home now? (If more than one language, which is spoken most often).

- ¹ ☐ English
² ☐ French
³ ☐ Italian
⁴ ☐ Chinese
⁵ ☐ German
⁶ ☐ Other (specify) _____

<p>139. What, if any, is your religion?</p> <p><input type="radio"/> ⁰¹ No religion → Go to 141</p> <p><input type="radio"/> ⁰² Roman Catholic</p> <p><input type="radio"/> ⁰³ United Church</p> <p><input type="radio"/> ⁰⁴ Anglican</p> <p><input type="radio"/> ⁰⁵ Presbyterian</p> <p><input type="radio"/> ⁰⁶ Lutheran</p> <p><input type="radio"/> ⁰⁷ Baptist</p> <p><input type="radio"/> ⁰⁸ Eastern Orthodox</p> <p><input type="radio"/> ⁰⁹ Jewish</p> <p><input type="radio"/> ¹⁰ Other (specify) _____</p>	<p>144. Is this dwelling owned or being rented by a member of this household?</p> <p><input type="radio"/> ⁰¹ Owned</p> <p><input type="radio"/> ⁰² Rented</p>
<p>140. Other than on special occasions such as weddings, funerals or baptisms, how often do you attend services or meetings connected with your religion?</p> <p><input type="radio"/> ¹ At least once a week</p> <p><input type="radio"/> ² At least once a month</p> <p><input type="radio"/> ³ At least once a year</p> <p><input type="radio"/> ⁴ Less than once a year</p> <p><input type="radio"/> ⁵ Never</p> <p><input type="radio"/> ⁶ Don't know</p>	<p>145. Who is the person (or one of the persons) that lives here and is responsible for paying the rent, or mortgage, or taxes, electricity, etc. for this dwelling?</p> <p><input style="width: 40px; border: 1px solid black;" type="text"/> <input style="width: 40px; border: 1px solid black;" type="text"/> (enter page-line number)</p> <p><input type="radio"/> ⁹⁷ Person lives elsewhere</p>
<p>141. To which ethnic or cultural group do you or did your ancestors belong? (accept multiple response).</p> <p><input type="radio"/> ¹ French</p> <p><input type="radio"/> ² English</p> <p><input type="radio"/> ³ Irish</p> <p><input type="radio"/> ⁴ Scottish</p> <p><input type="radio"/> ⁵ German</p> <p><input type="radio"/> ⁶ Italian</p> <p><input type="radio"/> ⁷ Ukrainian</p> <p><input type="radio"/> ⁸ Don't know</p> <p><input type="radio"/> ⁹ Other (specify) _____</p>	<p>146. How many telephones, counting extensions, are there in your dwelling?</p> <p><input type="radio"/> ⁴ One → Go to 151</p> <p><input type="radio"/> ⁵ Two or more</p>
<p>142. In what type of dwelling are you now living?</p> <p><input type="radio"/> ¹ Single detached house</p> <p><input type="radio"/> ² Semi-detached or double (side-by-side)</p> <p><input type="radio"/> ³ Garden house, town-house or row house</p> <p><input type="radio"/> ⁴ Duplex (one above the other)</p> <p><input type="radio"/> ⁵ Low-rise apartment (less than 5 stories)</p> <p><input type="radio"/> ⁶ High-rise apartment (5 or more stories)</p> <p><input type="radio"/> ⁷ Other (specify) _____</p>	<p>147. Do all the telephones have the same number?</p> <p><input type="radio"/> ⁶ No</p> <p><input type="radio"/> ⁷ Yes → Go to 151</p>
<p>143. What is the Postal Code for this dwelling?</p> <p><input style="width: 40px; border: 1px solid black;" type="text"/> <input style="width: 40px; border: 1px solid black;" type="text"/> <input style="width: 40px; border: 1px solid black;" type="text"/> <input style="width: 40px; border: 1px solid black;" type="text"/> <input style="width: 40px; border: 1px solid black;" type="text"/> <input style="width: 40px; border: 1px solid black;" type="text"/></p> <p><input type="radio"/> ⁷ Don't know</p>	<p>148. How many different numbers are there?</p> <p><input style="width: 40px; border: 1px solid black;" type="text"/> <input style="width: 40px; border: 1px solid black;" type="text"/></p>
	<p>149. Are any of these numbers for business use only?</p> <p><input type="radio"/> ⁸ No → Go to 151</p> <p><input type="radio"/> ⁹ Yes</p>
	<p>150. How many are for business use only?</p> <p><input style="width: 40px; border: 1px solid black;" type="text"/> <input style="width: 40px; border: 1px solid black;" type="text"/></p>
	<p>151. Last week, did you do any work at a job or business? (not counting work around the house)</p> <p><input type="radio"/> ¹ Yes → Go to 162</p> <p><input type="radio"/> ² No</p> <p><input type="radio"/> ³ Permanently unable to work → Go to 165</p>
	<p>152. During that week did you have a job or business at which you did not work?</p> <p><input type="radio"/> ⁴ Yes → Go to 154</p> <p><input type="radio"/> ⁵ No</p>
	<p>153. Last week, did you have a job to start in the next 4 weeks?</p> <p><input type="radio"/> ⁶ Yes</p> <p><input type="radio"/> ⁷ No } Go to 155</p>

<p>154. Why were you absent from work last week?</p> <p>¹ <input type="radio"/> New job to start in the future → Go to 162</p> <p>² <input type="radio"/> Own illness or disability</p> <p>³ <input type="radio"/> Personal or family responsibilities</p> <p>⁴ <input type="radio"/> Bad weather</p> <p>⁵ <input type="radio"/> Labour dispute (strike or lockout)</p> <p>⁶ <input type="radio"/> Layoff, expects to return (Paid workers only)</p> <p>⁷ <input type="radio"/> Vacation</p> <p>⁸ <input type="radio"/> Seasonal business (Exclude paid workers)</p> <p>⁹ <input type="radio"/> Other (specify) _____</p>	<p>160. Were you enrolled as a full-time or part-time student?</p> <p>¹ <input type="radio"/> Full-time</p> <p>² <input type="radio"/> Part-time → Go to 165</p>
<p>155. In the past 4 weeks, have you looked for work?</p> <p>¹ <input type="radio"/> Yes</p> <p>² <input type="radio"/> No → Go to 161</p>	<p>161. Did you have a job at anytime during the last 5 years?</p> <p>¹ <input type="radio"/> Yes</p> <p>² <input type="radio"/> No → Go to 165</p>
<p>156. In the past 4 weeks, what have you done to find work? (accept multiple response)</p> <p>⁴ <input type="radio"/> Public employment agency</p> <p>⁵ <input type="radio"/> Private employment agency</p> <p>⁶ <input type="radio"/> Union</p> <p>⁷ <input type="radio"/> Other (specify) _____</p>	<p>162. For whom do/did you work?</p> <p>_____</p> <p>_____</p>
<p>157. Are you looking for a full-time or part-time job?</p> <p>¹ <input type="radio"/> Full-time (30 or more hours per week)</p> <p>² <input type="radio"/> Part-time (Less than 30 hours per week)</p>	<p>163. What kind of business, industry or service is/was this?</p> <p>_____</p> <p>_____</p>
<p>158. Was there any reason why you could not take a job last week?</p> <p>¹ <input type="radio"/> Yes - Own illness or disability</p> <p>² <input type="radio"/> Yes - Personal or family responsibilities</p> <p>³ <input type="radio"/> Yes - Going to school</p> <p>⁴ <input type="radio"/> Yes - Already has a job</p> <p>⁵ <input type="radio"/> Other (specify) _____</p> <p>⁶ <input type="radio"/> No - (Was available for work)</p>	<p>164. What kind of work do/did you do?</p> <p>_____</p> <p>_____</p>
<p>159. Last week, did you attend a school, college or university?</p> <p>¹ <input type="radio"/> Yes</p> <p>² <input type="radio"/> No → Go to 165</p>	<p>165. What was your income before taxes from wages, salaries and self-employment during 1984?</p> <p>\$ _____ .00</p> <p>¹ <input type="radio"/> No income or loss</p> <p>² <input type="radio"/> Don't know</p>
<p>160. Were you enrolled as a full-time or part-time student?</p> <p>¹ <input type="radio"/> Full-time</p> <p>² <input type="radio"/> Part-time → Go to 165</p>	<p>166. What was your income from government sources such as Family Allowance, U.I.C., Social Assistance, Canada or Quebec Pension Plan or Old Age Security?</p> <p>\$ _____ .00</p> <p>¹ <input type="radio"/> No income</p> <p>² <input type="radio"/> Don't know</p>
<p>161. Did you have a job at anytime during the last 5 years?</p> <p>¹ <input type="radio"/> Yes</p> <p>² <input type="radio"/> No → Go to 165</p>	<p>167. What was your income from interest, dividends or private pensions?</p> <p>\$ _____ .00</p> <p>¹ <input type="radio"/> No income or loss</p> <p>² <input type="radio"/> Don't know</p>
<p>162. For whom do/did you work?</p> <p>_____</p> <p>_____</p>	<p>168. What was the total income of all household members from all sources during 1984?</p> <p>\$ _____ .00</p> <p>¹ <input type="radio"/> No income</p> <p>² <input type="radio"/> Don't know</p>

APPENDIX B



Statistics Canada Statistique Canada

GSS-1

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General social survey Selection control form

1: 2:
3: 4:

RECORD OF CALLS									
10	11 Date		12 Start		13 Finish		14 Result	15 Interviewer's Name	16 Comments
	Day	Month	Hr.	Min.	Hr.	Min.			
01									
02									
03									
04									
05									
06									
07									
08									
09									
10									
11									
12									
13									
14									
15									

20. Hello, I'm from Statistics Canada. We are doing a survey about the health of Canadians.

21. I'd like to make sure that I've dialed the right number. Is this (read number)?

☐ Yes

☐ No → Dial again. If still wrong, END

22. Is this number for a business, an institution or a private home?

☐ Private home

☐ Both home and business/institution

☐ Business, institution or other non-residence (Specify) (Name of business/institution)

23. Does anyone use this telephone number as a home phone number?

☐ Yes

☐ No → Thank respondent and END

24. How many persons live or stay at this address and use this number as a home phone number?

☐ Less than 15 → Go to 30

☐ 15 or more → Complete form GSS-1A

30. In this health study all information we collect will be kept strictly confidential as guaranteed by the Statistics Act. While your participation is voluntary, your assistance is essential if the results of the study are to be accurate.

31. I need to select one person from your household for an interview. Starting with the oldest, what is the first name and age of each person living or staying here who has no usual place of residence elsewhere?

Enter names and ages in 42 and 44

32. Are there any persons away from this household attending school, visiting, travelling or in the hospital who USUALLY live here?

☐ Yes → Enter names and ages in 42 and 44

☐ No

33. Does anyone else live at this address, such as other relatives, roomers, boarders or employees?

☐ Yes → Enter names and ages in 42 and 44

☐ No

34. INTERVIEWER:

• Enter answers for 44 through 48 for each person recorded in 42.

• Then go to 50.

40/41	42	43	44	45	46	47	48	49
PgLn	Names of household members	SEL #	AGE	SEX	MARRIED	REL	TO H	
1	Given Name							
	Surname							
2	Given Name							
	Surname							
3	Given Name							
	Surname							
4	Given Name							
	Surname							
5	Given Name							
	Surname							
6	Given Name							
	Surname							
7	Given Name							
	Surname							
8	Given Name							
	Surname							

50. Now I'm going to use a selection procedure to determine whom to interview. This will just take a second.

Selection Gnd Label

A = Eligible Household Members

B = Select #

51. INTERVIEWER:

• In item 43, number the persons 15 to 64 years of age in order from oldest to youngest.

• Determine the selected person by referring to the Selection Gnd.

• In item 43, circle the number of the selected person.

52. The person I am to interview is (read name)

Is he/she there?

☐ Yes → Go to 70

☐ No → Set up appointment and go to 70

60. Final Status

61. Number of Eligible Household Members

62. Interviewer Number

63. Notes
Item No.

53. Best time to contact selected person.

70. INTERVIEWER:

• If the selected person is aged 15 to 54

☐ Complete GSS-2

• If the selected person is aged 55 to 64

☐ Complete GSS-3

GENERAL SOCIAL SURVEY
CYCLE TWO QUESTIONNAIRE PACKAGE

This package briefly describes the content, methodology and sample of the second cycle of the General Social Survey (GSS). Copies of the various questionnaire forms used in cycle 2 are attached as appendices: the GSS 2-2 main questionnaire as Appendix A; the GSS 2-1 Selection Control Form as Appendix B; the GSS 2-2D Extra Daily Activities Sheet as Appendix C; and the Code Sheet for Daily Activities as Appendix D.

Content and Questionnaires

Cycle 2 of the General Social Survey was conducted during the last week of November and the first two weeks of December, 1986. Predominantly, the survey collected information on three subjects: social mobility; daily activities (time use); and language use. There were two versions of the main questionnaire used for interviewing:

QUESTIONNAIRE	AGES	SAMPLE SIZE	CONTENT
GSS 2-2	15 and over	10,000 Across 10 provinces	Social Mobility Daily Activities Language
GSS 2-2A	15 and over	6,500 Across N.B., Quebec & Ont.	Social Mobility Language

The GSS 2-2A questionnaire is identical to the GSS 2-2 except that the section on daily activities is omitted. There is particular interest in language knowledge and use in regions where there are large concentrations of English and French speaking Canadians. Therefore, there was an additional sample of approximately 6,500 households interviewed in areas of New Brunswick, Quebec and Ontario. To reduce respondent burden, the daily activities section was omitted from the additional sample questionnaire. The content of the main sample questionnaire is listed below:

Sections of the GSS 2-2

A. Social Mobility	
For respondent up to age 15	Q.s 1-8
B. Social Mobility	
For respondent's Father	Q.s 1-13
For respondent's Mother	Q.s 14-29

D. Daily Activities	Q.s	1-59
E. Well-being	Q.s	1-3
F. Language knowledge and use	Filter question	
G. Language	Q.s	1-10
H. Language	Q.s	1-5
J. Language	Q.s	1-7
K. Language	Q.s	1-7
L. Language	Q.s	1-5
M. Language	Q.s	1-9
N. Language	Q.s	1-5
P. Social Mobility		
Respondent's education and work	Q.s	1-14
Q. Language and Background Characteristics	Q.s	1-17
R./T. Language		
Contact with federal gov't	Q.s	1-14
S./U. Background Characteristics	Q.s	1-41

Sample

The sample for cycle 2 consisted of persons 15 years of age and over from across the 10 provinces. The sample was created through random digit dialing. Each computer generated telephone number in the sample was called. When a private household was reached an interviewer completed a Selection Control Form (GSS 2-1), shown in Appendix B. The interviewer used the GSS 2-1 to list all the household members and record age, sex, household relationship and ask a few language questions. One person in the household (age 15 or over) was then randomly selected to be interviewed. Approximately 10,000 interviews were completed for the main sample using the GSS 2-2; another 6,500 interviews were completed for the additional sample using the GSS 2-2A. There was an overall response rate of over 79%.



- - Telephone Number

Page Line No. (Item 74, GSS 2-1)

Interviewer Number (Item 76, GSS 2-1)

Type

GSS 2-2

Confidential when completed

GENERAL SOCIAL SURVEY
SOCIAL ACTIVITIES AND LANGUAGE USE
QUESTIONNAIRE
AGES 15 YEARS AND OVER

For this part of the survey I would like you to recall certain aspects of your life from when you were born to when you were 15 years old.

SECTION A

A1 In what country were you born?

01 ☐ Canada → In which province or territory?

- 02 ☐ Newfoundland
- 03 ☐ Prince Edward Island
- 04 ☐ Nova Scotia
- 05 ☐ New Brunswick
- 06 ☐ Québec
- 07 ☐ Ontario
- 08 ☐ Manitoba
- 09 ☐ Saskatchewan
- 10 ☐ Alberta
- 11 ☐ British Columbia
- 12 ☐ Yukon Territory
- 13 ☐ Northwest Territories

→ Go to A3

14 ☐ Country outside Canada (specify)

A2 In what year did you first immigrate to Canada?

1 ☐ Canadian citizen by birth

A3 What is your date of birth?

____ Day ____ Month ____ Year

A4 Did you live in the same community from birth up to age 15? By community I mean city, town or rural area.

1 ☐ Yes → Go to A7

2 ☐ No

3 ☐ Don't know → Go to SECTION B

A5 In how many different communities did you live during this time?

_____ communities

98 ☐ Don't know → Go to SECTION B

A6 Think about the community you lived in for the longest time from when you were born until you were 15 years old. For how many of those 15 years did you live there?

_____ years

99 ☐ Don't know

A7 What was the approximate size of that community?

- 1 ☐ Less than 5,000 population or a rural area
- 2 ☐ 5,000 to less than 25,000 population
- 3 ☐ 25,000 to less than 100,000 population
- 4 ☐ 100,000 to 1 million population
- 5 ☐ Over 1 million population

A8 Was this place in Canada or elsewhere?

6 ☐ In Canada → What was the name of that town or nearest town?

Town → _____

Prov. → _____

7 ☐ Elsewhere → Which country? (specify)

SECTION B

B1 When you were 15 years old, did you live with your own father? (include adoptive father)

1 ☐ Yes → Go to B4

2 ☐ No

B2 Why was this? Was it because ...

3 ☐ Your father died

4 ☐ Parents were divorced or separated

5 ☐ You or your father were temporarily living away from home → Go to B4

6 ☐ Other (specify)

B3 During that time, was there a male who took the role of your father?

7 ☐ Yes

8 ☐ No → Go to B8

B4 Which of the following best describes your father's (or father substitute's) main activity when you were 15 years old? (Accept one response only)

1 ☐ Working at a job or business → In this job was he mainly ...

6 ☐ An employee working for someone else → Go to B5

7 ☐ Self-employed → Go to B6

2 ☐ A student → Go to B8

3 ☐ Retired → Go to B8

4 ☐ Keeping house → Go to B8

5 ☐ Other (specify)

_____ → Go to B8

B5 For whom did he work? (Name of business, government department or agency or person)

1 ☐ Don't know

B6 What was the main kind of business, industry or service? (Give a full description: e.g., paper box manufacturing, retail shoe store, municipal board of education)

2 ☐ Don't know

B7 What kind of work was he doing?
(Give a full description e.g., posting invoices, selling shoes,
teaching primary school)

3 ☐ Don't know

B13 What was the first language he learned in childhood?
(Accept multiple response only if languages learned at same time)

1 ☐ English

2 ☐ French

3 ☐ Other (specify) _____

4 ☐ Don't know

B8 In total, how many years of elementary or secondary
education did your father (or father substitute) complete?

98 ☐ No schooling → Go to B11

_____ years

99 ☐ Don't know

B14 The next questions ask about your mother. When you were 15
years old, did you live with your own mother?
(Include adoptive mother)

1 ☐ Yes → Go to B17

2 ☐ No

B9 Did he have any further schooling beyond
elementary/secondary school?

3 ☐ Yes

4 ☐ No

5 ☐ Don't know } → Go to B11

B15 Why was this? Was it because ...

3 ☐ Your mother died

4 ☐ Parents were divorced or separated

5 ☐ You or your mother were temporarily living
away from home → Go to B17

6 ☐ Other (specify)

B10 What was the highest level he attained?
(Accept one response only)

1 ☐ Some community college, CEGEP or nursing school

2 ☐ Diploma or certificate from community college, CEGEP or
nursing school

3 ☐ Some university

4 ☐ Bachelor or undergraduate degree or teacher's college

5 ☐ Master's or earned doctorate

6 ☐ Other (specify)

7 ☐ Don't know

B16 During that time, was there a female who took the role of
your mother?

7 ☐ Yes

8 ☐ No → Go to B21

B11 In what country was he born?

01 ☐ Canada → In which province or territory?

02 ☐ Newfoundland

03 ☐ Prince Edward Island

04 ☐ Nova Scotia

05 ☐ New Brunswick

06 ☐ Québec

07 ☐ Ontario

08 ☐ Manitoba

09 ☐ Saskatchewan

10 ☐ Alberta

11 ☐ British Columbia

12 ☐ Yukon Territory

13 ☐ Northwest Territories

14 ☐ Country outside Canada (specify)

B17 Which of the following best describes your mother's (or
mother substitute's) main activity when you were 15 years
old? (Accept one response only)

1 ☐ Working at a job
or business → In this job was she mainly ...

6 ☐ An employee
working for
someone else → Go to B18

7 ☐ Self-employed → Go to B19

2 ☐ Keeping house → Go to B21

3 ☐ A student → Go to B21

4 ☐ Retired → Go to B21

5 ☐ Other (specify)

_____ → Go to B21

B12 To which ethnic or cultural group did he belong?
(Accept multiple response)

1 ☐ English

2 ☐ French

3 ☐ Irish

4 ☐ Scottish

5 ☐ German

6 ☐ Italian

7 ☐ Ukrainian

8 ☐ Other (specify)

9 ☐ Don't know

B18 For whom did she work?
(Name of business, government department or agency or person)

1 ☐ Don't know

B19 What was the main kind of business, industry or service?
(Give a full description: e.g. paper box manufacturing, retail shoe store, municipal board of education)

2 ☐ Don't know

B20 What kind of work was she doing?
(Give a full description: e.g., posting invoices, selling shoes, teaching primary school)

3 ☐ Don't know

B21 In total, how many years of elementary or secondary education did your mother (or mother substitute) complete?

98 ☐ No schooling → Go to B24

_____ years

99 ☐ Don't know

B22 Did she have any further schooling beyond elementary/secondary school?

3 ☐ Yes

4 ☐ No

5 ☐ Don't know

→ Go to B24

B23 What was the highest level she attained?
(Accept one response only)

1 ☐ Some community college, CEGEP or nursing school

2 ☐ Diploma or certificate from community college, CEGEP or nursing school

3 ☐ Some university

4 ☐ Bachelor or undergraduate degree or teacher's college

5 ☐ Master's or earned doctorate

6 ☐ Other (specify)

7 ☐ Don't know

B24 In what country was she born?

01 ☐ Canada → In which province or territory?

02 ☐ Newfoundland

03 ☐ Prince Edward Island

04 ☐ Nova Scotia

05 ☐ New Brunswick

06 ☐ Québec

07 ☐ Ontario

08 ☐ Manitoba

09 ☐ Saskatchewan

10 ☐ Alberta

11 ☐ British Columbia

12 ☐ Yukon Territory

13 ☐ Northwest Territories

14 ☐ Country outside Canada (specify)

B25 To which ethnic or cultural group did she belong?
(Accept multiple response)

1 ☐ English

2 ☐ French

3 ☐ Irish

4 ☐ Scottish

5 ☐ German

6 ☐ Italian

7 ☐ Ukrainian

8 ☐ Other (specify)

9 ☐ Don't know

B26 What was the first language she learned in childhood?
(Accept multiple response only if languages learned at same time)

1 ☐ English

2 ☐ French

3 ☐ Other (specify)

4 ☐ Don't know

B27 What language did you yourself first speak in childhood?
(Accept multiple response only if languages were spoken equally)

5 ☐ English

6 ☐ French

7 ☐ Other (specify)

B28 How many brothers have you ever had?
(Include step-, half- and adopted brothers and those no longer living)

_____ brothers

B29 How many sisters have you ever had?
(Include step-, half- and adopted sisters and those no longer living)

_____ sisters

SECTION D

INTERVIEWER - "X" DAY TO WHICH ACTIVITIES REFER

- 1 ☐ Sunday
- 2 ☐ Monday
- 3 ☐ Tuesday
- 4 ☐ Wednesday
- 5 ☐ Thursday
- 6 ☐ Friday
- 7 ☐ Saturday

These next questions ask about your daily activities. We need to know in as much detail as you can recall, what you did during (refer to reference day) starting at 4:00 o'clock in the morning. This section will provide information on transportation activity, amount of time spent on housework, leisure, paid work, etc. You may have been doing more than one thing at a time but we are interested in the main activity for each time period. We are not interested in activities which lasted only a minute or two. We also ask where you did each activity and if anyone was interacting with you during the activity.

Would you like an example?

EXAMPLE: Yesterday morning I was asleep until 7:15. From 7:15 until 7:30 I got dressed. Then from 7:30 until 7:45 I made breakfast and from 7:45 to 7:55 I ate breakfast with my children. After we ate I cleaned up the dishes, which took 20 minutes.

Do not ask question "e" about sleep, sex or other personal care activities.

1. a. First of all, starting at 4:00 a.m. what were you doing?

0 4 : 0 0

c. When did this end?

d. Where were you?/
Were you still . . .

Place			or			In Transit		
R's Home	Work Place	Other Place	Car	Walk	Bus & Subway	Other	Alone	Spouse/Partner
						Children of Household		
						Other Family Member(s)		
						Friend(s)		
						Other Person(s)		

e. Who was with you?/
Were you still . . .

1 ☐
2 ☐
3 ☐
4 ☐
5 ☐
6 ☐

2. a. And then, what did you do next?

b. When did this start?

: : : : : : :

c. When did this end?

d. Where were you?/
Were you still . . .

Place			or			In Transit		
R's Home	Work Place	Other Place	Car	Walk	Bus & Subway	Other	Alone	Spouse/Partner
						Children of Household		
						Other Family Member(s)		
						Friend(s)		
						Other Person(s)		

e. Who was with you?/
Were you still . . .

1 ☐
2 ☐
3 ☐
4 ☐
5 ☐
6 ☐

3. a. And then, what did you do next?

b. When did this start?

: : : : : : :

c. When did this end?

d. Where were you?/
Were you still . . .

Place			or			In Transit		
R's Home	Work Place	Other Place	Car	Walk	Bus & Subway	Other	Alone	Spouse/Partner
						Children of Household		
						Other Family Member(s)		
						Friend(s)		
						Other Person(s)		

e. Who was with you?/
Were you still . . .

1 ☐
2 ☐
3 ☐
4 ☐
5 ☐
6 ☐

Do not ask question "e" about sleep, sex
or other personal care activities

4. a. And then, what did
you do next?

☐ ☐

b. When did this
start?

☐ ☐ ☐

c. When did this
end?

☐ ☐ ☐

d. Where were you?/
Were you still ...

Place			or			In Transit		
R's Home	Work Place	Other Place	Car	Walk	Bus & Subway	Other	Alone	Spouse/Partner
Children of Household	Other Family Member(s)	Friend(s)	Other Person(s)					

e. Who was with you?/
Were you still ...

Place			or			In Transit		
R's Home	Work Place	Other Place	Car	Walk	Bus & Subway	Other	Alone	Spouse/Partner
Children of Household	Other Family Member(s)	Friend(s)	Other Person(s)					

1 0 2 0 3 0

4 0 5 0 6 0 7 0

1 0 2 0 3 0 4 0 5 0 6 0

5. a. And then, what did
you do next?

☐ ☐

b. When did this
start?

☐ ☐ ☐

c. When did this
end?

☐ ☐ ☐

d. Where were you?/
Were you still ...

Place			or			In Transit		
R's Home	Work Place	Other Place	Car	Walk	Bus & Subway	Other	Alone	Spouse/Partner
Children of Household	Other Family Member(s)	Friend(s)	Other Person(s)					

e. Who was with you?/
Were you still ...

Place			or			In Transit		
R's Home	Work Place	Other Place	Car	Walk	Bus & Subway	Other	Alone	Spouse/Partner
Children of Household	Other Family Member(s)	Friend(s)	Other Person(s)					

1 0 2 0 3 0

4 0 5 0 6 0 7 0

1 0 2 0 3 0 4 0 5 0 6 0

6. a. And then, what did
you do next?

☐ ☐

b. When did this
start?

☐ ☐ ☐

c. When did this
end?

☐ ☐ ☐

d. Where were you?/
Were you still ...

Place			or			In Transit		
R's Home	Work Place	Other Place	Car	Walk	Bus & Subway	Other	Alone	Spouse/Partner
Children of Household	Other Family Member(s)	Friend(s)	Other Person(s)					

e. Who was with you?/
Were you still ...

Place			or			In Transit		
R's Home	Work Place	Other Place	Car	Walk	Bus & Subway	Other	Alone	Spouse/Partner
Children of Household	Other Family Member(s)	Friend(s)	Other Person(s)					

1 0 2 0 3 0

4 0 5 0 6 0 7 0

1 0 2 0 3 0 4 0 5 0 6 0

7. a. And then, what did
you do next?

☐ ☐

b. When did this
start?

☐ ☐ ☐

c. When did this
end?

☐ ☐ ☐

d. Where were you?/
Were you still ...

Place			or			In Transit		
R's Home	Work Place	Other Place	Car	Walk	Bus & Subway	Other	Alone	Spouse/Partner
Children of Household	Other Family Member(s)	Friend(s)	Other Person(s)					

e. Who was with you?/
Were you still ...

Place			or			In Transit		
R's Home	Work Place	Other Place	Car	Walk	Bus & Subway	Other	Alone	Spouse/Partner
Children of Household	Other Family Member(s)	Friend(s)	Other Person(s)					

1 0 2 0 3 0

4 0 5 0 6 0 7 0

1 0 2 0 3 0 4 0 5 0 6 0

8. a. And then, what did
you do next?

☐ ☐

b. When did this
start?

☐ ☐ ☐

c. When did this
end?

☐ ☐ ☐

d. Where were you?/
Were you still ...

Place			or			In Transit		
R's Home	Work Place	Other Place	Car	Walk	Bus & Subway	Other	Alone	Spouse/Partner
Children of Household	Other Family Member(s)	Friend(s)	Other Person(s)					

e. Who was with you?/
Were you still ...

Place			or			In Transit		
R's Home	Work Place	Other Place	Car	Walk	Bus & Subway	Other	Alone	Spouse/Partner
Children of Household	Other Family Member(s)	Friend(s)	Other Person(s)					

1 0 2 0 3 0

4 0 5 0 6 0 7 0

1 0 2 0 3 0 4 0 5 0 6 0

9. a. And then, what did
you do next?

☐ ☐

b. When did this
start?

☐ ☐ ☐

c. When did this
end?

☐ ☐ ☐

d. Where were you?/
Were you still ...

Place			or			In Transit		
R's Home	Work Place	Other Place	Car	Walk	Bus & Subway	Other	Alone	Spouse/Partner
Children of Household	Other Family Member(s)	Friend(s)	Other Person(s)					

e. Who was with you?/
Were you still ...

Place			or			In Transit		
R's Home	Work Place	Other Place	Car	Walk	Bus & Subway	Other	Alone	Spouse/Partner
Children of Household	Other Family Member(s)	Friend(s)	Other Person(s)					

1 0 2 0 3 0

4 0 5 0 6 0 7 0

1 0 2 0 3 0 4 0 5 0 6 0

Do not ask question "e" about sleep, sex or other personal care activities.

10. a. And then, what did you do next?

b. When did this start?

c. When did this end?

d. Where were you?/
Were you still ...

Place			or			In Transit		
R's Home	Work Place	Other Place	Car	Walk	Bus & Subway	Other	Alone	Spouse/Partner
							Child(ren) of Household	Other Family Member(s)
							Friends(s)	Other Person(s)

e. Who was with you?/
Were you still ...

1 2 3

4 5 6 7

1 2 3 4 5 6

11. a. And then, what did you do next?

b. When did this start?

c. When did this end?

d. Where were you?/
Were you still ...

Place			or			In Transit		
R's Home	Work Place	Other Place	Car	Walk	Bus & Subway	Other	Alone	Spouse/Partner
							Child(ren) of Household	Other Family Member(s)
							Friends(s)	Other Person(s)

e. Who was with you?/
Were you still ...

1 2 3

4 5 6 7

1 2 3 4 5 6

12. a. And then, what did you do next?

b. When did this start?

c. When did this end?

d. Where were you?/
Were you still ...

Place			or			In Transit		
R's Home	Work Place	Other Place	Car	Walk	Bus & Subway	Other	Alone	Spouse/Partner
							Child(ren) of Household	Other Family Member(s)
							Friends(s)	Other Person(s)

e. Who was with you?/
Were you still ...

1 2 3

4 5 6 7

1 2 3 4 5 6

13. a. And then, what did you do next?

b. When did this start?

c. When did this end?

d. Where were you?/
Were you still ...

Place			or			In Transit		
R's Home	Work Place	Other Place	Car	Walk	Bus & Subway	Other	Alone	Spouse/Partner
							Child(ren) of Household	Other Family Member(s)
							Friends(s)	Other Person(s)

e. Who was with you?/
Were you still ...

1 2 3

4 5 6 7

1 2 3 4 5 6

14. a. And then, what did you do next?

b. When did this start?

c. When did this end?

d. Where were you?/
Were you still ...

Place			or			In Transit		
R's Home	Work Place	Other Place	Car	Walk	Bus & Subway	Other	Alone	Spouse/Partner
							Child(ren) of Household	Other Family Member(s)
							Friends(s)	Other Person(s)

e. Who was with you?/
Were you still ...

1 2 3

4 5 6 7

1 2 3 4 5 6

15. a. And then, what did you do next?

b. When did this start?

c. When did this end?

d. Where were you?/
Were you still ...

Place			or			In Transit		
R's Home	Work Place	Other Place	Car	Walk	Bus & Subway	Other	Alone	Spouse/Partner
							Child(ren) of Household	Other Family Member(s)
							Friends(s)	Other Person(s)

e. Who was with you?/
Were you still ...

1 2 3

4 5 6 7

1 2 3 4 5 6

Do not ask question "e" about sleep, sex or other personal care activities

16. a. And then, what did you do next?

--	--

b. When did this start?

--	--	--	--

c. When did this end?

--	--	--

d. Where were you?/
Were you still ...

Place			or			In Transit		
R's Home	Work Place	Other Place	Car	Walk	Bus & Subway	Other	Alone	Spouse/Partner
								Children of Household
								Other Family Member(s)
								Friends
								Other Person(s)

e. Who was with you?/
Were you still ...

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

17. a. And then, what did you do next?

--	--

b. When did this start?

--	--	--	--

c. When did this end?

--	--	--

d. Where were you?/
Were you still ...

Place			or			In Transit		
R's Home	Work Place	Other Place	Car	Walk	Bus & Subway	Other	Alone	Spouse/Partner
								Children of Household
								Other Family Member(s)
								Friends
								Other Person(s)

e. Who was with you?/
Were you still ...

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

18. a. And then, what did you do next?

--	--

b. When did this start?

--	--	--	--

c. When did this end?

--	--	--

d. Where were you?/
Were you still ...

Place			or			In Transit		
R's Home	Work Place	Other Place	Car	Walk	Bus & Subway	Other	Alone	Spouse/Partner
								Children of Household
								Other Family Member(s)
								Friends
								Other Person(s)

e. Who was with you?/
Were you still ...

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

19. a. And then, what did you do next?

--	--

b. When did this start?

--	--	--	--

c. When did this end?

--	--	--

d. Where were you?/
Were you still ...

Place			or			In Transit		
R's Home	Work Place	Other Place	Car	Walk	Bus & Subway	Other	Alone	Spouse/Partner
								Children of Household
								Other Family Member(s)
								Friends
								Other Person(s)

e. Who was with you?/
Were you still ...

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

20. a. And then, what did you do next?

--	--

b. When did this start?

--	--	--	--

c. When did this end?

--	--	--

d. Where were you?/
Were you still ...

Place			or			In Transit		
R's Home	Work Place	Other Place	Car	Walk	Bus & Subway	Other	Alone	Spouse/Partner
								Children of Household
								Other Family Member(s)
								Friends
								Other Person(s)

e. Who was with you?/
Were you still ...

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

21. a. And then, what did you do next?

--	--

b. When did this start?

--	--	--	--

c. When did this end?

--	--	--

d. Where were you?/
Were you still ...

Place			or			In Transit		
R's Home	Work Place	Other Place	Car	Walk	Bus & Subway	Other	Alone	Spouse/Partner
								Children of Household
								Other Family Member(s)
								Friends
								Other Person(s)

e. Who was with you?/
Were you still ...

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

Do not ask question "e" about sleep, sex or other personal care activities.

22. a. And then, what did you do next?

--	--

b. When did this start?

--	--	--

c. When did this end?

--	--	--

d. Where were you?/
Were you still ...

Place			or			In Transit		
R's Home	Work Place	Other Place	Car	Walk	Bus & Subway	Other	Alone	Spouse/Partner
1	2	3	4	5	6	7	1	2
							3	4
							5	6

e. Who was with you?/
Were you still ...

Children of Household	Other Family Member(s)	Friends(s)	Other Person(s)
1	2	3	4

23. a. And then, what did you do next?

--	--

b. When did this start?

--	--	--

c. When did this end?

--	--	--

d. Where were you?/
Were you still ...

Place			or			In Transit		
R's Home	Work Place	Other Place	Car	Walk	Bus & Subway	Other	Alone	Spouse/Partner
1	2	3	4	5	6	7	1	2
							3	4
							5	6

e. Who was with you?/
Were you still ...

Children of Household	Other Family Member(s)	Friends(s)	Other Person(s)
1	2	3	4

24. a. And then, what did you do next?

--	--

b. When did this start?

--	--	--

c. When did this end?

--	--	--

d. Where were you?/
Were you still ...

Place			or			In Transit		
R's Home	Work Place	Other Place	Car	Walk	Bus & Subway	Other	Alone	Spouse/Partner
1	2	3	4	5	6	7	1	2
							3	4
							5	6

e. Who was with you?/
Were you still ...

Children of Household	Other Family Member(s)	Friends(s)	Other Person(s)
1	2	3	4

25. a. And then, what did you do next?

--	--

b. When did this start?

--	--	--

c. When did this end?

--	--	--

d. Where were you?/
Were you still ...

Place			or			In Transit		
R's Home	Work Place	Other Place	Car	Walk	Bus & Subway	Other	Alone	Spouse/Partner
1	2	3	4	5	6	7	1	2
							3	4
							5	6

e. Who was with you?/
Were you still ...

Children of Household	Other Family Member(s)	Friends(s)	Other Person(s)
1	2	3	4

26. a. And then, what did you do next?

--	--

b. When did this start?

--	--	--

c. When did this end?

--	--	--

d. Where were you?/
Were you still ...

Place			or			In Transit		
R's Home	Work Place	Other Place	Car	Walk	Bus & Subway	Other	Alone	Spouse/Partner
1	2	3	4	5	6	7	1	2
							3	4
							5	6

e. Who was with you?/
Were you still ...

Children of Household	Other Family Member(s)	Friends(s)	Other Person(s)
1	2	3	4

27. a. And then, what did you do next?

--	--

b. When did this start?

--	--	--

c. When did this end?

--	--	--

d. Where were you?/
Were you still ...

Place			or			In Transit		
R's Home	Work Place	Other Place	Car	Walk	Bus & Subway	Other	Alone	Spouse/Partner
1	2	3	4	5	6	7	1	2
							3	4
							5	6

e. Who was with you?/
Were you still ...

Children of Household	Other Family Member(s)	Friends(s)	Other Person(s)
1	2	3	4

Do not ask question "f" about sleep sex or other personal care activities

28. a. And then, what did you do next?

b. When did this start?

c. When did this end?

d. Where were you?/
Were you still ...

Place			or			In Transit		
R's Home	Work Place	Other Place	Car	Walk	Bus & Subway	Other	Alone	Spouse/Partner
							Children of Household	Other Family Member(s)
							Friends(s)	Other Person(s)

1 0 2 0 3 0 4 0 5 0 6 0 7 0 1 0 2 0 3 0 4 0 5 0 6 0

29. a. And then, what did you do next?

b. When did this start?

c. When did this end?

d. Where were you?/
Were you still ...

Place			or			In Transit		
R's Home	Work Place	Other Place	Car	Walk	Bus & Subway	Other	Alone	Spouse/Partner
							Children of Household	Other Family Member(s)
							Friends(s)	Other Person(s)

1 0 2 0 3 0 4 0 5 0 6 0 7 0 1 0 2 0 3 0 4 0 5 0 6 0

30. a. And then, what did you do next?

b. When did this start?

c. When did this end?

d. Where were you?/
Were you still ...

Place			or			In Transit		
R's Home	Work Place	Other Place	Car	Walk	Bus & Subway	Other	Alone	Spouse/Partner
							Children of Household	Other Family Member(s)
							Friends(s)	Other Person(s)

1 0 2 0 3 0 4 0 5 0 6 0 7 0 1 0 2 0 3 0 4 0 5 0 6 0

31. a. And then, what did you do next?

b. When did this start?

c. When did this end?

d. Where were you?/
Were you still ...

Place			or			In Transit		
R's Home	Work Place	Other Place	Car	Walk	Bus & Subway	Other	Alone	Spouse/Partner
							Children of Household	Other Family Member(s)
							Friends(s)	Other Person(s)

1 0 2 0 3 0 4 0 5 0 6 0 7 0 1 0 2 0 3 0 4 0 5 0 6 0

32. a. And then, what did you do next?

b. When did this start?

c. When did this end?

d. Where were you?/
Were you still ...

Place			or			In Transit		
R's Home	Work Place	Other Place	Car	Walk	Bus & Subway	Other	Alone	Spouse/Partner
							Children of Household	Other Family Member(s)
							Friends(s)	Other Person(s)

1 0 2 0 3 0 4 0 5 0 6 0 7 0 1 0 2 0 3 0 4 0 5 0 6 0

33. a. And then, what did you do next?

b. When did this start?

c. When did this end?

d. Where were you?/
Were you still ...

Place			or			In Transit		
R's Home	Work Place	Other Place	Car	Walk	Bus & Subway	Other	Alone	Spouse/Partner
							Children of Household	Other Family Member(s)
							Friends(s)	Other Person(s)

1 0 2 0 3 0 4 0 5 0 6 0 7 0 1 0 2 0 3 0 4 0 5 0 6 0

Do not ask question "e" about sleep, sex or other personal care activities.

34. a. And then, what did you do next? b. When did this start? c. When did this end?

--	--

--	--	--	--

--	--	--

d. Where were you?/
Were you still ...

e. Who was with you?/
Were you still ...

Place			or			In Transit		
R's Home	Work Place	Other Place	Car	Walk	Bus & Subway	Other	Alone	Spouse/Partner
							Children of Household	Other Family Member(s)
							Friends	Other Person(s)

1 0 2 0 3 0 4 0 5 0 6 0 7 0 1 0 2 0 3 0 4 0 5 0 6 0

35. a. And then, what did you do next? b. When did this start? c. When did this end?

--	--

--	--	--	--

--	--	--

d. Where were you?/
Were you still ...

e. Who was with you?/
Were you still ...

Place			or			In Transit		
R's Home	Work Place	Other Place	Car	Walk	Bus & Subway	Other	Alone	Spouse/Partner
							Children of Household	Other Family Member(s)
							Friends	Other Person(s)

1 0 2 0 3 0 4 0 5 0 6 0 7 0 1 0 2 0 3 0 4 0 5 0 6 0

36. a. And then, what did you do next? b. When did this start? c. When did this end?

--	--

--	--	--	--

--	--	--

d. Where were you?/
Were you still ...

e. Who was with you?/
Were you still ...

Place			or			In Transit		
R's Home	Work Place	Other Place	Car	Walk	Bus & Subway	Other	Alone	Spouse/Partner
							Children of Household	Other Family Member(s)
							Friends	Other Person(s)

1 0 2 0 3 0 4 0 5 0 6 0 7 0 1 0 2 0 3 0 4 0 5 0 6 0

37. a. And then, what did you do next? b. When did this start? c. When did this end?

--	--

--	--	--	--

--	--	--

d. Where were you?/
Were you still ...

e. Who was with you?/
Were you still ...

Place			or			In Transit		
R's Home	Work Place	Other Place	Car	Walk	Bus & Subway	Other	Alone	Spouse/Partner
							Children of Household	Other Family Member(s)
							Friends	Other Person(s)

1 0 2 0 3 0 4 0 5 0 6 0 7 0 1 0 2 0 3 0 4 0 5 0 6 0

38. a. And then, what did you do next? b. When did this start? c. When did this end?

--	--

--	--	--	--

--	--	--

d. Where were you?/
Were you still ...

e. Who was with you?/
Were you still ...

Place			or			In Transit		
R's Home	Work Place	Other Place	Car	Walk	Bus & Subway	Other	Alone	Spouse/Partner
							Children of Household	Other Family Member(s)
							Friends	Other Person(s)

1 0 2 0 3 0 4 0 5 0 6 0 7 0 1 0 2 0 3 0 4 0 5 0 6 0

39. a. And then, what did you do next? b. When did this start? c. When did this end?

--	--

--	--	--	--

--	--	--

d. Where were you?/
Were you still ...

e. Who was with you?/
Were you still ...

Place			or			In Transit		
R's Home	Work Place	Other Place	Car	Walk	Bus & Subway	Other	Alone	Spouse/Partner
							Children of Household	Other Family Member(s)
							Friends	Other Person(s)

1 0 2 0 3 0 4 0 5 0 6 0 7 0 1 0 2 0 3 0 4 0 5 0 6 0

Do not ask question "e" about sleep, sex, or other personal care activities.

40. a. And then, what did you do next?

b. When did this start?

c. When did this end?

d. Where were you?/
Were you still ...

Place			or			In Transit		
R's Home	Work Place	Other Place	Car	Walk	Bus & Subway	Other	Alone	Spouse/Partner
							Children of Household	Other Family Member(s)
							Friends(s)	Other Person(s)

1 0 2 0 3 0 4 0 5 0 6 0 7 0 1 0 2 0 3 0 4 0 5 0 6 0

e. Who was with you?/
Were you still ...

41. a. And then, what did you do next?

b. When did this start?

c. When did this end?

d. Where were you?/
Were you still ...

Place			or			In Transit		
R's Home	Work Place	Other Place	Car	Walk	Bus & Subway	Other	Alone	Spouse/Partner
							Children of Household	Other Family Member(s)
							Friends(s)	Other Person(s)

1 0 2 0 3 0 4 0 5 0 6 0 7 0 1 0 2 0 3 0 4 0 5 0 6 0

e. Who was with you?/
Were you still ...

42. a. And then, what did you do next?

b. When did this start?

c. When did this end?

d. Where were you?/
Were you still ...

Place			or			In Transit		
R's Home	Work Place	Other Place	Car	Walk	Bus & Subway	Other	Alone	Spouse/Partner
							Children of Household	Other Family Member(s)
							Friends(s)	Other Person(s)

1 0 2 0 3 0 4 0 5 0 6 0 7 0 1 0 2 0 3 0 4 0 5 0 6 0

e. Who was with you?/
Were you still ...

43. a. And then, what did you do next?

b. When did this start?

c. When did this end?

d. Where were you?/
Were you still ...

Place			or			In Transit		
R's Home	Work Place	Other Place	Car	Walk	Bus & Subway	Other	Alone	Spouse/Partner
							Children of Household	Other Family Member(s)
							Friends(s)	Other Person(s)

1 0 2 0 3 0 4 0 5 0 6 0 7 0 1 0 2 0 3 0 4 0 5 0 6 0

e. Who was with you?/
Were you still ...

44. a. And then, what did you do next?

b. When did this start?

c. When did this end?

d. Where were you?/
Were you still ...

Place			or			In Transit		
R's Home	Work Place	Other Place	Car	Walk	Bus & Subway	Other	Alone	Spouse/Partner
							Children of Household	Other Family Member(s)
							Friends(s)	Other Person(s)

1 0 2 0 3 0 4 0 5 0 6 0 7 0 1 0 2 0 3 0 4 0 5 0 6 0

e. Who was with you?/
Were you still ...

INTERVIEWER: To record additional activities, use Form GSS 2-2D and "X" the circle below. Also indicate the number of forms used.

☐ (If you use GSS 2-2D)

Number of forms

Number the questions sequentially starting with 45.

SECTION E

For this part of the survey I would like you to consider your life as it is now.

E1. Presently, would you describe yourself as ...

Very
happy
1 ☐

Somewhat
happy
2 ☐

Somewhat
unhappy
3 ☐

Very
unhappy
4 ☐

No
opinion
5 ☐

E2. I am going to ask you to rate certain areas of your life. Please rate your feelings about them as very satisfied, somewhat satisfied, somewhat dissatisfied or very dissatisfied.

		Somewhat	Very	No opinion
a) Your health →	1 <input type="radio"/> Satisfied 2 <input type="radio"/> Dissatisfied	→ 1 <input type="radio"/> → 3 <input type="radio"/>	2 <input type="radio"/> 4 <input type="radio"/>	3 <input type="radio"/>
b) Your job or main activity →	4 <input type="radio"/> Satisfied 5 <input type="radio"/> Dissatisfied	→ 5 <input type="radio"/> → 7 <input type="radio"/>	6 <input type="radio"/> 8 <input type="radio"/>	6 <input type="radio"/>
c) The way you spend your other time →	7 <input type="radio"/> Satisfied 8 <input type="radio"/> Dissatisfied	→ 1 <input type="radio"/> → 3 <input type="radio"/>	2 <input type="radio"/> 4 <input type="radio"/>	9 <input type="radio"/>
d) Your finances →	1 <input type="radio"/> Satisfied 2 <input type="radio"/> Dissatisfied	→ 5 <input type="radio"/> → 7 <input type="radio"/>	6 <input type="radio"/> 8 <input type="radio"/>	3 <input type="radio"/>
e) Your housing →	4 <input type="radio"/> Satisfied 5 <input type="radio"/> Dissatisfied	→ 1 <input type="radio"/> → 3 <input type="radio"/>	2 <input type="radio"/> 4 <input type="radio"/>	6 <input type="radio"/>
f) Your friendships →	7 <input type="radio"/> Satisfied 8 <input type="radio"/> Dissatisfied	→ 5 <input type="radio"/> → 7 <input type="radio"/>	6 <input type="radio"/> 8 <input type="radio"/>	9 <input type="radio"/>
g) Living partner or single status →	1 <input type="radio"/> Satisfied 2 <input type="radio"/> Dissatisfied	→ 1 <input type="radio"/> → 3 <input type="radio"/>	2 <input type="radio"/> 4 <input type="radio"/>	3 <input type="radio"/>
h) Your relationship with other family members →	4 <input type="radio"/> Satisfied 5 <input type="radio"/> Dissatisfied	→ 5 <input type="radio"/> → 7 <input type="radio"/>	6 <input type="radio"/> 8 <input type="radio"/>	6 <input type="radio"/>
i) Yourself (self-esteem) →	7 <input type="radio"/> Satisfied 8 <input type="radio"/> Dissatisfied	→ 1 <input type="radio"/> → 3 <input type="radio"/>	2 <input type="radio"/> 4 <input type="radio"/>	9 <input type="radio"/>

E3. Now, using the same scale, how do you feel about your life as a whole right now?

Satisfied		Dissatisfied		No opinion
Very	Somewhat	Somewhat	Very	
1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>

SECTION F

The following questions are about your knowledge and use of languages at home, school and work.

F1. What is your main language, that is, the language in which you are most at ease?
(Report two if the respondent is equally at ease in two languages)

1 ☐ English → Have you ever had any knowledge or understanding of a language other than English?

7 ☐ Yes → Go to Section G (Below)

8 ☐ No → Go to SECTION T (Page 23)

2 ☐ English and French → Go to SECTION H (Page 15)

3 ☐ English and Other (specify) → Go to SECTION J (Page 15)

4 ☐ French → Go to SECTION K (Page 16)

5 ☐ French and Other (specify) → Go to SECTION L (Page 16)

6 ☐ Other (specify) }
 } → Go to SECTION M (Page 17)

SECTION G

G1. Do you have any knowledge or understanding of French?

1 ☐ Yes

2 ☐ No → Go to G6

G2. When was the last time that you had a conversation in French, excluding language courses?

1 ☐ During the last week

2 ☐ During the last month

3 ☐ During the last year

4 ☐ More than a year

5 ☐ Never

G3. How would you rate yourself in the following language abilities in French?

	Very good	Good	Not very good	Not at all
Reading	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>
Understanding	05 <input type="radio"/>	06 <input type="radio"/>	07 <input type="radio"/>	08 <input type="radio"/>
Speaking	09 <input type="radio"/>	10 <input type="radio"/>	11 <input type="radio"/>	12 <input type="radio"/>

G4. What would you say contributed the most to your present knowledge of French? (Accept multiple response)

1 ☐ Language instruction at school

2 ☐ Other language courses

3 ☐ Speaking with family

4 ☐ Speaking with friends

5 ☐ Speaking at work

6 ☐ Watching television

7 ☐ Other (specify) _____

G5. Compared to five years ago, would you say that you now... more French, less French or about the same?

KNOW

1 ☐ More

2 ☐ Less

3 ☐ Same

USE

4 ☐ More

5 ☐ Less

6 ☐ Same

G6. Do you have any knowledge or understanding of a language other than English or French?

1 ☐ Yes → How many other languages do you know or understand?

3 ☐ One language (specify)

4 ☐ languages → Which one do you know best? (specify)

2 ☐ No → Go to G9

G7. When was the last time you had a conversation in that language (language reported in G6) excluding language courses?

5 ☐ During the last week

6 ☐ During the last month

7 ☐ During the last year

8 ☐ More than a year

9 ☐ Never

G8. In that language (language reported in G6), how would you rate yourself in the following abilities?

	Very good	Good	Not very good	Not at all
Reading	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>
Understanding	05 <input type="radio"/>	06 <input type="radio"/>	07 <input type="radio"/>	08 <input type="radio"/>
Speaking	09 <input type="radio"/>	10 <input type="radio"/>	11 <input type="radio"/>	12 <input type="radio"/>

G9. INTERVIEWER: If "No" indicated in both G1 and G6, go to SECTION N (PAGE 17)

G10. Compared to five years ago, would you say that you now use more English, less English or about the same?

1 ☐ More

2 ☐ Less

3 ☐ Same

G11. INTERVIEWER: Go to SECTION N (Page 17)

SECTION H

H1 Compared to five years ago, would you say that you now... more English, less English or about the same?

KNOW

- 1 ☐ More
2 ☐ Less
3 ☐ Same

USE

- 4 ☐ More
5 ☐ Less
6 ☐ Same

H2 Compared to five years ago, would you say that you now... more French, less French or about the same?

KNOW

- 4 ☐ More
5 ☐ Less
6 ☐ Same

USE

- 7 ☐ More
8 ☐ Less
9 ☐ Same

H3 Do you have any knowledge or understanding of a language other than English or French?

- 1 ☐ Yes → How many other languages do you know or understand?
3 ☐ One language (specify)
4 ☐ languages → Which one do you know best? (specify)

2 ☐ No → Go to SECTION N (Page 17)

H4 When was the last time you had a conversation in that language (language reported in H3) excluding language courses?

- 5 ☐ During the last week
6 ☐ During the last month
7 ☐ During the last year
8 ☐ More than a year
9 ☐ Never

H5 In that language (language reported in H3), how would you rate yourself in the following abilities?

	Very good	Good	Not very good	Not at all
Reading	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>
Understanding	05 <input type="radio"/>	06 <input type="radio"/>	07 <input type="radio"/>	08 <input type="radio"/>
Speaking	09 <input type="radio"/>	10 <input type="radio"/>	11 <input type="radio"/>	12 <input type="radio"/>

H6 INTERVIEWER: Go to SECTION N (PAGE 17)

SECTION J

J1 Compared to five years ago, would you say that you now... more English, less English or about the same?

KNOW

- 1 ☐ More
2 ☐ Less
3 ☐ Same

USE

- 4 ☐ More
5 ☐ Less
6 ☐ Same

J2 Do you have any knowledge or understanding of French?

- 7 ☐ Yes
8 ☐ No → Go to J7

J3 When was the last time you had a conversation in French, excluding language courses?

- 1 ☐ During the last week
2 ☐ During the last month
3 ☐ During the last year
4 ☐ More than a year
5 ☐ Never

J4 How would you rate yourself in the following language abilities in French?

	Very good	Good	Not very good	Not at all
Reading	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>
Understanding	05 <input type="radio"/>	06 <input type="radio"/>	07 <input type="radio"/>	08 <input type="radio"/>
Speaking	09 <input type="radio"/>	10 <input type="radio"/>	11 <input type="radio"/>	12 <input type="radio"/>

J5 What would you say contributed the most to your present knowledge of French? (Accept multiple response)

- 1 ☐ Language instruction at school
2 ☐ Other language courses
3 ☐ Speaking with family
4 ☐ Speaking with friends
5 ☐ Speaking at work
6 ☐ Watching television
7 ☐ Other (specify) _____

J6 Compared to five years ago, would you say that you now... more French, less French or about the same?

KNOW

- 1 ☐ More
2 ☐ Less
3 ☐ Same

USE

- 4 ☐ More
5 ☐ Less
6 ☐ Same

J7 Other than English or French, how many languages do you know or understand?

languages

J8 INTERVIEWER: Go to SECTION N (PAGE 17)

SECTION K

K1 How would you rate your ability to read in English? Is it ...

- 1 ☐ Very good
 2 ☐ Good
 3 ☐ Not very good
 4 ☐ Not at all

K2 What would you say contributed the most to your present knowledge of English? (Accept multiple response)

- 1 ☐ Language instruction at school
 2 ☐ Other language courses
 3 ☐ Speaking with family
 4 ☐ Speaking with friends
 5 ☐ Speaking at work
 6 ☐ Watching television
 7 ☐ Other (specify) _____

K3 Compared to five years ago, would you say that you now ... more English, less English or about the same?

- | | |
|------------------------------|------------------------------|
| KNOW | USE |
| 4 <input type="radio"/> More | 7 <input type="radio"/> More |
| 5 <input type="radio"/> Less | 8 <input type="radio"/> Less |
| 6 <input type="radio"/> Same | 9 <input type="radio"/> Same |

K4 Do you have any knowledge or understanding of a language other than English or French?

- 1 ☐ Yes → How many other languages do you know or understand?
 3 ☐ One language (specify)
 4 ☐ languages → Which one do you know best? (specify)
 2 ☐ No → Go to K7

K5 When was the last time you had a conversation in that language (language reported in K4) excluding language courses?

- 5 ☐ During the last week
 6 ☐ During the last month
 7 ☐ During the last year
 8 ☐ More than a year
 9 ☐ Never

K6 In that language (language reported in K4), how would you rate yourself in the following abilities?

- | | Very good | Good | Not very good | Not at all |
|---------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Reading | 01 <input type="radio"/> | 02 <input type="radio"/> | 03 <input type="radio"/> | 04 <input type="radio"/> |
| Understanding | 05 <input type="radio"/> | 06 <input type="radio"/> | 07 <input type="radio"/> | 08 <input type="radio"/> |
| Speaking | 09 <input type="radio"/> | 10 <input type="radio"/> | 11 <input type="radio"/> | 12 <input type="radio"/> |

K7 Compared to five years ago, would you say that you now use more French, less French or about the same?

- 1 ☐ More
 2 ☐ Less
 3 ☐ Same

K8 INTERVIEWER: Go to SECTION N (Page 17)

SECTION L

L1 Compared to five years ago, would you say that you now ... more French, less French or about the same?

- | | |
|------------------------------|------------------------------|
| KNOW | USE |
| 1 <input type="radio"/> More | 4 <input type="radio"/> More |
| 2 <input type="radio"/> Less | 5 <input type="radio"/> Less |
| 3 <input type="radio"/> Same | 6 <input type="radio"/> Same |

L2 How would you rate your ability to read in English? Is it ...

- 6 ☐ Very good
 7 ☐ Good
 8 ☐ Not very good
 9 ☐ Not at all

L3 What would you say contributed the most to your present knowledge of English? (Accept multiple response)

- 1 ☐ Language instruction at school
 2 ☐ Other language courses
 3 ☐ Speaking with family
 4 ☐ Speaking with friends
 5 ☐ Speaking at work
 6 ☐ Watching television
 7 ☐ Other (specify) _____

L4 Compared to five years ago, would you say that you now ... more English, less English or about the same?

- | | |
|------------------------------|------------------------------|
| KNOW | USE |
| 4 <input type="radio"/> More | 7 <input type="radio"/> More |
| 5 <input type="radio"/> Less | 8 <input type="radio"/> Less |
| 6 <input type="radio"/> Same | 9 <input type="radio"/> Same |

L5 Other than English or French, how many languages do you know or understand?

languages

L6 INTERVIEWER: Go to SECTION N (Page 17)

SECTION M

M1 How would you rate your ability to read in English? Is it...

- 1 ☐ Very good
 2 ☐ Good
 3 ☐ Not very good
 4 ☐ Not at all

M2 What would you say contributed the most to your present knowledge of English? (Accept multiple response)

- 1 ☐ Language instruction at school
 2 ☐ Other language courses
 3 ☐ Speaking with family
 4 ☐ Speaking with friends
 5 ☐ Speaking at work
 6 ☐ Watching television
 7 ☐ Other (specify) _____

M3 Compared to five years ago, would you say that you now... more English, less English or about the same?

- | KNOW | USE |
|------------------------------|------------------------------|
| 4 <input type="radio"/> More | 7 <input type="radio"/> More |
| 5 <input type="radio"/> Less | 8 <input type="radio"/> Less |
| 6 <input type="radio"/> Same | 9 <input type="radio"/> Same |

M4 Do you have any knowledge or understanding of French?

- 1 ☐ Yes
 2 ☐ No → Go to M9

M5 When was the last time you had a conversation in French, excluding language courses?

- 3 ☐ During the last week
 4 ☐ During the last month
 5 ☐ During the last year
 6 ☐ More than a year
 7 ☐ Never

M6 How would you rate yourself in the following language abilities in French?

- | | Very good | Good | Not very good | Not at all |
|---------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Reading | 01 <input type="radio"/> | 02 <input type="radio"/> | 03 <input type="radio"/> | 04 <input type="radio"/> |
| Understanding | 05 <input type="radio"/> | 06 <input type="radio"/> | 07 <input type="radio"/> | 08 <input type="radio"/> |
| Speaking | 09 <input type="radio"/> | 10 <input type="radio"/> | 11 <input type="radio"/> | 12 <input type="radio"/> |

M7 What would you say contributed the most to your present knowledge of French? (Accept multiple response)

- 1 ☐ Language instruction at school
 2 ☐ Other language courses
 3 ☐ Speaking with family
 4 ☐ Speaking with friends
 5 ☐ Speaking at work
 6 ☐ Watching television
 7 ☐ Other (specify) _____

M8 Compared to five years ago, would you say that you now... more French, less French or about the same?

- | KNOW | USE |
|------------------------------|------------------------------|
| 4 <input type="radio"/> More | 7 <input type="radio"/> More |
| 5 <input type="radio"/> Less | 8 <input type="radio"/> Less |
| 6 <input type="radio"/> Same | 9 <input type="radio"/> Same |

M9 Other than English or French, how many languages do you know or understand?

_____ languages

SECTION N

The next questions ask about language use in childhood and adolescence.

N1 Before you were six years old, which languages were spoken in your home by people living there?

- 1 ☐ English
 2 ☐ French
 3 ☐ Other (specify) _____

N2 INTERVIEWER If only one language reported in N1, go to N4

N3 Which languages did you yourself speak at home?

(Most often)

- 1 ☐ English 4 ☐
 2 ☐ French 5 ☐
 3 ☐ Other (specify) _____ 6 ☐
 _____ 7 ☐

Did you speak this language at home more than 90% of the time?

- 8 ☐ Yes
 9 ☐ No

N4 When you were fifteen years old, which languages did you yourself speak at home?

(Most often)

- 3 ☐ English 6 ☐
 4 ☐ French 7 ☐
 5 ☐ Other (specify) _____ 8 ☐
 _____ 9 ☐

N5 At that time, which languages did you speak with your friends?

(Most often)

- 1 ☐ English 4 ☐
 2 ☐ French 5 ☐
 3 ☐ Other (specify) _____ 6 ☐
 _____ 7 ☐

N6 INTERVIEWER Go to SECTION P (Page 18).

SECTION P

P1 How many years of elementary and secondary education have you completed?

00 ☐ No schooling → Go to P14

05 ☐ One to five years

06 ☐ Six

07 ☐ Seven

08 ☐ Eight

Which languages were used for teaching your courses at primary school, excluding language courses?

(Most often)

1 ☐ English

4 ☐

2 ☐ French

5 ☐

3 ☐ Other (specify)

6 ☐

7 ☐

→ Go to P4

09 ☐ Nine

10 ☐ Ten

→ Go to P2

11 ☐ Eleven

12 ☐ Twelve

13 ☐ Thirteen

Have you graduated from secondary school?

1 ☐ Yes

2 ☐ No

→ Go to P2

P2. Which languages were used for teaching your courses at primary school, excluding language courses?

(Most often)

1 ☐ English

4 ☐

2 ☐ French

5 ☐

3 ☐ Other (specify)

6 ☐

7 ☐

P3. What about languages used for teaching your courses at secondary school, excluding language courses?

(Most often)

1 ☐ English

4 ☐

2 ☐ French

5 ☐

3 ☐ Other (specify)

6 ☐

7 ☐

P4. Have you had any further schooling beyond elementary/secondary school?

1 ☐ Yes

2 ☐ No → Go to P7

P5. Which languages were/are used for teaching your courses at these levels, excluding language courses?

(Most often)

1 ☐ English

4 ☐

2 ☐ French

5 ☐

3 ☐ Other (specify)

6 ☐

7 ☐

P6. What is the highest level you attained? (Accept one response only)

1 ☐ Some community college, CEGEP or nursing school

2 ☐ Diploma or certificate from community college, CEGEP or nursing school

3 ☐ Some university

4 ☐ Bachelor or undergraduate degree or teacher's college

5 ☐ Master's or earned doctorate

6 ☐ Other (specify)

P7. In which year did you reach your highest level of education?

Year

- Q10 During those weeks of work were you mostly full-time or part-time?

- Q11 For whom do you/did you last work?
(Name of business, government department or agency or person)

Q12 What was the main kind of business, industry or service?
(Give a full description e.g. paper box manufacturing, retail shoe store, municipal board of education)

Q:3 What kind of work were you doing?
(Give a full description e.g. posting invoices, selling shoes, teaching primary school)

Q14 Which languages are/were spoken at work by people with whom you have/had regular contact?

- Q15 Considering the last 12 months, which languages have you yourself spoken at work?

(Most often)

- 1 ☐ English 4 ☐
- 2 ☐ French 5 ☐
- 3 ☐ Other (specify) 6 ☐
- 7 ☐

Did you speak this language at work more than 90% of the time?

- 8 ☐ Yes
- 9 ☐ No

- Q16 During the last 12 months have you done any writing at work?

- 1 ☐ Yes
2 ☐ No → Go to SECTION R

- Q17 Over this period, which languages did you yourself use for writing at work?

(Most often)

- 1 ☐ English 4 ☐
- 2 ☐ French 5 ☐
- 3 ☐ Other (specify) 6 ☐
- 7 ☐

Did you use this language for writing at work more than 90 % of the time?

- ☐ Yes
☐ No

SECTION R

The next questions ask about contacts you have had with federal government agencies during the last 12 months.

R1 During this period, have you talked with employees of the following federal agencies in connection with the services they provide?	R2 In your last contact with ... (agency), in which language did you obtain service?	R3 Was this your preferred language?	(Complete R4 and R5 only for corresponding agencies with "No" response in R3)	
			R4 What was your preferred language?	R5 Did you ask for service in that language?
No Yes	English French Other	Yes No	English French Other	Yes No
Post Office (excluding letter carriers) 01 <input type="radio"/> 02 <input type="radio"/>	01 <input type="radio"/> 02 <input type="radio"/> 03 <input type="radio"/>	34 <input type="radio"/> 35 <input type="radio"/>	01 <input type="radio"/> 02 <input type="radio"/> 03 <input type="radio"/>	34 <input type="radio"/> 35 <input type="radio"/>
Canada Employment or Immigration Centres 03 <input type="radio"/> 04 <input type="radio"/>	04 <input type="radio"/> 05 <input type="radio"/> 06 <input type="radio"/>	36 <input type="radio"/> 37 <input type="radio"/>	04 <input type="radio"/> 05 <input type="radio"/> 06 <input type="radio"/>	36 <input type="radio"/> 37 <input type="radio"/>
Old age security or family allowance 05 <input type="radio"/> 06 <input type="radio"/>	07 <input type="radio"/> 08 <input type="radio"/> 09 <input type="radio"/>	38 <input type="radio"/> 39 <input type="radio"/>	07 <input type="radio"/> 08 <input type="radio"/> 09 <input type="radio"/>	38 <input type="radio"/> 39 <input type="radio"/>
National parks 07 <input type="radio"/> 08 <input type="radio"/>	10 <input type="radio"/> 11 <input type="radio"/> 12 <input type="radio"/>	40 <input type="radio"/> 41 <input type="radio"/>	10 <input type="radio"/> 11 <input type="radio"/> 12 <input type="radio"/>	40 <input type="radio"/> 41 <input type="radio"/>
Federal personal income tax 09 <input type="radio"/> 10 <input type="radio"/>	13 <input type="radio"/> 14 <input type="radio"/> 15 <input type="radio"/>	42 <input type="radio"/> 43 <input type="radio"/>	13 <input type="radio"/> 14 <input type="radio"/> 15 <input type="radio"/>	42 <input type="radio"/> 43 <input type="radio"/>
Customs, at border crossings only 11 <input type="radio"/> 12 <input type="radio"/>	16 <input type="radio"/> 17 <input type="radio"/> 18 <input type="radio"/>	44 <input type="radio"/> 45 <input type="radio"/>	16 <input type="radio"/> 17 <input type="radio"/> 18 <input type="radio"/>	44 <input type="radio"/> 45 <input type="radio"/>
R.C.M.P. 13 <input type="radio"/> 14 <input type="radio"/>	19 <input type="radio"/> 20 <input type="radio"/> 21 <input type="radio"/>	46 <input type="radio"/> 47 <input type="radio"/>	19 <input type="radio"/> 20 <input type="radio"/> 21 <input type="radio"/>	46 <input type="radio"/> 47 <input type="radio"/>
Air Canada 15 <input type="radio"/> 16 <input type="radio"/>	22 <input type="radio"/> 23 <input type="radio"/> 24 <input type="radio"/>	48 <input type="radio"/> 49 <input type="radio"/>	22 <input type="radio"/> 23 <input type="radio"/> 24 <input type="radio"/>	48 <input type="radio"/> 49 <input type="radio"/>
Agriculture Canada 17 <input type="radio"/> 18 <input type="radio"/>	25 <input type="radio"/> 26 <input type="radio"/> 27 <input type="radio"/>	50 <input type="radio"/> 51 <input type="radio"/>	25 <input type="radio"/> 26 <input type="radio"/> 27 <input type="radio"/>	50 <input type="radio"/> 51 <input type="radio"/>
Via Rail or CN Marine 19 <input type="radio"/> 20 <input type="radio"/>	28 <input type="radio"/> 29 <input type="radio"/> 30 <input type="radio"/>	52 <input type="radio"/> 53 <input type="radio"/>	28 <input type="radio"/> 29 <input type="radio"/> 30 <input type="radio"/>	52 <input type="radio"/> 53 <input type="radio"/>
Federal Public Service Commission 21 <input type="radio"/> 22 <input type="radio"/>	31 <input type="radio"/> 32 <input type="radio"/> 33 <input type="radio"/>	54 <input type="radio"/> 55 <input type="radio"/>	31 <input type="radio"/> 32 <input type="radio"/> 33 <input type="radio"/>	54 <input type="radio"/> 55 <input type="radio"/>

INTERVIEWER: If no contacts in R1 go to R6 below, otherwise go to R2 above.

R6 Would you say that, in your area, federal services are generally available in your preferred official language?

7 ☐ Yes

8 ☐ No

9 ☐ Don't know

R7 In which languages are the television programs you watch?

0 ☐ Never watch television

(Most often)

1 ☐ English 4 ☐

2 ☐ French 5 ☐

3 ☐ Other (specify) 6 ☐

7 ☐

Do you watch programs in this language more than 90% of the time?

8 ☐ Yes

9 ☐ No

R8 Which language did the doctor use during your last visit?

1 ☐ Never visited doctor

2 ☐ English

3 ☐ French

4 ☐ Other (specify)

SECTION 5	
Now I'd like to ask you for some background information	
<p>S1 To which ethnic or cultural group do you or did your ancestors belong? (Accept multiple response)</p> <p>1 <input type="radio"/> English 2 <input type="radio"/> French 3 <input type="radio"/> Irish 4 <input type="radio"/> Scottish 5 <input type="radio"/> German 6 <input type="radio"/> Italian 7 <input type="radio"/> Ukrainian 8 <input type="radio"/> Other (specify)</p> <p>_____</p> <p>_____</p> <p>9 <input type="radio"/> Don't know</p>	<p>S8 Is this dwelling owned or rented by a member of this household?</p> <p>8 <input type="radio"/> Owned 9 <input type="radio"/> Rented</p>
	<p>S9 How many telephones, counting extensions, are there in your dwelling?</p> <p>1 <input type="radio"/> One → Go to S14 2 <input type="radio"/> Two or more</p>
	<p>S10 Do all the telephones have the same number?</p> <p>3 <input type="radio"/> Yes → Go to S14 4 <input type="radio"/> No</p>
	<p>S11 How many different numbers are there?</p> <p>_____</p>
<p>S2 What, if any, is your religion?</p> <p>0 <input type="radio"/> No religion → Go to S4 1 <input type="radio"/> Roman Catholic 2 <input type="radio"/> United Church 3 <input type="radio"/> Anglican 4 <input type="radio"/> Presbyterian 5 <input type="radio"/> Lutheran 6 <input type="radio"/> Baptist 7 <input type="radio"/> Eastern Orthodox 8 <input type="radio"/> Jewish 9 <input type="radio"/> Other (specify)</p> <p>_____</p> <p>_____</p>	<p>S12 Are any of these numbers for business use only?</p> <p>5 <input type="radio"/> Yes 6 <input type="radio"/> No → Go to S14</p>
	<p>S13 How many are for business use only?</p> <p>_____</p>
	<p>S14 What was your income before taxes, from wages, salaries and self-employment during the last 12 months?</p> <p>1 <input type="radio"/> Income → \$ _____ 00 2 <input type="radio"/> Loss → \$ _____ 00 3 <input type="radio"/> No income 4 <input type="radio"/> Don't know</p>
<p>S3 Other than on special occasions, such as weddings, funerals or baptisms, how often do you attend services or meetings connected with your religion?</p> <p>0 <input type="radio"/> At least once a week 1 <input type="radio"/> At least once a month 2 <input type="radio"/> At least once a year 3 <input type="radio"/> Less than once a year 4 <input type="radio"/> Never</p>	<p>S15 What was your income from government sources such as Family Allowance, U.I.E., Social Assistance, Canada or Quebec Pension Plan or Old Age Security?</p> <p>\$ _____ 00 5 <input type="radio"/> No income 6 <input type="radio"/> Don't know</p>
<p>S4 What is the approximate size of the community in which you are now living? By community I mean city, town or rural area?</p> <p>5 <input type="radio"/> Less than 5,000 population or a rural area 6 <input type="radio"/> 5,000 to less than 25,000 population 7 <input type="radio"/> 25,000 to less than 100,000 population 8 <input type="radio"/> 100,000 to 1 million population 9 <input type="radio"/> Over 1 million population</p>	<p>S16 What was your income from investments or private pensions?</p> <p>1 <input type="radio"/> Income → \$ _____ 00 2 <input type="radio"/> Loss → \$ _____ 00 3 <input type="radio"/> No income 4 <input type="radio"/> Don't know</p>
<p>S5 What is the name of that town or nearest town?</p> <p>Town → _____</p> <p>_____</p> <p>Prov → _____</p>	<p>S17 What is your best estimate of the total income of all household members from all sources during the last 12 months? Was the total household income ...</p> <p>1 <input type="radio"/> Less than \$20,000 → { 1 <input type="radio"/> Less than \$5,000 2 <input type="radio"/> \$5,000 and more 3 <input type="radio"/> Less than \$15,000 4 <input type="radio"/> \$15,000 and more</p> <p>2 <input type="radio"/> \$20,000 and more → { 5 <input type="radio"/> Less than \$30,000 6 <input type="radio"/> \$30,000 and more 7 <input type="radio"/> Less than \$60,000 8 <input type="radio"/> \$60,000 and more</p> <p>3 <input type="radio"/> No income 4 <input type="radio"/> Don't know</p>
<p>S6 What are the first three characters of your postal code?</p> <p>_____</p> <p>9 <input type="radio"/> Don't know</p>	
<p>S7 In what type of dwelling are you now living? Is it ...</p> <p>1 <input type="radio"/> Single detached house 2 <input type="radio"/> Semi-detached or double (side-by-side) 3 <input type="radio"/> Garden house, town-house or row house 4 <input type="radio"/> Duplex (one above the other) 5 <input type="radio"/> Low-rise apartment (less than five stories) 6 <input type="radio"/> High-rise apartment (five or more stories) 7 <input type="radio"/> Other (specify)</p> <p>_____</p> <p>_____</p>	<p>END OF INTERVIEW</p>

SECTION T

The next few questions are about contacts you have had with federal government agencies during the last 12 months.

T1 During this period, have you talked with employees of the following federal agencies in connection with the services they provide?	T2 Did you obtain service in English for all these contacts? <input type="radio"/> Yes → Go to T4 <input type="radio"/> No → Which ones?	(Complete T3 only for agencies marked in T2) T3 Did you ask for service in English?
No Yes		Yes No
Post Office (excluding letter carriers) 01 <input type="radio"/> 02 <input type="radio"/>	01 <input type="radio"/>	01 <input type="radio"/> 02 <input type="radio"/>
Canada Employment or Immigration Centres 03 <input type="radio"/> 04 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/> 04 <input type="radio"/>
Old age security or family allowance 05 <input type="radio"/> 06 <input type="radio"/>	03 <input type="radio"/>	05 <input type="radio"/> 06 <input type="radio"/>
National Parks 07 <input type="radio"/> 08 <input type="radio"/>	04 <input type="radio"/>	07 <input type="radio"/> 08 <input type="radio"/>
Federal personal income tax 09 <input type="radio"/> 10 <input type="radio"/>	05 <input type="radio"/>	09 <input type="radio"/> 10 <input type="radio"/>
Customs, at border crossings only 11 <input type="radio"/> 12 <input type="radio"/>	06 <input type="radio"/>	11 <input type="radio"/> 12 <input type="radio"/>
R.C.M.P. 13 <input type="radio"/> 14 <input type="radio"/>	07 <input type="radio"/>	13 <input type="radio"/> 14 <input type="radio"/>
Air Canada 15 <input type="radio"/> 16 <input type="radio"/>	08 <input type="radio"/>	15 <input type="radio"/> 16 <input type="radio"/>
Agriculture Canada 17 <input type="radio"/> 18 <input type="radio"/>	09 <input type="radio"/>	17 <input type="radio"/> 18 <input type="radio"/>
Via Rail or CN Marine 19 <input type="radio"/> 20 <input type="radio"/>	10 <input type="radio"/>	19 <input type="radio"/> 20 <input type="radio"/>
Federal Public Service Commission 21 <input type="radio"/> 22 <input type="radio"/>	11 <input type="radio"/>	21 <input type="radio"/> 22 <input type="radio"/>

INTERVIEWER: If no contacts in T1 go to T4 below, otherwise go to T2 above.

T4 Would you say that, in your area, federal services are generally available in English?

- ☐ 1 Yes
☐ 2 No
☐ 3 Don't know

T5 In which languages are the television programs you watch?

☐ 0 Never watch television

(Most often)

- ☐ 1 English 4 ☐
☐ 2 French 5 ☐
☐ 3 Other (specify) 6 ☐
 7 ☐

Do you watch programs in this language more than 90% of the time?

- ☐ 8 Yes
☐ 9 No

T6 Which language did the doctor use during your last visit?

- ☐ 1 Never visited doctor
☐ 2 English
☐ 3 French
☐ 4 Other (specify)

SECTION U

Now I'd like to ask you for some background information.

U1 How many years of elementary and secondary education have you completed?

00 ☐ No schooling → Go to U12

05 ☐ One to five years

06 ☐ Six

07 ☐ Seven

08 ☐ Eight

09 ☐ Nine

10 ☐ Ten

11 ☐ Eleven

12 ☐ Twelve

13 ☐ Thirteen

→ Go to U3

U2 Have you graduated from secondary school?

1 ☐ Yes

2 ☐ No

U3 Have you had any further schooling beyond elementary/secondary school?

3 ☐ Yes

4 ☐ No → Go to U5

U4 What was the highest level you attained?

1 ☐ Some community college, CEGEP or nursing school

2 ☐ Diploma or certificate from community college, CEGEP or nursing school

3 ☐ Some university

4 ☐ Bachelor or undergraduate degree or teacher's college

5 ☐ Master's or earned doctorate

6 ☐ Other (specify)

U5 In which year did you reach your highest level of education?

1 _____

Year

U6 Think about the first full-time job you had after reaching your highest level of education in ... (date reported in U5) Were you an employee working for someone else or self-employed?

7 ☐ An employee working for someone else

8 ☐ Self-employed → Go to U8

9 ☐ Never had full-time job after this date → Go to U11

U7 For whom did you work?
(Name of business, government department or agency or person)

U8 What was the main kind of business, industry or service?
(Give a full description e.g. paper box manufacturing, retail shoe store, municipal board of education)

U9 What kind of work were you doing?
(Give a full description e.g. posting invoices, selling shoes, teaching primary school)

U10 In what year did you begin working at this job?

1 _____

Year

U11 Have you ever taken any language courses as part of full-time school?

1 ☐ Yes → Which languages?

3 ☐ English

4 ☐ French

5 ☐ Other (specify) _____

2 ☐ No

U12 Have you ever taken any language courses outside of full-time school?

3 ☐ Yes → Which languages?

5 ☐ English

6 ☐ French

7 ☐ Other (specify) _____

4 ☐ No

U13 What, if any, is your religion?

0 ☐ No religion → Go to U15

1 ☐ Roman Catholic

2 ☐ United Church

3 ☐ Anglican

4 ☐ Presbyterian

5 ☐ Lutheran

6 ☐ Baptist

7 ☐ Eastern Orthodox

8 ☐ Jewish

9 ☐ Other (specify)

U14 Other than on special occasions, such as weddings, funerals or baptisms, how often do you attend services or meetings connected with your religion?

1 ☐ At least once a week

2 ☐ At least once a month

3 ☐ At least once a year

4 ☐ Less than once a year

5 ☐ Never

U15 To which ethnic or cultural group do you or did your ancestors belong? (Accept multiple response)

1 ☐ English

2 ☐ French

3 ☐ Irish

4 ☐ Scottish

5 ☐ German

6 ☐ Italian

7 ☐ Ukrainian

8 ☐ Other (specify)

9 ☐ Don't know

<p>U16 What is the approximate size of the community in which you are now living? By community I mean city, town or rural area?</p> <p>1 <input type="radio"/> Less than 5,000 population or a rural area</p> <p>2 <input type="radio"/> 5,000 to less than 25,000 population</p> <p>3 <input type="radio"/> 25,000 to less than 100,000 population</p> <p>4 <input type="radio"/> 100,000 to 1 million population</p> <p>5 <input type="radio"/> Over 1 million population</p>	<p>U26 How many are for business use only?</p> <p><input type="text"/></p>
<p>U17 What is the name of that town or nearest town?</p> <p>Town → <input type="text"/></p> <p>Prov. → <input type="text"/></p>	<p>U27 Which of the following best describes your main activity during the last 7 days? Were you mainly ... (Accept one response only)</p> <p>1 <input type="radio"/> Working at a job or business</p> <p>2 <input type="radio"/> Looking for work</p> <p>3 <input type="radio"/> A student</p> <p>4 <input type="radio"/> Keeping house</p> <p>5 <input type="radio"/> Retired</p> <p>6 <input type="radio"/> Other (specify) <input type="text"/></p>
<p>U18 What are the first three characters of your postal code?</p> <p><input type="text"/></p> <p>9 <input type="radio"/> Don't know</p>	<p>U28 What about your main activity during the last 12 months? Were you mainly ... (Accept one response only)</p> <p>1 <input type="radio"/> Working at a job or business → Go to U31</p> <p>2 <input type="radio"/> Looking for work</p> <p>3 <input type="radio"/> A student</p> <p>4 <input type="radio"/> Keeping house</p> <p>5 <input type="radio"/> Retired</p> <p>6 <input type="radio"/> Other (specify) <input type="text"/></p>
<p>U19 In what type of dwelling are you now living? Is it ...</p> <p>1 <input type="radio"/> Single detached house</p> <p>2 <input type="radio"/> Semi-detached or double (side-by-side)</p> <p>3 <input type="radio"/> Garden house, town-house or row house</p> <p>4 <input type="radio"/> Duplex (one above the other)</p> <p>5 <input type="radio"/> Low-rise apartment (less than five stories)</p> <p>6 <input type="radio"/> High-rise apartment (five or more stories)</p> <p>7 <input type="radio"/> Other (specify) <input type="text"/></p>	<p>U29 Did you have a job at any time during the last 12 months?</p> <p>1 <input type="radio"/> Yes → Go to U31</p> <p>2 <input type="radio"/> No</p>
<p>U20 Is this dwelling owned or rented by a member of this household?</p> <p>1 <input type="radio"/> Owned</p> <p>2 <input type="radio"/> Rented</p>	<p>U30 Did you have any income from wages, salaries and self-employment during the last 12 months?</p> <p>1 <input type="radio"/> Yes → What was your income before taxes?</p> <p>4 <input type="radio"/> Income → \$ <input type="text"/> 00</p> <p>5 <input type="radio"/> Loss → \$ <input type="text"/> 00 } Go to U39</p> <p>2 <input type="radio"/> No income → Go to U39</p> <p>3 <input type="radio"/> Don't know → Go to U39</p>
<p>U21 Is there a language, other than English, spoken in your home by the people living there?</p> <p>1 <input type="radio"/> Person lives alone</p> <p>2 <input type="radio"/> Yes → Which languages?</p> <p>4 <input type="radio"/> French</p> <p>5 <input type="radio"/> Other (specify) <input type="text"/></p> <p>3 <input type="radio"/> No</p>	<p>U31 For how many weeks of those 12 months did you do any work at a job or business? (Include vacation, illness, strikes, lock-outs and paid maternity leave)</p> <p><input type="text"/> weeks</p> <p>(Code number from 00 to 52)</p>
<p>U22 How many telephones, counting extensions, are there in your dwelling?</p> <p>1 <input type="radio"/> One → Go to U27</p> <p>2 <input type="radio"/> Two or more</p>	<p>U32 During those weeks of work were you mainly ...</p> <p>1 <input type="radio"/> An employee working for someone else</p> <p>2 <input type="radio"/> Self-employed → Go to U35</p>
<p>U23 Do all the telephones have the same number?</p> <p>1 <input type="radio"/> Yes → Go to U27</p> <p>2 <input type="radio"/> No</p>	<p>U33 During those weeks of work were you mostly full-time or part-time?</p> <p>1 <input type="radio"/> Full-time</p> <p>2 <input type="radio"/> Part-time</p>
<p>U24 How many different numbers are there?</p> <p><input type="text"/></p>	<p>U34 For whom do you/did you last work? (Name of business, government department or agency or person)</p> <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p>
<p>U25 Are any of these numbers for business use only?</p> <p>1 <input type="radio"/> Yes</p> <p>2 <input type="radio"/> No → Go to U27</p>	

U35 What was the main kind of business, industry or service?
(Give a full description: e.g., paper box manufacturing, retail shoe store, municipal board of education)

U36 What kind of work were you doing?
(Give a full description: e.g., posting invoices, selling shoes, teaching primary school)

U37 Which languages are were spoken at work by people with whom you have had regular contact?

☐ English

☐ French

☐ Other (specify) _____

U38 What was your income before taxes from wages, salaries and self-employment during the last 12 months?

☐ Income → \$ _____ 00

☐ Loss → \$ _____ 00

☐ No income

☐ Don't know

U39 What was your income from government sources such as Family Allowance, U.I.C., Social Assistance, Canada or Quebec Pension Plan or Old Age Security?

\$ _____ 00

☐ No income

☐ Don't know

U40 What was your income from investments or private pensions?

☐ Income → \$ _____ 00

☐ Loss → \$ _____ 00

☐ No income

☐ Don't know

U41 What is your best estimate of the total income of all household members from all sources during the last 12 months? Was the total household income ...

☐ Less than \$20,000 → $\left\{ \begin{array}{l} \textcircled{1} \text{ Less than } \$10,000 \rightarrow \left\{ \begin{array}{l} \textcircled{1} \text{ Less than } \$5,000 \\ \textcircled{2} \$5,000 \text{ and more} \end{array} \right. \\ \textcircled{2} \$10,000 \text{ and more} \rightarrow \left\{ \begin{array}{l} \textcircled{3} \text{ Less than } \$15,000 \\ \textcircled{4} \$15,000 \text{ and more} \end{array} \right. \end{array} \right.$

☐ \$20,000 and more → $\left\{ \begin{array}{l} \textcircled{7} \text{ Less than } \$40,000 \rightarrow \left\{ \begin{array}{l} \textcircled{5} \text{ Less than } \$30,000 \\ \textcircled{6} \$30,000 \text{ and more} \end{array} \right. \\ \textcircled{8} \$40,000 \text{ and more} \rightarrow \left\{ \begin{array}{l} \textcircled{7} \text{ Less than } \$60,000 \\ \textcircled{8} \$60,000 \text{ and more} \end{array} \right. \end{array} \right.$

☐ No income

☐ Don't know

END OF INTERVIEW

General social survey

Selection control form

GSS 2-1

Confidential when completed

1										2	
3										4	

TELEPHONE NUMBER LABEL

5 Screening Interviewer Number								
6 Screening Final Status								

RECORD OF CALLS											
10	11 Date		12 Start		13 Finish		14 Result	15 Interviewer's Name	16 Comments		
	Day	Month	Hr	Min	Hr	Min					
01											
02											
03											
04											
05											
06											
07											
08											
09											
10											
11											
12											
13											
14											

20 Hello, I'm from Statistics Canada. We are doing a survey about the social activities and the language use of Canadians.

21 I'd like to make sure that I've dialed the right number. Is this (read number)?

☐ Yes

☐ No → Dial again. If still wrong, END

22 Is this number for a business, an institution or a private home?

☐ Private home

☐ Both home and business

☐ Business, institution or other non-residence

} Go to 30

23 Does anyone use this telephone number as a home phone number?

☐ Yes

☐ No → Thank respondent and END

24 How many persons live or stay at this address and use this number as a home phone number?

☐ Less than 15 → Go to 30

☐ 15 or more → Make appointment

INTERVIEW WITH SELECTED PERSON

70: 71:

72: 73:

DESIGNATED DAY LABEL

74 INTERVIEWER: Transcribe selected person name from item 35 and related Page-Line No. from items 33 & 34

Selected person name

Page-line

75 Would you prefer to be interviewed in English or French?

☐ English

☐ French

76 Interviewer Number

30 In this survey all information we collect will be kept strictly confidential as guaranteed by the Statistics Act. While your participation is voluntary, your assistance is essential if the results of the survey are to be accurate.															
31 I need to select one person from your household for an interview which will be conducted in November. Starting with the oldest, what is the first name and age of each person living or staying here who has no usual place of residence elsewhere? <div style="text-align: center; font-size: small;">Enter names and ages in items 35 and 37</div>															
32 INTERVIEWER • Enter answers for items 38 through 48 for each person recorded in item 35. Refer to Interviewer Reference Card for instructions and codes. • Then go to item 49.															
33	34	35	36	37	38	39	40	41	42	43	44	Only for persons aged 6-14 yrs			
Pg	Ln	NAMES OF HOUSEHOLD MEMBERS	SEL #	AGE #	S E X	M S	F a m I D	R to H	First Lang Learn	CN in E	CN in F	45 Main lan- guage of Education	46 CR in E	47 CR in F	48 FR IM
	1	GIVEN NAME _____ SURNAME _____										<input type="radio"/> English <input type="radio"/> French <input type="radio"/> Other			
	2	GIVEN NAME _____ SURNAME _____										<input type="radio"/> English <input type="radio"/> French <input type="radio"/> Other			
	3	GIVEN NAME _____ SURNAME _____										<input type="radio"/> English <input type="radio"/> French <input type="radio"/> Other			
	4	GIVEN NAME _____ SURNAME _____										<input type="radio"/> English <input type="radio"/> French <input type="radio"/> Other			
	5	GIVEN NAME _____ SURNAME _____										<input type="radio"/> English <input type="radio"/> French <input type="radio"/> Other			
	6	GIVEN NAME _____ SURNAME _____										<input type="radio"/> English <input type="radio"/> French <input type="radio"/> Other			
	7	GIVEN NAME _____ SURNAME _____										<input type="radio"/> English <input type="radio"/> French <input type="radio"/> Other			
	8	GIVEN NAME _____ SURNAME _____										<input type="radio"/> English <input type="radio"/> French <input type="radio"/> Other			
49 Are there any persons away from this household attending school, visiting, travelling or in the hospital who USUALLY live here? <input type="radio"/> Yes → Enter names and complete items 37 through 48 <input type="radio"/> No															
50 Does anyone else live at this address, such as other relatives, roomers, boarders or employees? <input type="radio"/> Yes → Enter names and complete items 37 through 48 <input type="radio"/> No															
51 Now I am going to use a selection procedure to determine whom to interview. This will just take a second.															
52 INTERVIEWER In item 36, number the persons 15 years of age and over in order from oldest to youngest. Determine the selected person by referring to the Selection Grid. In item 36, circle the number of the selected person.															
<div style="border: 1px solid black; width: 80%; margin: 0 auto; height: 100px; display: flex; align-items: center; justify-content: center;"> SELECTION GRID LABEL </div> <p style="margin-top: 10px;">A = Eligible household members B = Select #</p>															
53 The person I am to interview is (read name) Someone will be contacting him/her between November 26 and December 12.															
54 INTERVIEWER If the respondent volunteers a best time to be contacted, mark below.															
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> </div> <div style="width: 50%;"> <div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> </div> </div>															
55 Final Status 56 Number of Eligible Household Members															
57 NOTES Item #															
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> </div> <div style="width: 50%;"> <div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> </div> </div>															

General social survey

Telephone Number

GSS 2-21

PAGE OF

Confidential when complete

Do not ask question "e" about sleep or other personal care activities.

a. And then, what did you do next?

b. When did this start?

c. When did this end?

d. Where were you?/ Were you still ...

e. Who was with you?/ Were you still ...

Place or In Transit

R's Home Work Place Other Place Car Walk Bus & Subway Other Alone Spouse/Partner Child(ren) of Household Other Family Member(s) Friend(s) Other Person(s)

1 2 3 4 5 6 7 1 2 3 4 5 6

a. And then, what did you do next?

b. When did this start?

c. When did this end?

d. Where were you?/ Were you still ...

e. Who was with you?/ Were you still ...

Place or In Transit

R's Home Work Place Other Place Car Walk Bus & Subway Other Alone Spouse/Partner Child(ren) of Household Other Family Member(s) Friend(s) Other Person(s)

1 2 3 4 5 6 7 1 2 3 4 5 6

a. And then, what did you do next?

b. When did this start?

c. When did this end?

d. Where were you?/ Were you still ...

e. Who was with you?/ Were you still ...

Place or In Transit

R's Home Work Place Other Place Car Walk Bus & Subway Other Alone Spouse/Partner Child(ren) of Household Other Family Member(s) Friend(s) Other Person(s)

1 2 3 4 5 6 7 1 2 3 4 5 6

a. And then, what did you do next?

b. When did this start?

c. When did this end?

d. Where were you?/ Were you still ...

e. Who was with you?/ Were you still ...

Place or In Transit

R's Home Work Place Other Place Car Walk Bus & Subway Other Alone Spouse/Partner Child(ren) of Household Other Family Member(s) Friend(s) Other Person(s)

1 2 3 4 5 6 7 1 2 3 4 5 6

a. And then, what did you do next?

b. When did this start?

c. When did this end?

d. Where were you?/ Were you still ...

e. Who was with you?/ Were you still ...

Place or In Transit

R's Home Work Place Other Place Car Walk Bus & Subway Other Alone Spouse/Partner Child(ren) of Household Other Family Member(s) Friend(s) Other Person(s)

1 2 3 4 5 6 7 1 2 3 4 5 6

GENERAL SOCIAL SURVEY

CYCLE THREE QUESTIONNAIRE PACKAGE

This document briefly describes the content of the third cycle of the General Social Survey, as well as the questionnaires, methods and sample. Copies of the questionnaires used for the third cycle are attached as appendices: Selection Control Form GSS 3-1 (Appendix A), Personal Risk Screening Questionnaire GSS 3-2 (Appendix B), Accident Report GSS 3-3 (Appendix C), and Crime Incident Report GSS 3-4 (Appendix D).

Content and Questionnaires

The third cycle of the General Social Survey was carried out in January and February of 1988. The survey collected information on personal risk related to criminal victimizations and accidents. Four questionnaires were used to conduct the interviews:

QUESTIONNAIRE	AGE GROUP	TITLE
GSS 3-1	All age groups	Selection Control form
GSS 3-2	Age 15 and over	Personal Risk Screening Questionnaire
GSS 3-3	Age 15 and over	Accident Report
GSS 3-4	Age 15 and over	Crime Incident Report

The GSS 3-1 was completed for each telephone number selected in the sample. It lists all household members, collecting basic demographic information, specifically age, sex, marital status and relation to head of family. A respondent, 15 years of age or older was then randomly selected and a GSS 3-2 was completed for this person. The GSS 3-2 collected the following types of information: the respondents attitudes to various components of the judicial system, awareness of victim services and perception of risk with regard to accidents and crime incidents (section A); basic background information on the respondent (section B); information on the kind and number of times the respondent had been involved in an accident (section C) or a crime incident (section D) during 1987. Each time an accident or crime incident was reported on the GSS 3-2 questionnaire, an Accident Report (GSS 3-3) or a Crime Incident Report (GSS 3-4) was completed.

Sample

The sample for the third cycle was selected by random digit dialing and included persons aged 15 and over distributed throughout the ten provinces of Canada. Interviewers dialed each computer-selected telephone number and completed a Selection Control Form for each one. When they contacted a private household, they enumerated all the members of the household on this form, and then randomly selected and interviewed one member aged 15 or older. Almost 10,000 individuals were interviewed in this way and answered the GSS 3-2 questionnaire. The response rate was approximately 83%. The screening questions in sections C and D of the GSS 3-2 determined whether an Accident Report or Crime Incident Report should be completed. Only accidents which occurred during 1987 and interrupted the respondent's normal activities for at least half a day, or caused expenses of \$200 or more, were reported. Similarly, only crime incidents which occurred between January 1 and December 31, 1987 were reported.

General social survey Selection control form

GSS 3-1

Confidential when completed

1:										2:	
3:			4:			5:					

TELEPHONE NUMBER LABEL

RECORD OF CALLS										
10	11 Date		12 Start		13 Finish		14 Result	15 Interviewer's Name	16 Comments	
	Day	Month	Hour	Min	Hour	Min				
01										
02										
03										
04										
05										
06										
07										
08										
09										
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18										
19										
20										
21										
22										
23										
24										
25										

17. CALL COVERAGE BY TIME OF DAY AND DAY OF WEEK

Time Period	Mon	Tues	Wed	Thur	Fri	Sat
09:00 - 12:00						
12:01 - 16:00						
16:01 - 19:00						
19:01 - 21:00						

18. FORMS CONTROL

Form	Number of forms
GSS 3-1	
GSS 3-2	
GSS 3-3	
GSS 3-4	

19. Interviewer Number

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

20. Final status

--	--

2

30. Hello, I'm from Statistics Canada. We are conducting a survey in your area and throughout Canada on accidents and crime and their impact on Canadians.

31. I'd like to make sure that I've dialed the right number. Is this (read number)?
 Yes ☐
 No ☐ → Dial again, if still wrong, END

32. Is this the number for a business, an institution or a private home?
 Private home ☐
 Both home and business ☐ } → Go to 35
 Business, institution or other non-residence ☐

33. Does anyone use this telephone number as a home phone number?
 Yes ☐
 No ☐ → Thank respondent and END

34. How many persons live or stay at this address and use this number as a home phone number?
 Less than 15 ☐
 15 or more ☐ → Make appointment

35. In this survey all information we collect will be kept strictly confidential as guaranteed by the Statistics Act. While your participation is voluntary, it is essential if the survey results are to be accurate.

36. I need to select one person from your household for an interview. Starting with the oldest, what is the name and age of each person living or staying there who has no usual place of residence elsewhere?
 (Enter names and ages in items 42 and 44)

37. **INTERVIEWER:** • Enter answers for items 45 through 48 for each person recorded in item 42. Refer to Interviewer Reference Card for instructions and codes.
 • Then go to item 60.

40.	41.	42.	43.	44.	45.	46.	47.	48.
Pg	Ln	Names of Household Members	Sex	Age	Sex	What is marital status?	Family Identifier	What is relationship to ... (Head of Family)?
	1	Given name Surname						
	2	Given name Surname						
	3	Given name Surname						
	4	Given name Surname						
	5	Given name Surname						
	6	Given name Surname						
	7	Given name Surname						
	8	Given name Surname						

60. **INTERVIEWER:** Enter Page-Line no. of person giving the above information. →

61. Are there any persons away from this household attending school, visiting, travelling or in the hospital who USUALLY live there?
 Yes ☐ → Enter names and complete items 44 through 48
 No ☐

62. Does anyone else live there, such as other relatives, roomers, boarders or employees?
 Yes ☐ → Enter names and complete items 44 through 48
 No ☐

63. Now I am going to randomly select the person to interview. This will just take a second.

64. **INTERVIEWER:** • In item 43 number the persons 15 years of age and over in order from oldest to youngest.
 • Enter number of eligible household members
 • Determine the selected person by referring to the Selection Grid.
 • In item 43 circle the selected person number and enter Page-Line no.

65. The person I am to interview is (read name)
 (Is he/she there?)
 Yes ☐ → Go to form GSS 3-2
 No ☐ → Set up appointment and enter details in item 16

SELECTION GRID LABEL

A = Eligible household members
 B = Selection number



- - Telephone number

Label Identification Number

Page-Line No.

Type

GSS 3 - 2

Confidential when completed

GENERAL SOCIAL SURVEY
PERSONAL RISK
SCREENING QUESTIONNAIRE
AGES 15 YEARS AND OVER

SECTION A																													
<p>A1. INTERVIEWER: Repeat the introduction below if selected respondent is different from household respondent.</p> <p style="text-align: center;">Hello, I'm from Statistics Canada. We are conducting a survey in your area and throughout Canada on accidents and crime and their impact on Canadians.</p> <p style="text-align: center;">All the information you provide will be kept strictly confidential. While your participation is voluntary, it is essential if the survey results are to be accurate.</p>																													
<p>A2. These first questions ask about your opinions on crime and accidents and about ways in which people protect themselves and their property.</p>																													
<p>A3. Compared to other areas in Canada, do you think your neighbourhood has a higher amount of crime, about the same or a lower amount of crime?</p> <p>Higher 1 <input type="radio"/></p> <p>About the same 2 <input type="radio"/></p> <p>Lower 3 <input type="radio"/></p> <p>Don't know 4 <input type="radio"/></p>																													
<p>A4. During 1987, do you think that crime in your neighbourhood has increased, decreased, or remained about the same?</p> <p>Increased 5 <input type="radio"/></p> <p>Decreased 6 <input type="radio"/></p> <p>Same 7 <input type="radio"/></p> <p>Don't know 8 <input type="radio"/></p>																													
<p>A5. Which of the following types of crime is of most concern to you? Is it... (Accept one response only)</p> <p>Attack or threat of attack? 1 <input type="radio"/></p> <p>Theft of household or personal belongings? 2 <input type="radio"/></p> <p>Deliberate damage to household or personal belongings? 3 <input type="radio"/></p> <p>Something else? 4 <input type="radio"/></p>																													
<p>A6. How safe do you feel or would you feel walking alone in your neighbourhood...</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <p>...during the day?</p> <p>Very safe 01 <input type="radio"/></p> <p>Reasonably safe 02 <input type="radio"/></p> <p>Somewhat unsafe 03 <input type="radio"/></p> <p>Very unsafe 04 <input type="radio"/></p> <p>Don't know 05 <input type="radio"/></p> </td> <td style="width: 50%; vertical-align: top;"> <p>How about after dark?</p> <p>Very safe 06 <input type="radio"/></p> <p>Reasonably safe 07 <input type="radio"/></p> <p>Somewhat unsafe 08 <input type="radio"/></p> <p>Very unsafe 09 <input type="radio"/></p> <p>Don't know 10 <input type="radio"/></p> </td> </tr> </table>					<p>...during the day?</p> <p>Very safe 01 <input type="radio"/></p> <p>Reasonably safe 02 <input type="radio"/></p> <p>Somewhat unsafe 03 <input type="radio"/></p> <p>Very unsafe 04 <input type="radio"/></p> <p>Don't know 05 <input type="radio"/></p>	<p>How about after dark?</p> <p>Very safe 06 <input type="radio"/></p> <p>Reasonably safe 07 <input type="radio"/></p> <p>Somewhat unsafe 08 <input type="radio"/></p> <p>Very unsafe 09 <input type="radio"/></p> <p>Don't know 10 <input type="radio"/></p>																							
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<p>A7. Do you think your local police force does a good job, an average job or a poor job:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 25%;"></td> <td style="width: 12.5%; text-align: center;">Good job</td> <td style="width: 12.5%; text-align: center;">Average job</td> <td style="width: 12.5%; text-align: center;">Poor job</td> <td style="width: 12.5%; text-align: center;">Don't know</td> </tr> <tr> <td>a) Of enforcing the laws?</td> <td style="text-align: center;">01 <input type="radio"/></td> <td style="text-align: center;">02 <input type="radio"/></td> <td style="text-align: center;">03 <input type="radio"/></td> <td style="text-align: center;">04 <input type="radio"/></td> </tr> <tr> <td>b) Of promptly responding to calls?</td> <td style="text-align: center;">05 <input type="radio"/></td> <td style="text-align: center;">06 <input type="radio"/></td> <td style="text-align: center;">07 <input type="radio"/></td> <td style="text-align: center;">08 <input type="radio"/></td> </tr> <tr> <td>c) Of being approachable and easy to talk to?</td> <td style="text-align: center;">09 <input type="radio"/></td> <td style="text-align: center;">10 <input type="radio"/></td> <td style="text-align: center;">11 <input type="radio"/></td> <td style="text-align: center;">12 <input type="radio"/></td> </tr> <tr> <td>d) Of supplying information to the public on ways to reduce crime?</td> <td style="text-align: center;">13 <input type="radio"/></td> <td style="text-align: center;">14 <input type="radio"/></td> <td style="text-align: center;">15 <input type="radio"/></td> <td style="text-align: center;">16 <input type="radio"/></td> </tr> </table>						Good job	Average job	Poor job	Don't know	a) Of enforcing the laws?	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	b) Of promptly responding to calls?	05 <input type="radio"/>	06 <input type="radio"/>	07 <input type="radio"/>	08 <input type="radio"/>	c) Of being approachable and easy to talk to?	09 <input type="radio"/>	10 <input type="radio"/>	11 <input type="radio"/>	12 <input type="radio"/>	d) Of supplying information to the public on ways to reduce crime?	13 <input type="radio"/>	14 <input type="radio"/>	15 <input type="radio"/>	16 <input type="radio"/>
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<p>A8. Now I would like to ask you a similar question about the criminal courts. Are they doing a good job, an average job or a poor job:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 25%;"></td> <td style="width: 12.5%; text-align: center;">Good job</td> <td style="width: 12.5%; text-align: center;">Average job</td> <td style="width: 12.5%; text-align: center;">Poor job</td> <td style="width: 12.5%; text-align: center;">Don't know</td> </tr> <tr> <td>a) In providing justice quickly?</td> <td style="text-align: center;">17 <input type="radio"/></td> <td style="text-align: center;">18 <input type="radio"/></td> <td style="text-align: center;">19 <input type="radio"/></td> <td style="text-align: center;">20 <input type="radio"/></td> </tr> <tr> <td>b) In helping the victim?</td> <td style="text-align: center;">21 <input type="radio"/></td> <td style="text-align: center;">22 <input type="radio"/></td> <td style="text-align: center;">23 <input type="radio"/></td> <td style="text-align: center;">24 <input type="radio"/></td> </tr> <tr> <td>c) In determining whether the accused, or the person charged is guilty or not?</td> <td style="text-align: center;">25 <input type="radio"/></td> <td style="text-align: center;">26 <input type="radio"/></td> <td style="text-align: center;">27 <input type="radio"/></td> <td style="text-align: center;">28 <input type="radio"/></td> </tr> <tr> <td>d) In protecting the rights of the accused?</td> <td style="text-align: center;">29 <input type="radio"/></td> <td style="text-align: center;">30 <input type="radio"/></td> <td style="text-align: center;">31 <input type="radio"/></td> <td style="text-align: center;">32 <input type="radio"/></td> </tr> </table>						Good job	Average job	Poor job	Don't know	a) In providing justice quickly?	17 <input type="radio"/>	18 <input type="radio"/>	19 <input type="radio"/>	20 <input type="radio"/>	b) In helping the victim?	21 <input type="radio"/>	22 <input type="radio"/>	23 <input type="radio"/>	24 <input type="radio"/>	c) In determining whether the accused, or the person charged is guilty or not?	25 <input type="radio"/>	26 <input type="radio"/>	27 <input type="radio"/>	28 <input type="radio"/>	d) In protecting the rights of the accused?	29 <input type="radio"/>	30 <input type="radio"/>	31 <input type="radio"/>	32 <input type="radio"/>
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<p>A9. In general, would you say that sentences handed down by the courts are too severe about right or not severe enough?</p> <p>Too severe 1 <input type="radio"/></p> <p>About right 2 <input type="radio"/></p> <p>Not severe enough 3 <input type="radio"/></p> <p>Don't know 4 <input type="radio"/></p>																													
<p>A10. Have you heard of any of the following ways that victims of crime may obtain assistance or compensation?</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 80%;"></td> <td style="width: 10%; text-align: center;">Yes</td> <td style="width: 10%; text-align: center;">No</td> </tr> <tr> <td>a) Payment ordered by a judge as part of an offender's sentence?</td> <td style="text-align: center;">01 <input type="radio"/></td> <td style="text-align: center;">02 <input type="radio"/></td> </tr> <tr> <td>b) Various services providing assistance to the victim, such as shelters for battered women, sexual assault centres, crisis lines, community police programmes and court assistance programmes?</td> <td style="text-align: center;">03 <input type="radio"/></td> <td style="text-align: center;">04 <input type="radio"/></td> </tr> <tr> <td>c) Victim-offender reconciliation programmes? These are programmes intended to bring the victim and offender together to resolve a dispute and repay the victim</td> <td style="text-align: center;">05 <input type="radio"/></td> <td style="text-align: center;">06 <input type="radio"/></td> </tr> <tr> <td>d) Payment from a Criminal Injuries Compensation Board?</td> <td style="text-align: center;">07 <input type="radio"/></td> <td style="text-align: center;">08 <input type="radio"/></td> </tr> <tr> <td>e) A civil court awards damages to the victim?</td> <td style="text-align: center;">09 <input type="radio"/></td> <td style="text-align: center;">10 <input type="radio"/></td> </tr> <tr> <td>f) An insurance company pays for the victim's loss or injury?</td> <td style="text-align: center;">11 <input type="radio"/></td> <td style="text-align: center;">12 <input type="radio"/></td> </tr> </table>						Yes	No	a) Payment ordered by a judge as part of an offender's sentence?	01 <input type="radio"/>	02 <input type="radio"/>	b) Various services providing assistance to the victim, such as shelters for battered women, sexual assault centres, crisis lines, community police programmes and court assistance programmes?	03 <input type="radio"/>	04 <input type="radio"/>	c) Victim-offender reconciliation programmes? These are programmes intended to bring the victim and offender together to resolve a dispute and repay the victim	05 <input type="radio"/>	06 <input type="radio"/>	d) Payment from a Criminal Injuries Compensation Board?	07 <input type="radio"/>	08 <input type="radio"/>	e) A civil court awards damages to the victim?	09 <input type="radio"/>	10 <input type="radio"/>	f) An insurance company pays for the victim's loss or injury?	11 <input type="radio"/>	12 <input type="radio"/>				
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<p>A11. During 1987, did you have any contact with a police officer who was on duty?</p> <p>Yes 1 <input type="radio"/></p> <p>No 2 <input type="radio"/> → Go to A14</p>																													
<p>A12. Were any of these contacts as a result of a crime?</p> <p>Yes 3 <input type="radio"/></p> <p>No 4 <input type="radio"/> → Go to A14</p>																													
<p>A13. Who were the victims of this crime? (Mark all that apply)</p> <p>Yourself? 1 <input type="radio"/></p> <p>Someone close to you? (Friends, relatives) 2 <input type="radio"/></p> <p>Someone else? 3 <input type="radio"/></p> <p>None of the above 4 <input type="radio"/></p>																													
<p>A14. During 1987, did you have any contact with a lawyer?</p> <p>Yes 5 <input type="radio"/></p> <p>No 6 <input type="radio"/> → Go to A17</p>																													
<p>A15. Were any of these contacts as a result of a crime?</p> <p>Yes 7 <input type="radio"/></p> <p>No 8 <input type="radio"/> → Go to A17</p>																													
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<p>A17. During 1987, did you have any contact with the courts?</p> <p>Yes 3 <input type="radio"/></p> <p>No 4 <input type="radio"/> → Go to A20</p>																													
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SECTION B																																					
<p>B1 This survey, the General Social Survey, needs some background information to monitor changes in Canadian society. For this reason I'd like to ask you the following questions.</p>	<p>B11 In what year did you first immigrate to Canada?</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px 0;"></div> <p>Canadian citizen by birth <input type="radio"/></p>																																				
<p>B2 In what type of dwelling are you now living? Is it a ...</p> <p>Single detached house? <input type="radio"/></p> <p>Semi-detached or double (side-by-side)? <input type="radio"/></p> <p>Garden house, town-house or row house? <input type="radio"/></p> <p>Duplex (one above the other)? <input type="radio"/></p> <p>Low-rise apartment (less than 5 stories)? <input type="radio"/></p> <p>High-rise apartment (5 or more stories)? <input type="radio"/></p> <p>Other <input type="radio"/></p> <p style="text-align: right;">(Specify)</p> <div style="border: 1px solid black; width: 100%; height: 40px; margin-top: 10px;"></div>	<p>B12 What is your date of birth?</p> <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> </div> <p style="text-align: center;">Day Month Year</p>																																				
<p>B3 What are the first three characters of your postal code?</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px 0;"></div> <p>Don't know <input type="radio"/></p>	<p>B13 What language did you first speak in childhood? (Accept multiple response only if languages were used equally)</p> <p style="text-align: right;">Do you still understand that/those language(s)?</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">English <input type="radio"/></td> <td style="width: 20%; text-align: center;">1 <input type="radio"/></td> <td style="width: 20%;"></td> </tr> <tr> <td>French <input type="radio"/></td> <td style="text-align: center;">2 <input type="radio"/></td> <td style="text-align: center;">Yes <input type="radio"/> No <input type="radio"/></td> </tr> <tr> <td>Italian <input type="radio"/></td> <td style="text-align: center;">3 <input type="radio"/></td> <td style="text-align: center;">Yes <input type="radio"/> No <input type="radio"/></td> </tr> <tr> <td>German <input type="radio"/></td> <td style="text-align: center;">4 <input type="radio"/></td> <td style="text-align: center;">Yes <input type="radio"/> No <input type="radio"/></td> </tr> <tr> <td>Ukrainian <input type="radio"/></td> <td style="text-align: center;">5 <input type="radio"/></td> <td style="text-align: center;">Yes <input type="radio"/> No <input type="radio"/></td> </tr> <tr> <td>Other <input type="radio"/></td> <td style="text-align: center;">6 <input type="radio"/></td> <td style="text-align: center;">Yes <input type="radio"/> No <input type="radio"/></td> </tr> </table> <p style="text-align: right;">(Specify)</p> <div style="border: 1px solid black; width: 100%; height: 40px; margin-top: 10px;"></div>	English <input type="radio"/>	1 <input type="radio"/>		French <input type="radio"/>	2 <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>	Italian <input type="radio"/>	3 <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>	German <input type="radio"/>	4 <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>	Ukrainian <input type="radio"/>	5 <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>	Other <input type="radio"/>	6 <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>																		
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<p>B4 Is this dwelling owned or rented by a member of this household?</p> <p>Owned <input type="radio"/></p> <p>Rented <input type="radio"/></p>	<p>B14 What language do you speak most often at home? (Accept multiple response only if languages are spoken equally)</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">English <input type="radio"/></td> <td style="width: 20%; text-align: center;">1 <input type="radio"/></td> <td style="width: 20%;"></td> </tr> <tr> <td>French <input type="radio"/></td> <td style="text-align: center;">2 <input type="radio"/></td> <td></td> </tr> <tr> <td>Italian <input type="radio"/></td> <td style="text-align: center;">3 <input type="radio"/></td> <td></td> </tr> <tr> <td>Chinese <input type="radio"/></td> <td style="text-align: center;">4 <input type="radio"/></td> <td></td> </tr> <tr> <td>German <input type="radio"/></td> <td style="text-align: center;">5 <input type="radio"/></td> <td></td> </tr> <tr> <td>Other <input type="radio"/></td> <td style="text-align: center;">6 <input type="radio"/></td> <td></td> </tr> </table> <p style="text-align: right;">(Specify)</p> <div style="border: 1px solid black; width: 100%; height: 40px; margin-top: 10px;"></div>	English <input type="radio"/>	1 <input type="radio"/>		French <input type="radio"/>	2 <input type="radio"/>		Italian <input type="radio"/>	3 <input type="radio"/>		Chinese <input type="radio"/>	4 <input type="radio"/>		German <input type="radio"/>	5 <input type="radio"/>		Other <input type="radio"/>	6 <input type="radio"/>																			
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<p>B5 How many telephones, including extensions, are there in your dwelling?</p> <p>One <input type="radio"/> → Go to B10</p> <p>Two or more <input type="radio"/></p>	<p>B15 How many years of elementary or high school education have you successfully completed?</p> <p>No schooling <input type="radio"/> → Go to B19</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">One to five years <input type="radio"/></td> <td style="width: 20%; text-align: center;">01 <input type="radio"/></td> <td style="width: 20%;"></td> </tr> <tr> <td>Six <input type="radio"/></td> <td style="text-align: center;">02 <input type="radio"/></td> <td></td> </tr> <tr> <td>Seven <input type="radio"/></td> <td style="text-align: center;">03 <input type="radio"/></td> <td></td> </tr> <tr> <td>Eight <input type="radio"/></td> <td style="text-align: center;">04 <input type="radio"/></td> <td></td> </tr> <tr> <td>Nine <input type="radio"/></td> <td style="text-align: center;">05 <input type="radio"/></td> <td></td> </tr> <tr> <td>Ten <input type="radio"/></td> <td style="text-align: center;">06 <input type="radio"/></td> <td></td> </tr> <tr> <td>Eleven <input type="radio"/></td> <td style="text-align: center;">07 <input type="radio"/></td> <td></td> </tr> <tr> <td>Twelve <input type="radio"/></td> <td style="text-align: center;">08 <input type="radio"/></td> <td></td> </tr> <tr> <td>Thirteen <input type="radio"/></td> <td style="text-align: center;">09 <input type="radio"/></td> <td></td> </tr> </table> <p style="text-align: right;">Go to B17</p>	One to five years <input type="radio"/>	01 <input type="radio"/>		Six <input type="radio"/>	02 <input type="radio"/>		Seven <input type="radio"/>	03 <input type="radio"/>		Eight <input type="radio"/>	04 <input type="radio"/>		Nine <input type="radio"/>	05 <input type="radio"/>		Ten <input type="radio"/>	06 <input type="radio"/>		Eleven <input type="radio"/>	07 <input type="radio"/>		Twelve <input type="radio"/>	08 <input type="radio"/>		Thirteen <input type="radio"/>	09 <input type="radio"/>										
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<p>B6 Do all the telephones have the same number?</p> <p>Yes <input type="radio"/> → Go to B10</p> <p>No <input type="radio"/></p>	<p>B16 Have you graduated from high school?</p> <p>Yes <input type="radio"/></p> <p>No <input type="radio"/></p>																																				
<p>B7 How many different numbers are there?</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px 0;"></div>	<p>B17 Have you had any further schooling beyond elementary/high school?</p> <p>Yes <input type="radio"/></p> <p>No <input type="radio"/> → Go to B19</p>																																				
<p>B8 Are any of these numbers for business use only?</p> <p>Yes <input type="radio"/></p> <p>No <input type="radio"/> → Go to B10</p>																																					
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<p>B10 In what country were you born?</p> <p>Canada <input type="radio"/> → In which province or territory?</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Newfoundland <input type="radio"/></td> <td style="width: 20%; text-align: center;">01 <input type="radio"/></td> <td style="width: 20%;"></td> </tr> <tr> <td>Prince Edward Island <input type="radio"/></td> <td style="text-align: center;">02 <input type="radio"/></td> <td></td> </tr> <tr> <td>Nova Scotia <input type="radio"/></td> <td style="text-align: center;">03 <input type="radio"/></td> <td></td> </tr> <tr> <td>New Brunswick <input type="radio"/></td> <td style="text-align: center;">04 <input type="radio"/></td> <td></td> </tr> <tr> <td>Quebec <input type="radio"/></td> <td style="text-align: center;">05 <input type="radio"/></td> <td></td> </tr> <tr> <td>Ontario <input type="radio"/></td> <td style="text-align: center;">06 <input type="radio"/></td> <td></td> </tr> <tr> <td>Manitoba <input type="radio"/></td> <td style="text-align: center;">07 <input type="radio"/></td> <td></td> </tr> <tr> <td>Saskatchewan <input type="radio"/></td> <td style="text-align: center;">08 <input type="radio"/></td> <td></td> </tr> <tr> <td>Alberta <input type="radio"/></td> <td style="text-align: center;">09 <input type="radio"/></td> <td></td> </tr> <tr> <td>British Columbia <input type="radio"/></td> <td style="text-align: center;">10 <input type="radio"/></td> <td></td> </tr> <tr> <td>Yukon Territory <input type="radio"/></td> <td style="text-align: center;">11 <input type="radio"/></td> <td></td> </tr> <tr> <td>Northwest Territories <input type="radio"/></td> <td style="text-align: center;">12 <input type="radio"/></td> <td></td> </tr> </table> <p style="text-align: right;">Go to B12</p> <p>Country outside Canada <input type="radio"/> (Specify)</p> <div style="border: 1px solid black; width: 100%; height: 40px; margin-top: 10px;"></div> <p style="text-align: right;">Go to B11</p>	Newfoundland <input type="radio"/>	01 <input type="radio"/>		Prince Edward Island <input type="radio"/>	02 <input type="radio"/>		Nova Scotia <input type="radio"/>	03 <input type="radio"/>		New Brunswick <input type="radio"/>	04 <input type="radio"/>		Quebec <input type="radio"/>	05 <input type="radio"/>		Ontario <input type="radio"/>	06 <input type="radio"/>		Manitoba <input type="radio"/>	07 <input type="radio"/>		Saskatchewan <input type="radio"/>	08 <input type="radio"/>		Alberta <input type="radio"/>	09 <input type="radio"/>		British Columbia <input type="radio"/>	10 <input type="radio"/>		Yukon Territory <input type="radio"/>	11 <input type="radio"/>		Northwest Territories <input type="radio"/>	12 <input type="radio"/>		
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<p>B18 What is the highest level you attained? (Accept one response only)</p> <p>Master's or earned doctorate 1 <input type="radio"/></p> <p>Bachelor or undergraduate degree or teacher's college 2 <input type="radio"/></p> <p>Diploma or certificate from community college, CEGEP or nursing school 3 <input type="radio"/></p> <p>Diploma or certificate from trade, technical or vocational school or business college 4 <input type="radio"/></p> <p>Some university 5 <input type="radio"/></p> <p>Some community college, CEGEP or nursing school 6 <input type="radio"/></p> <p>Some trade, technical, or vocational school or business college 7 <input type="radio"/></p> <p>Other 8 <input type="radio"/></p> <p style="text-align: right;">(Specify)</p> <div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div>	<p>B22 Which of the following best describes your main activity during 1987? Were you mainly ... (Accept one response only)</p> <p>Working at a job or business? 1 <input type="radio"/> → Go to B24</p> <p>Looking for work? 2 <input type="radio"/></p> <p>A student? 3 <input type="radio"/></p> <p>Keeping house? 4 <input type="radio"/></p> <p>Retired? 5 <input type="radio"/></p> <p>Other 6 <input type="radio"/></p> <p style="text-align: right;">(Specify)</p> <div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div>
<p>B19 What, if any, is your religion?</p> <p>No religion 01 <input type="radio"/> → Go to B21</p> <p>Roman Catholic 02 <input type="radio"/></p> <p>United Church 03 <input type="radio"/></p> <p>Anglican 04 <input type="radio"/></p> <p>Presbyterian 05 <input type="radio"/></p> <p>Lutheran 06 <input type="radio"/></p> <p>Baptist 07 <input type="radio"/></p> <p>Eastern Orthodox 08 <input type="radio"/></p> <p>Jewish 09 <input type="radio"/></p> <p>Other 10 <input type="radio"/></p> <p style="text-align: right;">(Specify)</p> <div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div>	<p>B23 Did you have a job or were you self-employed at any time during 1987?</p> <p>Yes 7 <input type="radio"/></p> <p>No 8 <input type="radio"/> → Go to B34</p>
<p>B20 Other than on special occasions, such as weddings, funerals or baptisms, how often did you attend services or meetings connected with your religion in 1987?</p> <p>At least once a week 1 <input type="radio"/></p> <p>At least once a month 2 <input type="radio"/></p> <p>A few times a year 3 <input type="radio"/></p> <p>At least once a year 4 <input type="radio"/></p> <p>Less than once a year 5 <input type="radio"/></p> <p>Never 6 <input type="radio"/></p>	<p>B24 For how many weeks during 1987 did you do any work at a job or business? (Include vacation, illness, strikes, lock-outs and maternity leave.)</p> <p> weeks (Code number from 01 to 52)</p>
<p>B21 To which ethnic or cultural group do you or did your ancestors belong? (Accept multiple response)</p> <p>French 01 <input type="radio"/></p> <p>English 02 <input type="radio"/></p> <p>Irish 03 <input type="radio"/></p> <p>Scottish 04 <input type="radio"/></p> <p>German 05 <input type="radio"/></p> <p>Italian 06 <input type="radio"/></p> <p>Ukrainian 07 <input type="radio"/></p> <p>Other 08 <input type="radio"/></p> <p style="text-align: right;">(Specify)</p> <div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div> <p>Canadian (Probe) 09 <input type="radio"/></p> <p>Don't know 10 <input type="radio"/></p>	<p>B25 During those weeks, was the work mostly full-time or part-time?</p> <p>Full-time 1 <input type="radio"/></p> <p>Part-time 2 <input type="radio"/></p>
<p>B26 During those weeks were you mainly ...</p> <p>An employee working for someone else? 3 <input type="radio"/></p> <p>Self-employed? 4 <input type="radio"/> → Go to B29</p>	<p>B27 Which of the following best describes the work you did? Was it:</p> <p>Managerial 5 <input type="radio"/></p> <p>Supervisory 6 <input type="radio"/></p> <p>Neither 7 <input type="radio"/></p>
<p>B28 INTERVIEWER: Go to B31</p>	<p>B29 During those weeks, did you have any paid employees?</p> <p>Yes 8 <input type="radio"/></p> <p>No 9 <input type="radio"/> → Go to B31</p>
<p>B30 About how many employees did you have? (If range given, enter maximum)</p> <p> employees</p>	<p>B31 For whom did you work for the longest time during 1987? (Name of business, government department or agency or person.)</p> <div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div>

<p>B32. What kind of business, industry or service was this? (Give full description: e.g. paper box manufacturing, retail shoe store, municipal board of education.)</p> <div style="border-bottom: 1px solid black; height: 1.2em; width: 100%; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 1.2em; width: 100%; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div>	<p>B35. What is your best estimate of your total personal income in 1987 from all sources, including those just mentioned?</p> <p>Income ¹ <input type="radio"/> → \$ 00</p> <p>Loss ² <input type="radio"/> → \$ 00</p> <p>No income ³ <input type="radio"/></p> <p>Don't know ⁴ <input type="radio"/></p>															
<p>B33. What kind of work were you doing? (Give a full description: e.g. accounts clerk, dairy farmer, primary school teacher.)</p> <div style="border-bottom: 1px solid black; height: 1.2em; width: 100%; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 1.2em; width: 100%; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div>	<p>B36. What is your best estimate of the total income of all household members from all sources in 1987? Was the total household income...</p> <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <p>Less than \$20,000? ⁰¹ <input type="radio"/></p> <p>\$20,000 and more? ⁰² <input type="radio"/></p> </div> <div style="margin-right: 10px;"> <p>Less than \$10,000? ⁰⁵ <input type="radio"/></p> <p>\$10,000 and more? ⁰⁶ <input type="radio"/></p> </div> <div> <p>Less than \$5,000? ⁰⁹ <input type="radio"/></p> <p>\$5,000 and more? ¹⁰ <input type="radio"/></p> <p>Less than \$15,000? ¹¹ <input type="radio"/></p> <p>\$15,000 and more? ¹² <input type="radio"/></p> <p>Less than \$30,000? ¹³ <input type="radio"/></p> <p>\$30,000 and more? ¹⁴ <input type="radio"/></p> <p>Less than \$60,000? ¹⁵ <input type="radio"/></p> <p>\$60,000 and more? ¹⁶ <input type="radio"/></p> </div> </div>															
<p>B34. From which of the following sources did you receive income during 1987?</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Yes</th> <th style="text-align: center;">No</th> </tr> </thead> <tbody> <tr> <td>a) Income from wages, salary or self-employment?</td> <td style="text-align: center;">¹ <input type="radio"/></td> <td style="text-align: center;">² <input type="radio"/></td> </tr> <tr> <td>b) Income from government, such as Family Allowance, U.I.C., Social Assistance, Canada or Quebec Pension Plan or Old Age Security?</td> <td style="text-align: center;">³ <input type="radio"/></td> <td style="text-align: center;">⁴ <input type="radio"/></td> </tr> <tr> <td>c) Income from interest, dividends, investments or private pensions?</td> <td style="text-align: center;">⁵ <input type="radio"/></td> <td style="text-align: center;">⁶ <input type="radio"/></td> </tr> <tr> <td>d) Income from any other sources, such as alimony, scholarships, etc.?</td> <td style="text-align: center;">⁷ <input type="radio"/></td> <td style="text-align: center;">⁸ <input type="radio"/></td> </tr> </tbody> </table>		Yes	No	a) Income from wages, salary or self-employment?	¹ <input type="radio"/>	² <input type="radio"/>	b) Income from government, such as Family Allowance, U.I.C., Social Assistance, Canada or Quebec Pension Plan or Old Age Security?	³ <input type="radio"/>	⁴ <input type="radio"/>	c) Income from interest, dividends, investments or private pensions?	⁵ <input type="radio"/>	⁶ <input type="radio"/>	d) Income from any other sources, such as alimony, scholarships, etc.?	⁷ <input type="radio"/>	⁸ <input type="radio"/>	<p>No income ⁰³ <input type="radio"/></p> <p>Don't know ⁰⁴ <input type="radio"/></p>
	Yes	No														
a) Income from wages, salary or self-employment?	¹ <input type="radio"/>	² <input type="radio"/>														
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d) Income from any other sources, such as alimony, scholarships, etc.?	⁷ <input type="radio"/>	⁸ <input type="radio"/>														

SECTION C

C1. The next questions ask about accidents which may have happened to you during 1987.

We are interested in accidents which either:

- DISRUPTED YOUR NORMAL ACTIVITIES FOR AT LEAST HALF A DAY;
OR
- RESULTED IN OUT OF POCKET EXPENSES OF \$200 OR MORE.

	Yes	How many in 1987?	No
C2 From January 1st to December 31st, 1987, did you have an accident:			
a) While in a car, van, truck or on a motorcycle?	Yes ⁰¹ ○ →	<input type="text"/>	No ⁰² ○
b) While on a recreational vehicle such as an All Terrain Vehicle (ATV), snowmobile, etc.?	Yes ⁰³ ○ →	<input type="text"/>	No ⁰⁴ ○
c) While a pedestrian or on a bicycle?	Yes ⁰⁵ ○ →	<input type="text"/>	No ⁰⁶ ○
C3 (Excluding those already mentioned,) did you have an accident while working at a job or business during 1987? (Mark "did not work in period" as "No".)	Yes ⁰⁷ ○ →	<input type="text"/>	No ⁰⁸ ○
C4 (Excluding those already mentioned,) did you have an accident while playing games or participating in sports during 1987?	Yes ⁰⁹ ○ →	<input type="text"/>	No ¹⁰ ○
C5 (Other than any accidents already mentioned,) during 1987 did you:			
a) Have a fall which resulted in an injury?	Yes ¹¹ ○ →	<input type="text"/>	No ¹² ○
b) Suffer burns, smoke inhalation or other fire-related accidents?	Yes ¹³ ○ →	<input type="text"/>	No ¹⁴ ○
c) Suffer from poisoning by any substances or liquids, including drugs?	Yes ¹⁵ ○ →	<input type="text"/>	No ¹⁶ ○
d) Cut yourself seriously with a knife, broken glass or other object?	Yes ¹⁷ ○ →	<input type="text"/>	No ¹⁸ ○
e) Have other accidents which involved an injury to you?	Yes ¹⁹ ○ →	<input type="text"/>	No ²⁰ ○
C6 During 1987 did you have any other type of accident?	Yes ²¹ ○ →	<input type="text"/>	No ²² ○

C7 INTERVIEWER: Total the number of accidents reported in C2 to C6 and enter → TOTAL

C8 Did you drive any motor vehicle during 1987? (include car, van, truck or motorcycle)

Yes ¹ ○ No ² ○ → Go to C10

C9 As a driver of a motor vehicle, what is your best estimate of the number of miles or kilometres you drove in 1987?

Miles ³ ○ } Enter number →
Kilometres ⁴ ○ }

C10 During the last seven days, approximately how many hours have you spent as:

a) A driver of a car, van, truck or motorcycle? → hours (If none enter 00)

b) A passenger of a car, van, truck or motorcycle? → hours (If none enter 00)

C11 In order to determine your longer term exposure to accidents, the next four questions ask about the type of accidents you have had during the last three years, that is, during the period since January 1985.

	Number of times in last three years
a) How many times did you have an accident involving any type of vehicle? (include motor vehicle, recreational vehicle and bicycle)	<input type="text"/> or None ⁰⁰ ○
b) (Excluding accidents involving vehicles,) how many times did you have an accident while working at a job or business during the last three years?	<input type="text"/> or None ⁰⁰ ○
c) (Excluding vehicle and work related accidents,) how many times were you hurt or injured while playing games or participating in sports?	<input type="text"/> or None ⁰⁰ ○
d) How many other accidents did you have during the last three years, such as those involving falls, burns, poisons, cuts, etc.?	<input type="text"/> or None ⁰⁰ ○

SECTION D

D1 The next few questions ask about some things which may have happened to you during 1987.

	Yes	How many in 1987?	No
D2 From January 1st to December 31st 1987:			
a) Did anyone take or try to take something from you by force or threat of force?	Yes ⁰¹ <input type="radio"/> →	<input type="text"/>	No ⁰² <input type="radio"/>
b) (Other than the incidents already mentioned), did anyone illegally break into or attempt to break into your residence or any other building on your property?	Yes ⁰³ <input type="radio"/> →	<input type="text"/>	No ⁰⁴ <input type="radio"/>
D3 Now I'm going to ask you a question about being attacked. An attack can be anything from being hit, slapped, pushed or grabbed, to being shot, raped or beaten.			
a) (Excluding incidents already mentioned,) were you attacked by anyone at all, including members of your own household?	Yes ⁰⁵ <input type="radio"/> →	<input type="text"/>	No ⁰⁶ <input type="radio"/>
b) (Other than the incidents already mentioned), did anyone, including members of your own household, threaten to hit or attack you, or threaten you with a weapon?	Yes ⁰⁷ <input type="radio"/> →	<input type="text"/>	No ⁰⁸ <input type="radio"/>
D4 During 1987, did you or anyone in your household own a motor vehicle such as a car, truck, motorcycle, etc.?	Yes ¹ <input type="radio"/>	No ² <input type="radio"/> → Go to D6	
D5 (Other than the incidents already mentioned):			
a) Did anyone steal or try to steal one of these vehicles or a part of one of them, such as a battery, hubcap or radio?	Yes ⁰⁹ <input type="radio"/> →	<input type="text"/>	No ¹⁰ <input type="radio"/>
b) (Other than the incidents already mentioned), did anyone deliberately damage one of these vehicles, such as slashing tires?	Yes ¹¹ <input type="radio"/> →	<input type="text"/>	No ¹² <input type="radio"/>
D6 (Excluding the incidents already mentioned,) was anything of yours stolen during 1987:			
a) From the things usually kept outside your home, such as yard furniture?	Yes ¹³ <input type="radio"/> →	<input type="text"/>	No ¹⁴ <input type="radio"/>
b) From your place of work, from school or from a public place, such as a restaurant?	Yes ¹⁵ <input type="radio"/> →	<input type="text"/>	No ¹⁶ <input type="radio"/>
c) From a hotel, vacation home, cottage, car, truck or while travelling?	Yes ¹⁷ <input type="radio"/> →	<input type="text"/>	No ¹⁸ <input type="radio"/>
D7 (Excluding the incidents already mentioned,) during 1987, did anyone steal or try to steal anything else that belonged to you?	Yes ¹⁹ <input type="radio"/> →	<input type="text"/>	No ²⁰ <input type="radio"/>
D8 (Other than the incidents already mentioned,) did anyone deliberately damage or destroy any property belonging to you or anyone in your household, such as a window or a fence?	Yes ²¹ <input type="radio"/> →	<input type="text"/>	No ²² <input type="radio"/>
D9 Were there any other crimes which happened to you during 1987, which may or may not have been reported to the police?	Yes ²³ <input type="radio"/> →	<input type="text"/>	No ²⁴ <input type="radio"/>
D10 INTERVIEWER: Total the number of incidents reported in D2 to D9 and enter → TOTAL		<input type="text"/>	
D11 In order to determine your longer term exposure to crime, the next question concerns incidents which happened to you in the last three years. In total, how many crimes happened to you since January 1st 1985?			
<input type="text"/> or None ⁰⁰ <input type="radio"/>			
D12 INTERVIEWER: COMPLETE THE NUMBER OF ACCIDENT AND CRIME INCIDENT REPORTS, AS GIVEN BY TOTAL BOXES ON PAGES 6 AND 7			

99 COMMENTS:

Total number of accidents reported in C7	Total number of form GSS 3-3
<input type="text" value="1"/> <input type="text" value=""/> <input type="text" value=""/>	<input type="text" value="2"/> <input type="text" value=""/> <input type="text" value=""/>

Yes ☐

SERIES ACCIDENT report(s) included 3 ☐

Other 5

(specify)

Total number of crime incidents reported in D10	Total number of form GSS 3-4
1	2

Yes 'O

SERIES INCIDENT report(s) included 3 ☐

NO INFORMATION COLLECTED - MULTIPLE
report(s) included

Other 5

(specify)



General Social Survey - Accident Report

Confidential when completed

GSS 3 - 3

F1. IDENTIFICATION	REPORT STATUS
TELEPHONE NUMBER <input type="text"/> - <input type="text"/> - <input type="text"/> ACCIDENT REPORT No <input type="text"/> SCREEN QUESTION No <input type="text"/>	F38. INTERVIEWER: What is the status of this Accident Report? SINGLE ACCIDENT REPORT <input type="radio"/> 1 SERIES ACCIDENT REPORT <input type="radio"/> 2 DUPLICATE ACCIDENT REPORT <input type="radio"/> 3 OUT OF SCOPE (date, definition) <input type="radio"/> 4 NO INFORMATION COLLECTED - SINGLE <input type="radio"/> 5 NO INFORMATION COLLECTED - MULTIPLE <input type="radio"/> 6 None of the above <input type="radio"/> 7 (Specify) _____ _____ _____ _____
	F39. INTERVIEWER: Is this the last Accident Report to be filed out? Yes <input type="radio"/> 8 No <input type="radio"/> 9 → Go to next Accident Report
	F40. INTERVIEWER: Are there any Crime Incident Reports to be filed out? Yes <input type="radio"/> 1 → Go to first Crime Incident Report No <input type="radio"/> 2 → Thank respondent, end interview and complete Section E. GSS 3-2
F2. You said that during 1987... (refer to appropriate screen question for description of accident). In what month did (this/the most recent) accident happen? <div style="display: flex; align-items: center;"><div style="margin-right: 10px;">In 1987</div><div><div>January <input type="radio"/> 01</div><div>February <input type="radio"/> 02</div><div>March <input type="radio"/> 03</div><div>April <input type="radio"/> 04</div><div>May <input type="radio"/> 05</div><div>June <input type="radio"/> 06</div><div>July <input type="radio"/> 07</div><div>August <input type="radio"/> 08</div><div>September <input type="radio"/> 09</div><div>October <input type="radio"/> 10</div><div>November <input type="radio"/> 11</div><div>December <input type="radio"/> 12</div><div>Don't know <input type="radio"/> 13</div></div></div> <div>Not in 1987 <input type="radio"/> 14 → Go to F38 on this page</div>	F5. In which province or territory? <div>Newfoundland <input type="radio"/> 01</div> <div>Prince Edward Island <input type="radio"/> 02</div> <div>Nova Scotia <input type="radio"/> 03</div> <div>New Brunswick <input type="radio"/> 04</div> <div>Quebec <input type="radio"/> 05</div> <div>Ontario <input type="radio"/> 06</div> <div>Manitoba <input type="radio"/> 07</div> <div>Saskatchewan <input type="radio"/> 08</div> <div>Alberta <input type="radio"/> 09</div> <div>British Columbia <input type="radio"/> 10</div> <div>Yukon Territory <input type="radio"/> 11</div> <div>Northwest Territories <input type="radio"/> 12</div>
F3. About what time of the day did it happen? <div style="display: flex; align-items: center;"><div style="margin-right: 10px;">During the day</div><div><div>8 a.m. - 12 noon <input type="radio"/> 1</div><div>12 noon - 6 p.m. <input type="radio"/> 2</div><div>Don't know <input type="radio"/> 3</div></div></div> <div style="display: flex; align-items: center; margin-top: 10px;"><div style="margin-right: 10px;">At night</div><div><div>6 p.m. - 12 midnight <input type="radio"/> 4</div><div>12 midnight - 8 a.m. <input type="radio"/> 5</div><div>Don't know <input type="radio"/> 6</div></div></div> <div>Don't know <input type="radio"/> 7</div>	F6. Did this incident take place in a city, town, village or a rural area? <div>City <input type="radio"/> 1</div> <div>Town <input type="radio"/> 2</div> <div>Village <input type="radio"/> 3</div> <div>Rural area <input type="radio"/> 4</div>
F4. Did this accident take place in Canada? Yes <input type="radio"/> 8 No <input type="radio"/> 9 → Go to F7	F7. Did this accident involve a motor vehicle such as a car, van, truck, motorcycle, snowmobile or an All Terrain Vehicle (ATV)? Yes <input type="radio"/> 5 No <input type="radio"/> 6 → Go to F10

F8 At the time of the accident, were you a pedestrian, on a bicycle, or in a motor vehicle?

Not present

1 ☐

Pedestrian

2 ☐

Bicycle

3 ☐

Motor vehicle

4 ☐

What type of motor vehicle?

Car, van or truck

5 ☐

Motorcycle

6 ☐

Recreational vehicle

7 ☐

Other

8 ☐

(Specify)

F9 Were any other pedestrians, bicycles or motor vehicles involved in this accident?

Yes

1 ☐

What were they?
(Mark all that apply)

Pedestrian

3 ☐

Bicycle

4 ☐

Car, van or truck

5 ☐

Motorcycle

6 ☐

Recreational vehicle

7 ☐

Other

8 ☐

(Specify)

No

2 ☐

F10 Did this accident happen at your place of work?

Yes

3 ☐

No

4 ☐

Go to F13

F11 Did you apply for Workers Compensation?

Yes

5 ☐

No

6 ☐

F12 INTERVIEWER: Go to F15

F13 Did this accident occur when you were participating in a sport or recreational activity?

Yes

7 ☐

No

8 ☐

Go to F15

F14 What sport or recreational activity were you participating in at the time?

Baseball

01 ☐

Basketball

02 ☐

Boating

03 ☐

Cycling

04 ☐

Football

05 ☐

Ice hockey

06 ☐

Racquetball or squash

07 ☐

Running or jogging

08 ☐

Skating

09 ☐

Soccer

10 ☐

Swimming

11 ☐

Tennis

12 ☐

Other

13 ☐

(Specify)

F15 Where did this accident take place? For example, was it at home, on a street or at school? (Mark all that apply)

Inside respondent's own home/apartment

17 ☐

Inside garage or other building on respondent's property

18 ☐

Inside vacation home

19 ☐

Outside respondent's home, including yard, driveway or in shared areas related to home such as apartment hallway or laundry room

20 ☐

In parking lot of respondent's home/apartment

21 ☐

In other parking lot

22 ☐

On sidewalk/street/highway in respondent's neighbourhood

23 ☐

On any other sidewalk/street/highway

24 ☐

In a restaurant or bar

25 ☐

Inside school or on school grounds

26 ☐

In a hospital, prison or rehabilitation centre

27 ☐

In a commercial or office building or a factory

28 ☐

At an indoor or outdoor sports facility

29 ☐

In a park (include national, provincial or local park, or conservation area)

30 ☐

In a rural area

31 ☐

Elsewhere

32 ☐

(Specify)

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F16 Did this accident result in any injury to you?

Yes

1 ☐

No

2 ☐

Go to F23

F17 What type of injury? Was it...

(Mark all that apply)

Broken or fractured bone(s)?

2 ☐

Burn or scald?

3 ☐

Dislocation, sprain, strain or bruise?

4 ☐

Cut or scrape?

5 ☐

Loss of consciousness?

6 ☐

Poisoning by substance or liquid?

7 ☐

Internal injury?

8 ☐

Other

9 ☐

(Specify)

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F18 Where were you injured? Was it your...

(Mark all that apply)

Eyes?

1 ☐

Head or neck (excluding eyes)?

2 ☐

Arms or hands?

3 ☐

Legs or feet?

4 ☐

Back or spine?

5 ☐

Trunk (excluding back or spine)? (Include shoulder, chest, internal organs, etc.)

6 ☐

<p>F19 Was there an object, product, substance or liquid which caused this injury?</p> <p>Yes ¹○ → What was this? (Specify)</p> <div style="border: 1px solid black; height: 20px; width: 100%; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 20px; width: 100%; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 20px; width: 100%; margin-bottom: 5px;"></div> <p>No ⁸○</p>	<p>F28 Which of the following best describes your main activity during the week of the accident? Were you ... (Accept one response only)</p> <div style="display: flex; justify-content: space-between;"> <div> <p>On holiday? ³○</p> <p>Working at a job or business? ⁴○</p> <p>Looking for work? ⁶○</p> <p>A student? ⁸○</p> <p>Keeping house? ⁷○</p> <p>Retired? ⁵○</p> <p>Other ⁹○</p> </div> <div style="text-align: right;"> <p>(Specify)</p> <div style="border: 1px solid black; height: 20px; width: 100%; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 20px; width: 100%; margin-bottom: 5px;"></div> </div> </div>
<p>F20 Did you receive any medical attention at a hospital as a result of this accident?</p> <p>Yes ¹○ → Did you stay in hospital overnight?</p> <div style="margin-left: 40px;"> <p>Yes ³○ → For how many nights? → } Go to F22</p> <p>No ⁴○ → } Go to F22</p> </div> <p>No ²○</p>	<p>F29 As a result of the accident, did you find it difficult or impossible to carry out this activity for all or most of a day?</p> <p>Yes ¹○ → For how many days? (Include any days spent in bed)</p> <div style="margin-left: 100px;"> </div> <p>No ²○</p> <p>Don't know ³○</p>
<p>F21 Did you receive any medical attention from a doctor or a nurse?</p> <p>Yes ⁵○</p> <p>No ⁶○</p> <p>Don't know ⁷○</p>	<p>F30 Did you suffer any financial loss or incur extra expenses as a result of this accident?</p> <p>Yes ⁴○</p> <p>No ⁵○ → Go to F33</p>
<p>F22 As a result of this accident, did you have to stay in bed for all or most of a day?</p> <p>Yes ⁸○ → For how many days? </p> <p>No ⁹○</p>	<p>F31 Did you recover any of these costs through insurance or Workers Compensation?</p> <p>Yes ¹○ → Was this from ...</p> <div style="margin-left: 100px;"> <p>Insurance? ³○</p> <p>Workers Compensation? ⁴○</p> <p>Both? ⁵○</p> </div> <p>No ²○</p>
<p>F23 Was anybody else injured in this accident?</p> <p>Yes ¹○</p> <p>No ²○</p> <p>Don't know ³○ } Go to F26</p>	<p>F32 For this accident, what is your best estimate of your out-of-pocket expenses, that is, expenses for which you do not expect to be reimbursed?</p> <p>\$.00</p> <p>No expenses ⁶○</p> <p>Don't know ⁷○</p>
<p>F24 Excluding yourself, how many persons were injured in this accident?</p> <p> persons</p> <p>Don't know ⁴○</p>	<p>F33 INTERVIEWER: Is this respondent having trouble recalling the details of this accident?</p> <p>Yes ⁸○</p> <p>No ⁹○ → Go to F36</p>
<p>F25 Were any of the persons injured in the accident less than 15 years of age?</p> <p>Yes ⁵○ → How many? </p> <p>No ⁶○</p> <p>Don't know ⁷○</p>	<p>F34 INTERVIEWER: Are there two or more Accident Reports remaining to be completed for the current screen question? (Refer to screening questionnaire)</p> <p>Yes ¹○</p> <p>No ²○ → Go to F36</p>
<p>F26 In your estimation, was this accident mainly:</p> <p>Caused by carelessness or unsafe activity? ⁸○</p> <p>Something that could not have been predicted or avoided? ⁹○ → Go to F28</p>	<p>F35 How many other accidents with details similar to this one were there during 1987? Exclude accidents already reported.</p> <p> accidents (If none enter 00)</p> <p>INTERVIEWER: If this number is two or more, this is a series report.</p>
<p>F27 Was it: (Accept one response only)</p> <p>An employer's carelessness or unsafe working conditions? ¹○</p> <p>Your own carelessness or unsafe activity? ²○</p> <p>Someone else's carelessness or unsafe activity? ³○</p>	

F36 INTERVIEWER: Briefly summarize this accident or series of accidents

F37 INTERVIEWER: Go to F38 on front page of this form

General Social Survey - Crime Incident Report

Confidential when completed

GSS 3 - 4

G1. IDENTIFICATION	REPORT STATUS
<p>TELEPHONE NO. - - </p> <p>CRIME INCIDENT REPORT NO. </p> <p>SCREEN QUESTION NO. </p>	<p>G65. INTERVIEWER: What is the status of this Incident Report?</p> <p>SINGLE INCIDENT REPORT 1 <input type="radio"/></p> <p>SERIES INCIDENT REPORT 2 <input type="radio"/></p> <p>DUPLICATE INCIDENT REPORT 3 <input type="radio"/></p> <p>OUT OF SCOPE (Date, respondent not victim) 4 <input type="radio"/></p> <p>NO INFORMATION COLLECTED - SINGLE 5 <input type="radio"/></p> <p>NO INFORMATION COLLECTED - MULTIPLE 6 <input type="radio"/></p> <p>None of the above 7 <input type="radio"/></p> <p style="text-align: right;">↓ (Specify)</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>G2. You said that during 1987 ... (refer to appropriate screen question for description of incident). In what month did (this/the most recent) incident happen?</p> <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">In 1987</div> <div style="display: flex; flex-direction: column; gap: 5px;"> <div>January 01 <input type="radio"/></div> <div>February 02 <input type="radio"/></div> <div>March 03 <input type="radio"/></div> <div>April 04 <input type="radio"/></div> <div>May 05 <input type="radio"/></div> <div>June 06 <input type="radio"/></div> <div>July 07 <input type="radio"/></div> <div>August 08 <input type="radio"/></div> <div>September 09 <input type="radio"/></div> <div>October 10 <input type="radio"/></div> <div>November 11 <input type="radio"/></div> <div>December 12 <input type="radio"/></div> <div>Don't know 13 <input type="radio"/></div> </div> </div> <p>Not in 1987 14 <input type="radio"/> → Go to G65 on this page</p>	<p>G66. INTERVIEWER: Is this the last Crime Incident Report to be filled out?</p> <p>Yes 8 <input type="radio"/> → Thank respondent, and interview and complete Section E, GSS 3-2.</p> <p>No 9 <input type="radio"/> → Go to next Crime Incident Report.</p>
<p>G3. About what time of the day did it happen?</p> <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">During the day</div> <div style="display: flex; flex-direction: column; gap: 5px;"> <div>8:00 a.m. - 12 noon 1 <input type="radio"/></div> <div>12 noon - 6 p.m. 2 <input type="radio"/></div> <div>Don't know 3 <input type="radio"/></div> </div> </div> <div style="display: flex; align-items: center; margin-top: 10px;"> <div style="margin-right: 10px;">At night</div> <div style="display: flex; flex-direction: column; gap: 5px;"> <div>6 p.m. - 12 midnight 4 <input type="radio"/></div> <div>12 midnight - 8 a.m. 5 <input type="radio"/></div> <div>Don't know 6 <input type="radio"/></div> </div> </div> <p>Don't know 7 <input type="radio"/></p>	<p>G4. Did this incident take place in Canada?</p> <p>Yes 8 <input type="radio"/></p> <p>No 9 <input type="radio"/> → Go to G7</p>
<p>G5. In which province or territory?</p> <div style="display: flex; flex-direction: column; gap: 5px;"> <div>Newfoundland 01 <input type="radio"/></div> <div>Prince Edward Island 02 <input type="radio"/></div> <div>Nova Scotia 03 <input type="radio"/></div> <div>New Brunswick 04 <input type="radio"/></div> <div>Quebec 05 <input type="radio"/></div> <div>Ontario 06 <input type="radio"/></div> <div>Manitoba 07 <input type="radio"/></div> <div>Saskatchewan 08 <input type="radio"/></div> <div>Alberta 09 <input type="radio"/></div> <div>British Columbia 10 <input type="radio"/></div> <div>Yukon Territory 11 <input type="radio"/></div> <div>Northwest Territories 12 <input type="radio"/></div> </div>	<p>G6. Did this incident take place in a city, town, village or a rural area?</p> <div style="display: flex; flex-direction: column; gap: 5px;"> <div>City 1 <input type="radio"/></div> <div>Town 2 <input type="radio"/></div> <div>Village 3 <input type="radio"/></div> <div>Rural area 4 <input type="radio"/></div> </div>

<p>G11. What type of dwelling were you living in at the time of this incident? Was it a ...</p> <p>Single detached house? 3 <input type="radio"/></p> <p>Semi-detached or double (side-by-side)? 4 <input type="radio"/></p> <p>Garden house, town-house or row house? 5 <input type="radio"/></p> <p>Duplex (one above the other)? 6 <input type="radio"/></p> <p>Low-rise apartment (less than 5 stories)? 7 <input type="radio"/></p> <p>High-rise apartment (5 or more stories)? 8 <input type="radio"/></p> <p>Other 9 <input type="radio"/></p> <p style="text-align: right;">↓</p> <p style="text-align: right;">(Specify)</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<p>G18. Did the person(s) who committed the act have a weapon, such as a gun or knife or something he/she was using as a weapon, such as a rock or bottle?</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>G12. At the time of the incident, did the person(s) who committed the act actually live there?</p> <p>Yes 1 <input type="radio"/> → Go to G16</p> <p>No 2 <input type="radio"/></p> <p>Don't know 3 <input type="radio"/> → Go to G16</p>	<p>G19. An attack can be anything from being hit, slapped, grabbed or knocked down, to being shot, raped or beaten up. Were you attacked in any way during the incident?</p> <p>Yes 6 <input type="radio"/> → Go to G21</p> <p>No 7 <input type="radio"/></p>
<p>G13. Did someone let him/her/them in? (Example: guests, workmen)</p> <p>Yes 4 <input type="radio"/> → Go to G16</p> <p>No 5 <input type="radio"/></p>	<p>G20. Did the person(s) threaten you with harm in any way?</p> <p>Yes 8 <input type="radio"/></p> <p>No 9 <input type="radio"/> } Go to G25</p>
<p>G14. Did the person who committed the act actually get in or just try to get in?</p> <p>Actually got in 6 <input type="radio"/></p> <p>Tried to get in 7 <input type="radio"/></p> <p>Don't know 8 <input type="radio"/></p>	<p>G21. How were you attacked? (Mark all that apply)</p> <p>Raped, molested or attempt to rape or molest 1 <input type="radio"/></p> <p>Shot, knifed or hit with object held in hand 2 <input type="radio"/></p> <p>Hit, kicked, slapped, knocked down 3 <input type="radio"/></p> <p>Grabbed, held, tripped, jumped, pushed 4 <input type="radio"/></p> <p>Other 5 <input type="radio"/></p> <p style="text-align: right;">↓</p> <p style="text-align: right;">(Specify)</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
<p>G15. Was there any evidence such as a broken lock or window that the person(s) (forced/tried to force) his/her way in?</p> <p>Yes 1 <input type="radio"/> → What was the evidence? (Mark all that apply)</p> <p style="margin-left: 40px;">Broken lock or forced door 4 <input type="radio"/></p> <p style="margin-left: 40px;">Broken or forced window 5 <input type="radio"/></p> <p style="margin-left: 40px;">Other 6 <input type="radio"/></p> <p style="text-align: right;">↓</p> <p style="text-align: right;">(Specify)</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<p>G22. Did you receive any medical attention at a hospital as a result of this incident?</p> <p>Yes 6 <input type="radio"/> → Did you stay in hospital overnight?</p> <p style="margin-left: 100px;">Yes 8 <input type="radio"/> → For how many nights? } Go to G24</p> <p style="margin-left: 100px;">No 9 <input type="radio"/> →</p> <p>No 7 <input type="radio"/></p>
<p>G16. INTERVIEWER: Was the respondent present at any time during the incident?</p> <p>Yes 7 <input type="radio"/> → Go to G18</p> <p>No 8 <input type="radio"/> → Go to G34</p> <p>Don't know 9 <input type="radio"/></p>	<p>G23. Did you receive any medical attention from a doctor or a nurse?</p> <p>Yes 1 <input type="radio"/></p> <p>No 2 <input type="radio"/></p> <p>Don't know 3 <input type="radio"/></p>
<p>G17. Were you present at any time during the incident?</p> <p>Yes 1 <input type="radio"/></p> <p>No 2 <input type="radio"/> → Go to G34</p>	<p>G24. As a result of this incident, did you have to stay in bed for all or most of a day?</p> <p>Yes 4 <input type="radio"/> → For how many days? </p> <p>No 5 <input type="radio"/></p>
<p>G25. Was only one person involved in committing the act?</p> <p>Yes 6 <input type="radio"/></p> <p>No 7 <input type="radio"/> → Go to G30</p> <p>Don't know 8 <input type="radio"/> → Go to G34</p>	

<p>G26. Did you know this person?</p> <p>Yes <input type="radio"/> 1</p> <p>No <input type="radio"/> 2</p> <p>Don't know <input type="radio"/> 3 } Go to G34</p>	<p>G34. Was anyone (else) harmed or threatened during this incident?</p> <p>Yes <input type="radio"/> 7 → How many persons? <input style="width: 40px;" type="text"/></p> <p>No <input type="radio"/> 8</p> <p>Don't know <input type="radio"/> 9 } Go to G36</p>
<p>G27. How well did you know him/her?</p> <p>Well known <input type="radio"/> 4</p> <p>Casual acquaintance <input type="radio"/> 5</p> <p>Known by sight only <input type="radio"/> 6 } Go to G34</p>	<p>G35. Were any of these persons who were harmed or threatened under 15 years of age?</p> <p>Yes <input type="radio"/> 1 → How many? <input style="width: 40px;" type="text"/></p> <p>No <input type="radio"/> 2</p>
<p>G28. What was the person's relationship to you?</p> <p>Spouse <input type="radio"/> 1</p> <p>Ex-spouse <input type="radio"/> 2</p> <p>Other relative <input type="radio"/> 3</p> <p>Friend <input type="radio"/> 4</p> <p>Neighbour <input type="radio"/> 5</p> <p>Other <input type="radio"/> 6</p> <p style="text-align: right;">↓</p> <p style="text-align: right;">(Specify)</p> <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div>	<p>G36. Was anything that belonged to you or your household stolen during this incident? Do not include property stolen from a business.</p> <p>Yes <input type="radio"/> 3</p> <p>No <input type="radio"/> 4</p> <p>Don't know <input type="radio"/> 5 } Go to G41</p>
<p>G29. INTERVIEWER: Go to G34</p>	<p>G37. What was taken? Anything else? (Mark all that apply)</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>Cash <input type="radio"/> 01</p> <p>Respondents personal property {</p> <p style="margin-left: 20px;">Purse, wallet, credit cards, cheques, personal papers <input type="radio"/> 02</p> <p style="margin-left: 20px;">Clothing, jewellery <input type="radio"/> 03</p> <p style="margin-left: 20px;">Other personal property <input type="radio"/> 04</p> <p>Personal property of someone else <input type="radio"/> 05</p> <p>Motor vehicle {</p> <p style="margin-left: 20px;">Car <input type="radio"/> 06</p> <p style="margin-left: 20px;">Truck or van <input type="radio"/> 07</p> <p style="margin-left: 20px;">Motorcycle or moped <input type="radio"/> 08</p> <p style="margin-left: 20px;">Other motor vehicle <input type="radio"/> 09</p> <p style="margin-left: 20px;">Part of a motor vehicle <input type="radio"/> 10</p> <p>Household property {</p> <p style="margin-left: 20px;">Food, drink, liquor <input type="radio"/> 11</p> <p style="margin-left: 20px;">Electronic equipment, including T.V., stereo, video recorder, records <input type="radio"/> 12</p> <p style="margin-left: 20px;">Household articles, including tools, appliances, furniture, carpets <input type="radio"/> 13</p> <p style="margin-left: 20px;">Boat <input type="radio"/> 14</p> <p style="margin-left: 20px;">Bicycle <input type="radio"/> 15</p> <p style="margin-left: 20px;">Other household property <input type="radio"/> 16</p> </div> </div>
<p>G30. How many persons were involved?</p> <p><input style="width: 40px;" type="text"/></p> <p>Don't know <input type="radio"/> 7</p>	<p>G38. What is your best estimate of the value of all property or cash stolen in this incident?</p> <p>\$ <input style="width: 100px;" type="text"/> .00</p> <p>No value <input type="radio"/> 6</p> <p>Don't know <input type="radio"/> 7</p>
<p>G31. Were any of the persons known to you or were they all strangers?</p> <p>All known <input type="radio"/> 1</p> <p>Some known <input type="radio"/> 2</p> <p>All strangers <input type="radio"/> 3</p> <p>Don't know <input type="radio"/> 4 } Go to G34</p>	<p>G39. Was any of the stolen money and/or property recovered, not counting anything received from insurance?</p> <p>Yes <input type="radio"/> 1 → Was it all recovered?</p> <p style="margin-left: 100px;">Yes <input type="radio"/> 4</p> <p style="margin-left: 100px;">No <input type="radio"/> 5</p> <p>No <input type="radio"/> 2</p> <p>Don't know <input type="radio"/> 3</p>
<p>G32. How well did you know them? (Mark all that apply) (If more than one marked choose first "Go to")</p> <p>Well known <input type="radio"/> 5 → Go to G33</p> <p>Casual acquaintance <input type="radio"/> 6</p> <p>Known by sight only <input type="radio"/> 7 } Go to G34</p>	<p>G33. What was their relationship to you? (Mark all that apply)</p> <p>Spouse <input type="radio"/> 1</p> <p>Ex-spouse <input type="radio"/> 2</p> <p>Other relative <input type="radio"/> 3</p> <p>Friend <input type="radio"/> 4</p> <p>Neighbour <input type="radio"/> 5</p> <p>Other <input type="radio"/> 6</p> <p style="text-align: right;">↓</p> <p style="text-align: right;">(Specify)</p> <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div>

GENERAL SOCIAL SURVEY

CYCLE FOUR QUESTIONNAIRE PACKAGE

This package briefly describes the content, methodology and sample of the fourth cycle of the General Social Survey (GSS). Copies of the various questionnaire forms used in Cycle 4 are attached as appendices: the GSS Selection Control Form 4-1 as Appendix A; and the GSS 4-2 main questionnaire form 'Education and Work Questionnaire' as Appendix B.

Content and Questionnaire

The fourth cycle of the General Social Survey was conducted during the last week of January and the month of February of 1989. The survey collected information on a person's educational attainment and future intentions; employment experience; and their awareness of science and technology. Two questionnaires were used to conduct the interviews:

QUESTIONNAIRE	AGE GROUP	TITLE
GSS 4-1	All age groups	Selection Control Form
GSS 4-2	Age 15 and over	Education and Work Questionnaire

The GSS 4-1 was completed for each telephone number selected in the sample. It lists all household members and collects basic demographic information, specifically, age, sex, marital status and relation to the head of the family. A respondent, 15 years of age or older, was then randomly selected and a GSS 4-2 was completed for this person. The content of the main sample questionnaire is listed below:

<u>Section of GSS 4-2</u>	<u>Content</u>
A.	Education attainment
B.	Current educational program
C.	Activities after completion of education
D.	Activities before starting education
E.	Future education plans
F.	Awareness of science and technology
G.	1988 employment experience
H.	1984 and current employment experience

Section of GSS 4-2Content

K.	Employment experience of respondents who are retired
L.	Employment experience of respondents not currently in the labour force
M.	Respondent's involvement in organizations
N.	Well-being
P.	Respondent's background information

Sample

The sample for cycle 4 consisted of persons 15 years of age or older from across the ten provinces. The sample was created through random digit dialing (RDD).

Each computer generated telephone number in the sample was called. An interviewer completed a Selection Control Form (GSS 4-1), shown in Appendix A. When they contacted a private household, they enumerated all the members of the household on the GSS 4-1 and then randomly selected and interviewed one member aged 15 years or older. Almost 10,000 individuals were interviewed in this way and completed the GSS 4-2 questionnaire. The response rate was approximately 80%.

March 1989

General Social Survey
Selection Control Form

APPENDIX A

GSS 4-1

Confidential when completed

1:										2:	
3:			4:			5:					

TELEPHONE NUMBER LABEL

RECORD OF CALLS									
10	11 Date		12 Start		13 Finish		14 Result	15 Interviewer's Name	16 Comments
	Day	Month	Hour	Min	Hour	Min			
01									
02									
03									
04									
05									
06									
07									
08									
09									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									
21									
22									
23									
24									
25									

17. Call Coverage by Time of Day and Day of Week

Time Period	Mon	Tues	Wed	Thur	Fri	Sat
09.00 - 12.00						
12.01 - 16.00						
16.01 - 19.00						
19.01 - 21.00						

18. Forms Control

Form	Number of forms
GSS 4-1	
GSS 4-2	

19. Interviewer Number

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

Senior Interviewer
Only

20. Final Status

--	--

30. Hello, I'm _____ from Statistics Canada. I'm calling you for a survey on education, work and retirement.

31. I'd like to make sure that I've dialed the right number. Is this _____ (read number)?
Yes ☐
No ☐ → Dial again, if still wrong END

32. All information we collect will be kept confidential. While your participation is voluntary, it is essential if the survey results are to be accurate.

33. Is this the number for a business, an institution or a private home?
Private home ☐
Both home and business ☐ → Go to 36
Business, institution or other non residence ☐

34. Does anyone use this telephone number as a home phone number?
Yes ☐
No ☐ → Thank respondent and END

35. How many persons live or stay at this address and use this number as a home phone number?
Less than 15 ☐
15 or more ☐ → Make appointment

36. I need to select one person from your household for an interview. Starting with the oldest, what is the name and age of each person living or staying there who has no usual place of residence elsewhere?

(Enter names and ages in items 42 and 44.)

37. **INTERVIEWER:** • Enter answers for items 45 through 48 for each person recorded in item 42. Refer to Interviewer Reference Card for instructions and codes.
• Then go to item 60.

40.	41.	42.	43.	44.	45.	46.	47.	48.
Page	Line	Names of Household Members	Sex	Age	Sex	What is ...'s marital status?	Family Identifier	What is ...'s relationship to ... (Head of Family)?
	1	Given name _____ Surname _____						<input type="checkbox"/> If '0', specify
	2	Given name _____ Surname _____						<input type="checkbox"/> If '0', specify
	3	Given name _____ Surname _____						<input type="checkbox"/> If '0', specify
	4	Given name _____ Surname _____						<input type="checkbox"/> If '0', specify
	5	Given name _____ Surname _____						<input type="checkbox"/> If '0', specify
	6	Given name _____ Surname _____						<input type="checkbox"/> If '0', specify
	7	Given name _____ Surname _____						<input type="checkbox"/> If '0', specify
	8	Given name _____ Surname _____						<input type="checkbox"/> If '0', specify

60. **INTERVIEWER:** Enter Page-Line no. of person giving the above information. _____ → [7] [] []

61. Are there any persons away from this household attending school, visiting, travelling or in the hospital who USUALLY live there?
Yes ☐ → Enter names and complete items 44 through 48
No ☐

62. Does anyone else live there, such as other relatives, roomers, boarders or employees?
Yes ☐ → Enter names and complete items 44 through 48
No ☐

63. **INTERVIEWER:** • In item 43 number the persons 15 years of age and over in order from oldest to youngest.

• Enter number of eligible household members [8] [] []

64. **INTERVIEWER:** • Determine the selected person by referring to the Selection Grid.

• In item 43 circle the selected person number and enter Page-Line no. [9] [] []

65. The person I am to interview is _____ (read name) _____ (Is he/she there?)
Yes ☐ → Go to form GSS 4-2
No ☐ → Set up appointment and enter details in item 44

SELECTION GRID LABEL

A = Eligible household members
B = Selection number



Statistics Canada

Statistique Canada

Interviewer's Name

1: - - Telephone Number

5: Label Identification Number

Page - Line Number

1 Type

APPENDIX B

GSS 4-2

Confidential when completed

GENERAL SOCIAL SURVEY

EDUCATION AND WORK

QUESTIONNAIRE

AGES 15 YEARS AND OVER

A SECTION A: Education Screen																
<p>A1. INTERVIEWER: Repeat the introduction below if selected respondent is different from household respondent.</p> <p style="margin-top: 20px;">Hello, I'm from Statistics Canada. I'm calling you for a survey on education, work and retirement.</p> <p style="margin-top: 20px;">All the information we collect is kept confidential. While your participation is voluntary, it is essential if the survey results are to be accurate.</p>	<p>A8. Have you had any further schooling beyond elementary/high school?</p> <p>Yes 1 <input type="radio"/> → Go to A10</p> <p>No 2 <input type="radio"/></p> <p>A9. Are you presently working towards elementary or high school graduation?</p> <p>Yes 3 <input type="radio"/> → Go to B5</p> <p>No 4 <input type="radio"/> → Go to C1</p> <p>A10. Have you ever taken any university, college or CEGEP level course in biology, chemistry or physics?</p> <p>Yes 5 <input type="radio"/></p> <p>No 6 <input type="radio"/></p>															
<p>A2. Now I'd like to ask you some questions about your education.</p> <p>A3. How many years of elementary and high school education have you successfully completed?</p> <p>No schooling 01 <input type="radio"/> → Go to E1</p> <p>One to five years 02 <input type="radio"/> → Go to A8</p> <p>Six 03 <input type="radio"/> → Go to A8</p> <p>Seven 04 <input type="radio"/> → Go to A8</p> <p>Eight 05 <input type="radio"/> → Go to A8</p> <p>Nine 06 <input type="radio"/> → Go to A7</p> <p>Ten 07 <input type="radio"/> → Go to A7</p> <p>Eleven 08 <input type="radio"/></p> <p>Twelve 09 <input type="radio"/></p> <p>Thirteen 10 <input type="radio"/></p>	<p>A11. What is the highest level of education that you have attained? (Mark one only)</p> <p>Masters or earned doctorate 1 <input type="radio"/> → Go to A15</p> <p>Bachelor or undergraduate degree, or teacher's college 2 <input type="radio"/> → Go to A15</p> <p>Diploma or certificate from community college, CEGEP or nursing school 3 <input type="radio"/> → Go to A15</p> <p>Diploma or certificate from trade, technical or vocational school, or business college 4 <input type="radio"/> → Go to A15</p> <p>Some university 5 <input type="radio"/></p> <p>Some community college, CEGEP or nursing school 6 <input type="radio"/></p> <p>Some trade, technical or vocational school, or business college 7 <input type="radio"/></p> <p>Other 8 <input type="radio"/> ↓ (Specify)</p> <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div> <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>															
<p>A4. Have you graduated from high school?</p> <p>Yes 1 <input type="radio"/></p> <p>No 2 <input type="radio"/> → Go to A7</p>	<p>A12. When you took courses at university/college/trade school, were you working towards a degree, diploma or certificate?</p> <p>Yes 1 <input type="radio"/></p> <p>No 2 <input type="radio"/> → Go to A14</p>															
<p>A5. In high school, did you take a course in ...</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Yes</th> <th style="text-align: center;">No</th> </tr> </thead> <tbody> <tr> <td>a) Mathematics?</td> <td style="text-align: center;">2 <input type="radio"/></td> <td style="text-align: center;">3 <input type="radio"/></td> </tr> <tr> <td>b) Chemistry?</td> <td style="text-align: center;">4 <input type="radio"/></td> <td style="text-align: center;">5 <input type="radio"/></td> </tr> <tr> <td>c) Geography?</td> <td style="text-align: center;">6 <input type="radio"/></td> <td style="text-align: center;">7 <input type="radio"/></td> </tr> <tr> <td>d) Physics?</td> <td style="text-align: center;">8 <input type="radio"/></td> <td style="text-align: center;">9 <input type="radio"/></td> </tr> </tbody> </table>		Yes	No	a) Mathematics?	2 <input type="radio"/>	3 <input type="radio"/>	b) Chemistry?	4 <input type="radio"/>	5 <input type="radio"/>	c) Geography?	6 <input type="radio"/>	7 <input type="radio"/>	d) Physics?	8 <input type="radio"/>	9 <input type="radio"/>	<p>A13. Are you still working towards your degree, diploma or certificate?</p> <p>Yes 3 <input type="radio"/> → Go to B1</p> <p>No 4 <input type="radio"/></p>
	Yes	No														
a) Mathematics?	2 <input type="radio"/>	3 <input type="radio"/>														
b) Chemistry?	4 <input type="radio"/>	5 <input type="radio"/>														
c) Geography?	6 <input type="radio"/>	7 <input type="radio"/>														
d) Physics?	8 <input type="radio"/>	9 <input type="radio"/>														
<p>A6. Have you had any further schooling beyond elementary/high school?</p> <p>Yes 1 <input type="radio"/> → Go to A10</p> <p>No 2 <input type="radio"/> → Go to C1</p>	<p>A7. In high school, did you take a course in ...</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Yes</th> <th style="text-align: center;">No</th> </tr> </thead> <tbody> <tr> <td>a) Mathematics?</td> <td style="text-align: center;">2 <input type="radio"/></td> <td style="text-align: center;">3 <input type="radio"/></td> </tr> <tr> <td>b) Chemistry?</td> <td style="text-align: center;">4 <input type="radio"/></td> <td style="text-align: center;">5 <input type="radio"/></td> </tr> <tr> <td>c) Geography?</td> <td style="text-align: center;">6 <input type="radio"/></td> <td style="text-align: center;">7 <input type="radio"/></td> </tr> <tr> <td>d) Physics?</td> <td style="text-align: center;">8 <input type="radio"/></td> <td style="text-align: center;">9 <input type="radio"/></td> </tr> </tbody> </table>		Yes	No	a) Mathematics?	2 <input type="radio"/>	3 <input type="radio"/>	b) Chemistry?	4 <input type="radio"/>	5 <input type="radio"/>	c) Geography?	6 <input type="radio"/>	7 <input type="radio"/>	d) Physics?	8 <input type="radio"/>	9 <input type="radio"/>
	Yes	No														
a) Mathematics?	2 <input type="radio"/>	3 <input type="radio"/>														
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c) Geography?	6 <input type="radio"/>	7 <input type="radio"/>														
d) Physics?	8 <input type="radio"/>	9 <input type="radio"/>														

SECTION B: Current Education		B
<p>A14. What is the highest degree, diploma or certificate that you have completed? (Mark one only)</p> <p>Masters or earned doctorate 1 <input type="radio"/></p> <p>Bachelor or undergraduate degree, or teacher's college 2 <input type="radio"/></p> <p>Diploma or certificate from community college, CEGEP or nursing school 3 <input type="radio"/></p> <p>Diploma or certificate from trade, technical or vocational school, or business college 4 <input type="radio"/></p> <p>High school diploma 5 <input type="radio"/> → Go to A17</p> <p>Less than high school diploma 6 <input type="radio"/> → Go to A17</p> <p>Other 7 <input type="radio"/> ↓ (Specify)</p> <div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div>	<p>B1. I now have a few questions to ask you about the educational program you are currently working on.</p> <p>B2. What degree, diploma or certificate are you working towards? (Mark one only)</p> <p>Masters or earned doctorate 1 <input type="radio"/></p> <p>Bachelor or undergraduate degree, or teacher's college 2 <input type="radio"/></p> <p>Diploma or certificate from community college, CEGEP or nursing school 3 <input type="radio"/></p> <p>Diploma or certificate from trade, technical or vocational school, or business college 4 <input type="radio"/></p> <p>Elementary High school diploma 5 <input type="radio"/> → Go to B5</p> <p>Other 6 <input type="radio"/> ↓ (Specify)</p> <div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div>	
<p>A15. What was the major field of study or specialization for your degree, diploma or certificate?</p> <div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div>	<p>B3. What is the major field of study or specialization for that degree/diploma/certificate?</p> <div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div>	
<p>A16. What was your MAIN reason for choosing this field of study? Was it to prepare for first career, to change or improve career, to improve earnings, because of interest in subject, or for some other reason? (Mark one only)</p> <p>To prepare for first career 1 <input type="radio"/></p> <p>To change careers 2 <input type="radio"/></p> <p>To improve career 3 <input type="radio"/></p> <p>To improve earnings 4 <input type="radio"/></p> <p>Because of interest in subject 5 <input type="radio"/></p> <p>For some other reason 6 <input type="radio"/> ↓ (Specify)</p> <div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div>	<p>B4. What was your MAIN reason for choosing this field of study? Was it to prepare for first career, to change or improve career, to improve earnings, because of interest in subject, or for some other reason? (Mark one only)</p> <p>To prepare for first career 1 <input type="radio"/></p> <p>To change careers 2 <input type="radio"/></p> <p>To improve career 3 <input type="radio"/></p> <p>To improve earnings 4 <input type="radio"/></p> <p>Because of interest in subject 5 <input type="radio"/></p> <p>For some other reason 6 <input type="radio"/> ↓ (Specify)</p> <div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div>	
<p>A17. Are you now working towards a different degree, diploma or certificate?</p> <p>Yes 7 <input type="radio"/></p> <p>No 8 <input type="radio"/> → Go to C1</p>	<p>B5. In the last 12 months did you take any courses for this program?</p> <p>Yes 7 <input type="radio"/></p> <p>No 8 <input type="radio"/> → Go to B7</p>	

<p>B6. Were you mainly a full-time or a part-time student?</p> <p>Full-time 1 <input type="radio"/></p> <p>Part-time 2 <input type="radio"/></p>	<p>C5. In what year did you get the first job since completing the program?</p> <p>19 </p>
<p>B7. In what year do you expect to complete the program leading to your degree/diploma/certificate?</p> <p>19 </p>	<p>C6. For whom did you work at that job? <i>(Name of business, government department or agency, or person)</i></p> <div style="border: 1px solid black; height: 15px; width: 100%;"></div> <div style="border: 1px solid black; height: 15px; width: 100%;"></div> <div style="border: 1px solid black; height: 15px; width: 100%;"></div>
<p>B8. What do you expect to do when you graduate from your current program? <i>(Mark one only)</i></p> <p>Work at a new or first job 3 <input type="radio"/></p> <p>Go on to further education 4 <input type="radio"/></p> <p>Work at the same job 5 <input type="radio"/></p> <p>Don't know 6 <input type="radio"/></p> <p>Other 7 <input type="radio"/></p> <p style="text-align: center;">↓</p> <p style="text-align: center;"><i>(Specify)</i></p> <div style="border: 1px solid black; height: 15px; width: 100%;"></div> <div style="border: 1px solid black; height: 15px; width: 100%;"></div>	<p>C7. INTERVIEWER: Go to C9</p>
<p>B9. INTERVIEWER: Go to D1</p>	<p>C8. For whom did you work the longest time during those 12 months? <i>(Name of business, government department or agency, or person)</i></p> <div style="border: 1px solid black; height: 15px; width: 100%;"></div> <div style="border: 1px solid black; height: 15px; width: 100%;"></div> <div style="border: 1px solid black; height: 15px; width: 100%;"></div>
<p>C SECTION C: After Education</p>	<p>C9. What kind of business, industry or service was this? <i>(Give full description: e.g. paper box manufacturing, retail shoe store, municipal board of education)</i></p> <div style="border: 1px solid black; height: 15px; width: 100%;"></div> <div style="border: 1px solid black; height: 15px; width: 100%;"></div> <div style="border: 1px solid black; height: 15px; width: 100%;"></div>
<p>C1. In what year did you complete your studies or stop taking courses?</p> <p>19 </p>	<p>C10. What kind of work were you doing? <i>(Give a full description: e.g. accounts clerk, dairy farmer, primary school teacher)</i></p> <div style="border: 1px solid black; height: 15px; width: 100%;"></div> <div style="border: 1px solid black; height: 15px; width: 100%;"></div> <div style="border: 1px solid black; height: 15px; width: 100%;"></div>
<p>C2. During the 12 months after you completed these studies, what best describes your MAIN activity? Were you mainly ... <i>(Mark one only)</i></p> <p>Working at a job or business? 1 <input type="radio"/> → Go to C8</p> <p>Looking for work? 2 <input type="radio"/></p> <p>A student? 3 <input type="radio"/></p> <p>Keeping house? 4 <input type="radio"/></p> <p>Retired? 5 <input type="radio"/></p> <p>Other 6 <input type="radio"/></p> <p style="text-align: center;">↓</p> <p style="text-align: center;"><i>(Specify)</i></p> <div style="border: 1px solid black; height: 15px; width: 100%;"></div> <div style="border: 1px solid black; height: 15px; width: 100%;"></div>	<p>C11. Was this work mostly full-time or part-time?</p> <p>Full-time 3 <input type="radio"/></p> <p>Part-time 4 <input type="radio"/></p> <p>Both equally 5 <input type="radio"/></p>
<p>C3. Did you have a job or were you self-employed at any time during those 12 months?</p> <p>Yes 7 <input type="radio"/> → Go to C8</p> <p>No 8 <input type="radio"/></p>	<p>C12. How closely was that job related to your education? Was it ...</p> <p>closely-related? 6 <input type="radio"/></p> <p>somewhat related? 7 <input type="radio"/></p> <p>not at all related? 8 <input type="radio"/></p>
<p>C4. Have you ever had a job since completing that program?</p> <p>Yes 1 <input type="radio"/></p> <p>No 2 <input type="radio"/> → Go to D1</p>	

D SECTION D: Before Education	
<p>D1. For the next few questions, think back to the time when you started the studies for your degree/diploma/certificate.</p>	<p>D7. Before starting your program, in what year did you last work at a full-time job that lasted six months or more?</p> <p>19 </p> <p>Still working at it 99 <input type="radio"/> → Go to E1</p>
<p>D2. In what year did you start your studies for this degree/diploma/certificate?</p> <p>19 </p>	<p>D8. For whom did you work at that job? (Name of business, government department or agency, or person)</p> <div style="border: 1px solid black; height: 15px; width: 100%;"></div> <div style="border: 1px solid black; height: 15px; width: 100%;"></div> <div style="border: 1px solid black; height: 15px; width: 100%;"></div>
<p>D3. At that time were you less than 15 years old?</p> <p>Yes 1 <input type="radio"/> → Go to E1</p> <p>No 2 <input type="radio"/></p>	<p>D9. INTERVIEWER: Go to D11.</p>
<p>D4. During the 12 months before you started these studies, what best describes your MAIN activity? Were you mainly ... (Mark one only)</p> <p>Working at a job or business? 3 <input type="radio"/> → Go to D10</p> <p>Looking for work? 4 <input type="radio"/></p> <p>A student? 5 <input type="radio"/></p> <p>Keeping house? 6 <input type="radio"/></p> <p>Retired? 7 <input type="radio"/></p> <p>Other 8 <input type="radio"/> ↓ (Specify)</p> <div style="border: 1px solid black; height: 15px; width: 100%;"></div> <div style="border: 1px solid black; height: 15px; width: 100%;"></div>	<p>D10. For whom did you work the longest time during those 12 months? (Name of business, government department or agency, or person)</p> <div style="border: 1px solid black; height: 15px; width: 100%;"></div> <div style="border: 1px solid black; height: 15px; width: 100%;"></div> <div style="border: 1px solid black; height: 15px; width: 100%;"></div>
<p>D5. Before starting the program, had you ever held a full-time job for 6 months or more? (Exclude summer jobs)</p> <p>Yes 1 <input type="radio"/></p> <p>No 2 <input type="radio"/> → Go to E1</p>	<p>D11. What kind of business, industry or service was this? (Give full description: e.g. paper box manufacturing, retail shoe store, municipal board of education)</p> <div style="border: 1px solid black; height: 15px; width: 100%;"></div> <div style="border: 1px solid black; height: 15px; width: 100%;"></div> <div style="border: 1px solid black; height: 15px; width: 100%;"></div>
<p>D6. How many months or years of total full-time work experience did you have before you started your program?</p> <p>6 months to less than 1 year 3 <input type="radio"/></p> <p>1 to less than 3 years 4 <input type="radio"/></p> <p>3 to less than 5 years 5 <input type="radio"/></p> <p>5 to less than 7 years 6 <input type="radio"/></p> <p>7 years or more 7 <input type="radio"/></p>	<p>D12. What kind of work were you doing? (Give a full description: e.g. accounts clerk, dairy farmer, primary school teacher)</p> <div style="border: 1px solid black; height: 15px; width: 100%;"></div> <div style="border: 1px solid black; height: 15px; width: 100%;"></div> <div style="border: 1px solid black; height: 15px; width: 100%;"></div>

E SECTION E: Future Education																									
<p>E1. In the next five years, do you plan to start an additional educational or training program? (Include part-time and full-time)</p> <p>Yes 1 <input type="radio"/></p> <p>No 2 <input type="radio"/> → Go to E6</p> <p>Don't know 3 <input type="radio"/> → Go to E6</p>	<p>E5. What would be your major field of study or specialization?</p> <div style="border: 1px solid black; height: 30px; width: 100%;"></div> <div style="border: 1px solid black; height: 30px; width: 100%;"></div> <div style="border: 1px solid black; height: 30px; width: 100%;"></div>																								
<p>E2. What is your MAIN reason for planning to do this? Is it to prepare for first career, to change or improve career, to improve earnings, because of interest in subject, or for some other reason? (Mark one only)</p> <p>To prepare for first career 4 <input type="radio"/></p> <p>To change careers 5 <input type="radio"/></p> <p>To improve career 6 <input type="radio"/></p> <p>To improve earnings 7 <input type="radio"/></p> <p>Because of interest in subject 8 <input type="radio"/></p> <p>For some other reason 9 <input type="radio"/></p> <p style="text-align: right;">↓ (Specify)</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<p>E6. Now some general questions about certain aspects of your education.</p> <p>E7. Have you ever completed an apprenticeship program?</p> <p>Yes 1 <input type="radio"/></p> <p>No 2 <input type="radio"/></p> <p>E8. Have you ever taken any courses on how to use computers?</p> <p>Yes 3 <input type="radio"/></p> <p>No 4 <input type="radio"/></p> <p>E9. Can you do anything on a computer, for example, play games, word processing or data entry?</p> <p>Yes 5 <input type="radio"/></p> <p>No 6 <input type="radio"/> → Go to E11</p>																								
<p>E3. What degree, diploma or certificate do you eventually want to obtain? (Mark one only)</p> <p>Masters or earned doctorate 1 <input type="radio"/> → Go to E5</p> <p>Bachelor or undergraduate degree, or teacher's college 2 <input type="radio"/> → Go to E5</p> <p>Diploma or certificate from community college, CEGEP or nursing school 3 <input type="radio"/> → Go to E5</p> <p>Diploma or certificate from trade, technical or vocational school, or business college 4 <input type="radio"/> → Go to E5</p> <p>Elementary High school diploma 5 <input type="radio"/></p> <p>Not for degree, diploma, or certificate 6 <input type="radio"/></p> <p>Undecided or don't know 7 <input type="radio"/></p> <p>Other 8 <input type="radio"/></p> <p style="text-align: right;">↓ (Specify)</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<p>E10. In the last 12 months, have you done any of the following on a computer? ... (Any computer)</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Yes</th> <th style="text-align: center;">No</th> </tr> </thead> <tbody> <tr> <td>a) Played games? 01 <input type="radio"/></td> <td style="text-align: center;">01 <input type="radio"/></td> <td style="text-align: center;">02 <input type="radio"/></td> </tr> <tr> <td>b) Word processing? 03 <input type="radio"/></td> <td style="text-align: center;">03 <input type="radio"/></td> <td style="text-align: center;">04 <input type="radio"/></td> </tr> <tr> <td>c) Data entry? 05 <input type="radio"/></td> <td style="text-align: center;">05 <input type="radio"/></td> <td style="text-align: center;">06 <input type="radio"/></td> </tr> <tr> <td>d) Record keeping? 07 <input type="radio"/></td> <td style="text-align: center;">07 <input type="radio"/></td> <td style="text-align: center;">08 <input type="radio"/></td> </tr> <tr> <td>e) Data analysis? 09 <input type="radio"/></td> <td style="text-align: center;">09 <input type="radio"/></td> <td style="text-align: center;">10 <input type="radio"/></td> </tr> <tr> <td>f) Written computer programs? 11 <input type="radio"/></td> <td style="text-align: center;">11 <input type="radio"/></td> <td style="text-align: center;">12 <input type="radio"/></td> </tr> <tr> <td>g) Anything else? 13 <input type="radio"/></td> <td style="text-align: center;">13 <input type="radio"/></td> <td style="text-align: center;">14 <input type="radio"/></td> </tr> </tbody> </table> <p style="text-align: right;">↓ (Specify)</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		Yes	No	a) Played games? 01 <input type="radio"/>	01 <input type="radio"/>	02 <input type="radio"/>	b) Word processing? 03 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	c) Data entry? 05 <input type="radio"/>	05 <input type="radio"/>	06 <input type="radio"/>	d) Record keeping? 07 <input type="radio"/>	07 <input type="radio"/>	08 <input type="radio"/>	e) Data analysis? 09 <input type="radio"/>	09 <input type="radio"/>	10 <input type="radio"/>	f) Written computer programs? 11 <input type="radio"/>	11 <input type="radio"/>	12 <input type="radio"/>	g) Anything else? 13 <input type="radio"/>	13 <input type="radio"/>	14 <input type="radio"/>
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<p>E4. INTERVIEWER: Go to E6</p>	<p>E11. Do you have a personal computer at home?</p> <p>Yes 1 <input type="radio"/></p> <p>No 2 <input type="radio"/> → Go to F1</p> <p>E12. Do you personally use that computer?</p> <p>Yes 3 <input type="radio"/></p> <p>No 4 <input type="radio"/> → Go to F1</p> <p>E13. How many hours per week do you normally use it?</p> <div style="border: 1px solid black; width: 50px; height: 20px; display: inline-block;"></div> hours																								

F SECTION F: Science and Technology

F1. There are lots of topics in the news. I am going to read you a short list of them and for each one I would like you to tell me if you are very interested, moderately interested, or not at all interested.

	Very interested	Moderately interested	Not at all interested	No opinion
a) Current affairs, including national and local events	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>
b) Economic conditions and business issues	05 <input type="radio"/>	06 <input type="radio"/>	07 <input type="radio"/>	08 <input type="radio"/>
c) New inventions and technologies	09 <input type="radio"/>	10 <input type="radio"/>	11 <input type="radio"/>	12 <input type="radio"/>
d) Recent scientific discoveries	13 <input type="radio"/>	14 <input type="radio"/>	15 <input type="radio"/>	16 <input type="radio"/>

F2. I would like you to tell me how well informed you are about these topics. Are you very well informed, moderately informed, or poorly informed about ...

	Very well informed	Moderately informed	Poorly informed	No opinion
a) Current affairs, including national and local events	17 <input type="radio"/>	18 <input type="radio"/>	19 <input type="radio"/>	20 <input type="radio"/>
b) Economic conditions and business issues	21 <input type="radio"/>	22 <input type="radio"/>	23 <input type="radio"/>	24 <input type="radio"/>
c) New inventions and technologies	25 <input type="radio"/>	26 <input type="radio"/>	27 <input type="radio"/>	28 <input type="radio"/>
d) Recent scientific discoveries	29 <input type="radio"/>	30 <input type="radio"/>	31 <input type="radio"/>	32 <input type="radio"/>

F3. How often do you pay attention to programs about science and technology ...

	Regularly	Occasionally	Never
a) On television	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
b) On radio	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>

F4. How often do you read articles about science and technology in ...

	Regularly	Occasionally	Never
a) Newspapers	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
b) Magazines	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>

F5. Please tell me if you agree or disagree with the following statements.

		Is that somewhat or strongly?	
		Somewhat	Strongly
a) Science and technology are making our lives better	Agree	01 <input type="radio"/>	02 <input type="radio"/>
	Disagree	04 <input type="radio"/>	05 <input type="radio"/>
	No opinion	07 <input type="radio"/>	06 <input type="radio"/>
b) Science and technology will make work more interesting	Agree	08 <input type="radio"/>	09 <input type="radio"/>
	Disagree	11 <input type="radio"/>	12 <input type="radio"/>
	No opinion	14 <input type="radio"/>	13 <input type="radio"/>
c) On balance, computers and automation will create more jobs than they will eliminate	Agree	15 <input type="radio"/>	16 <input type="radio"/>
	Disagree	18 <input type="radio"/>	19 <input type="radio"/>
	No opinion	21 <input type="radio"/>	20 <input type="radio"/>
d) Science makes our life change too fast	Agree	22 <input type="radio"/>	23 <input type="radio"/>
	Disagree	25 <input type="radio"/>	26 <input type="radio"/>
	No opinion	28 <input type="radio"/>	27 <input type="radio"/>

F6. I'm going to read you a list of things governments spend money on. For each one, tell me if you think the government is spending too little, about the right amount, or too much.

	Too little	About the right amount	Too much	No opinion
a) Health care	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>
b) Helping older people	05 <input type="radio"/>	06 <input type="radio"/>	07 <input type="radio"/>	08 <input type="radio"/>
c) Education	09 <input type="radio"/>	10 <input type="radio"/>	11 <input type="radio"/>	12 <input type="radio"/>
d) Helping the unemployed	13 <input type="radio"/>	14 <input type="radio"/>	15 <input type="radio"/>	16 <input type="radio"/>
e) Scientific research	17 <input type="radio"/>	18 <input type="radio"/>	19 <input type="radio"/>	20 <input type="radio"/>
f) Helping people on low incomes	21 <input type="radio"/>	22 <input type="radio"/>	23 <input type="radio"/>	24 <input type="radio"/>
g) Reducing pollution	25 <input type="radio"/>	26 <input type="radio"/>	27 <input type="radio"/>	28 <input type="radio"/>

G SECTION G: Work Screen

G1. Now some questions about your activities.

G2. During 1988, what best describes your MAIN activity? Were you mainly ...

(Mark one only)

Working at a job or business? 1 ☐ → Go to G9

Looking for work? 2 ☐

A student? 3 ☐

Keeping house? 4 ☐

Retired? 5 ☐

Other 6 ☐

(Specify)

G3. Did you have a job or were you self-employed at any time during 1988?

Yes 7 ☐ → Go to G9

No 8 ☐

G4. Did you do any work at a job or business last week?

Yes 1 ☐ → Go to H1

No 2 ☐

G5. Did you look for a job in the last four weeks?

Yes 3 ☐ → Go to L1

No 4 ☐

G6. During last week, what best describes your MAIN activity? Were you mainly ...

(Mark one only)

A student? 5 ☐ → Go to L7

Keeping house? 6 ☐ → Go to L4

Retired? 7 ☐ → Go to G8

Other 8 ☐

(Specify)

G7. INTERVIEWER: Go to L7

G8. Have you ever worked at a job or business?

Yes 1 ☐ → Go to K1

No 2 ☐ → Go to K36

G9. For how many weeks during 1988 did you do any work at a job or business?

(Include vacation, illness, strikes, lock-outs and maternity leave)

weeks

G10. During those weeks, was the work mostly full-time or part-time?

Full-time 3 ☐

Part-time 4 ☐

Both equally 5 ☐

G11. During those weeks were you mainly ...

An employee working for someone else? 6 ☐ → Go to G14

Self-employed? 7 ☐

G12. During those weeks, did you have any paid employees?

Yes 8 ☐

No 9 ☐ → Go to G14

<p>G13. About how many employees did you have? (If range given, enter maximum)</p> <p style="margin-left: 40px;"> <input style="width: 30px; border: 1px solid black;" type="text"/> employees </p>	<p>G21. Was this your main job last week?</p> <p>Yes 7 <input type="radio"/></p> <p>No 8 <input type="radio"/> → Go to H2</p>
<p>G14. For whom did you work the longest time during 1988? (Name of business, government department or agency, or person)</p> <div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 1.2em;"></div>	<p>G22. How many hours per week do you usually work at your:</p> <p>(main) job <input style="width: 30px; border: 1px solid black;" type="text"/> <input style="width: 30px; border: 1px solid black;" type="text"/></p> <p>other jobs <input style="width: 30px; border: 1px solid black;" type="text"/> <input style="width: 30px; border: 1px solid black;" type="text"/></p>
<p>G15. What kind of business, industry or service was this? (Give full description: e.g. paper box manufacturing, retail shoe store, municipal board of education)</p> <div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 1.2em;"></div>	<p>G23. INTERVIEWER: Is total in G22 30 or more hours?</p> <p>Yes 3 <input type="radio"/> → Go to H11</p> <p>No 4 <input type="radio"/></p>
<p>G16. What kind of work were you doing? (Give full description: e.g. accounts clerk, dairy farmer, primary school teacher)</p> <div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 1.2em;"></div>	<p>G24. Why do you usually work less than 30 hours per week? (Mark all that apply)</p> <p>Own illness or disability 1 <input type="radio"/></p> <p>Personal or family responsibilities 2 <input type="radio"/></p> <p>Going to school 3 <input type="radio"/></p> <p>Could only find part-time work 4 <input type="radio"/></p> <p>Did not want full-time work 5 <input type="radio"/></p> <p>Full-time work under 30 hours per week 6 <input type="radio"/></p> <p>Other 7 <input type="radio"/></p> <p style="text-align: right;">↓ (Specify)</p> <div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 1.2em;"></div>
<p>G17. Did you work for the same employer last week?</p> <p>Yes 1 <input type="radio"/></p> <p>No 2 <input type="radio"/> → Go to G26</p>	<p>G25. INTERVIEWER: Go to H11</p>
<p>G18. Did you do the same kind of work last week?</p> <p>Yes 3 <input type="radio"/> → Go to G20</p> <p>No 4 <input type="radio"/></p>	<p>G26. Did you do any work at a job or business last week?</p> <p>Yes 8 <input type="radio"/> → Go to H1</p> <p>No 9 <input type="radio"/></p>
<p>G19. What kind of work were you doing last week? (Give full description: e.g. accounts clerk, dairy farmer, primary school teacher)</p> <div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 1.2em;"></div>	<p>G27. Last week, did you have a job to which you expected to return?</p> <p>Yes 1 <input type="radio"/> → Go to G32</p> <p>No 2 <input type="radio"/></p>
<p>G20. Was this the only job at which you worked last week?</p> <p>Yes 5 <input type="radio"/> → Go to G22</p> <p>No 6 <input type="radio"/></p>	<p>G28. Did you look for a job in the last four weeks?</p> <p>Yes 3 <input type="radio"/> → Go to L1</p> <p>No 4 <input type="radio"/></p>
	<p>G29. Was this because you believed no jobs were available?</p> <p>Yes 5 <input type="radio"/> → Go to L2</p> <p>No 6 <input type="radio"/></p>

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100	101	102	103	104	105	106	107	108	109	110	111	112	113	114	115	116	117	118	119	120	121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136	137	138	139	140	141	142	143	144	145	146	147	148	149	150	151	152	153	154	155	156	157	158	159	160	161	162	163	164	165	166	167	168	169	170	171	172	173	174	175	176	177	178	179	180	181	182	183	184	185	186	187	188	189	190	191	192	193	194	195	196	197	198	199	200	201	202	203	204	205	206	207	208	209	210	211	212	213	214	215	216	217	218	219	220	221	222	223	224	225	226	227	228	229	230	231	232	233	234	235	236	237	238	239	240	241	242	243	244	245	246	247	248	249	250	251	252	253	254	255	256	257	258	259	260	261	262	263	264	265	266	267	268	269	270	271	272	273	274	275	276	277	278	279	280	281	282	283	284	285	286	287	288	289	290	291	292	293	294	295	296	297	298	299	300	301	302	303	304	305	306	307	308	309	310	311	312	313	314	315	316	317	318	319	320	321	322	323	324	325	326	327	328	329	330	331	332	333	334	335	336	337	338	339	340	341	342	343	344	345	346	347	348	349	350	351	352	353	354	355	356	357	358	359	360	361	362	363	364	365	366	367	368	369	370	371	372	373	374	375	376	377	378	379	380	381	382	383	384	385	386	387	388	389	390	391	392	393	394	395	396	397	398	399	400	401	402	403	404	405	406	407	408	409	410	411	412	413	414	415	416	417	418	419	420	421	422	423	424	425	426	427	428	429	430	431	432	433	434	435	436	437	438	439	440	441	442	443	444	445	446	447	448	449	450	451	452	453	454	455	456	457	458	459	460	461	462	463	464	465	466	467	468	469	470	471	472	473	474	475	476	477	478	479	480	481	482	483	484	485	486	487	488	489	490	491	492	493	494	495	496	497	498	499	500	501	502	503	504	505	506	507	508	509	510	511	512	513	514	515	516	517	518	519	520	521	522	523	524	5
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<p>H9. What kind of business, industry or service was this? (Give full description: e.g. paper box manufacturing, retail shoe store, municipal board of education)</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>H18. In total, about how many people work in your business/company at all its locations?</p> <p>Less than 20 1 <input type="radio"/></p> <p>Between 20 and 99 2 <input type="radio"/></p> <p>Between 100 and 499 3 <input type="radio"/></p> <p>More than 500 people 4 <input type="radio"/></p>
<p>H10. What kind of work were you doing? (Give a full description: e.g. accounts clerk, dairy farmer, primary school teacher)</p> <p>Same duties as in 1988 (Same as in G16) 4 <input type="radio"/></p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>H19. INTERVIEWER: Go to H29</p> <p>H20. Would you prefer to have a permanent job?</p> <p>Yes 5 <input type="radio"/></p> <p>No 6 <input type="radio"/></p>
<p>H11. Are you satisfied or dissatisfied with your (main) job?</p> <p>Is that somewhat or very?</p> <p>Satisfied 1 <input type="radio"/> → 2 <input type="radio"/> 3 <input type="radio"/></p> <p>Dissatisfied 4 <input type="radio"/> → 5 <input type="radio"/> 6 <input type="radio"/></p> <p>No opinion 7 <input type="radio"/></p>	<p>H21. Do you directly supervise any people?</p> <p>Yes 7 <input type="radio"/></p> <p>No 8 <input type="radio"/> → Go to H24</p>
<p>H12. In what year did you start working for this business/company?</p> <p>19 _____</p>	<p>H22. Last week, how many people did you directly supervise?</p> <p>_____ people</p>
<p>H13. How many months in the year do you normally work at your (main) job? (Include vacation, illness, strikes, lock-outs and maternity leave)</p> <p>_____ months</p>	<p>H23. How much of your working time do you spend supervising others? Would you say ...</p> <p>less than a quarter? 1 <input type="radio"/></p> <p>between a quarter and a half? 2 <input type="radio"/></p> <p>more than a half? 3 <input type="radio"/></p>
<p>H14. Is your (main) job permanent? That is, a job without a specific end date.</p> <p>Yes 1 <input type="radio"/> → Go to H21</p> <p>No 2 <input type="radio"/> → Go to H20</p> <p>Self-employed 3 <input type="radio"/></p>	<p>H24. In total, about how many people work in your business/company at all its locations?</p> <p>Less than 20 4 <input type="radio"/></p> <p>Between 20 and 99 5 <input type="radio"/></p> <p>Between 100 and 499 6 <input type="radio"/></p> <p>More than 500 people 7 <input type="radio"/></p>
<p>H15. Do you directly supervise any people?</p> <p>Yes 4 <input type="radio"/></p> <p>No 5 <input type="radio"/> → Go to H18</p>	<p>H25. Which of the following best describes the work you do? Is it managerial, supervisory or neither?</p> <p>Managerial 1 <input type="radio"/></p> <p>Supervisory 2 <input type="radio"/> → Go to H29</p> <p>Neither 3 <input type="radio"/> → Go to H29</p>
<p>H16. Last week, how many people did you directly supervise?</p> <p>_____ people</p>	<p>H26. Would you say that you are in a top, upper, middle or lower management position?</p> <p>Top 4 <input type="radio"/></p> <p>Upper 5 <input type="radio"/></p> <p>Middle 6 <input type="radio"/></p> <p>Lower 7 <input type="radio"/></p>
<p>H17. How much of your working time do you spend supervising others? Would you say ...</p> <p>less than a quarter? 6 <input type="radio"/></p> <p>between a quarter and a half? 7 <input type="radio"/></p> <p>more than a half? 8 <input type="radio"/></p>	<p>H27. Do you take part in planning the future business activities of ...</p> <p>the entire business/company? 1 <input type="radio"/></p> <p>only a part of it? 2 <input type="radio"/></p> <p>not involved in planning 3 <input type="radio"/> → Go to H29</p> <p>H28. How much of your working time do you spend on planning future business activities of your company? Is it ...</p> <p>less than a quarter? 4 <input type="radio"/></p> <p>between a quarter and a half? 5 <input type="radio"/></p> <p>more than a half? 6 <input type="radio"/></p>

H29. I'd like to ask for your opinions about your current job. Do you agree or disagree with the following statements?

Is that somewhat or strongly?

Somewhat

Strongly

a) The physical surroundings at your work are pleasant

Agree

01 ☐

02 ☐

03 ☐

Disagree

04 ☐

05 ☐

06 ☐

No opinion

07 ☐

b) There is a lot of freedom to decide how to do your work

Agree

08 ☐

09 ☐

10 ☐

Disagree

11 ☐

12 ☐

13 ☐

No opinion

14 ☐

c) You do the same things over and over

Agree

15 ☐

16 ☐

17 ☐

Disagree

18 ☐

19 ☐

20 ☐

No opinion

21 ☐

d) Your job requires a high level of skill

Agree

22 ☐

23 ☐

24 ☐

Disagree

25 ☐

26 ☐

27 ☐

No opinion

28 ☐

e) The pay is good

Agree

29 ☐

30 ☐

31 ☐

Disagree

32 ☐

33 ☐

34 ☐

No opinion

35 ☐

f) Your chances for promotion or career development are good

Agree

36 ☐

37 ☐

38 ☐

Disagree

39 ☐

40 ☐

41 ☐

No opinion

42 ☐

H30. Does your business/company provide you with ...

Yes No Don't know

a) a pension plan? 1 ☐ 2 ☐ 3 ☐

b) medical insurance? 4 ☐ 5 ☐ 6 ☐

c) a dental plan? 7 ☐ 8 ☐ 9 ☐

H35. In the last five years, how much has your work been affected by the introduction of computers or automated technology? Would you say ...

greatly? 6 ☐

somewhat? 7 ☐

hardly? 8 ☐ → Go to H39

not at all? 9 ☐ → Go to H39

H31. Does your business/company provide paid maternity leave?

Yes 1 ☐

No 2 ☐

Don't know 3 ☐

H36. In the last five years, has the level of skill required to perform your work increased, decreased, or stayed the same as a result of the introduction of computers or automated technology?

Increased 1 ☐

Decreased 2 ☐

Stayed the same 3 ☐

H32. In the last five years, how many times have you received a promotion from your current business/company?

(Since started if less than five years ago)

promotions

H37. In the last five years, has the job security increased, decreased, or stayed the same as a result of the introduction of computers or automated technology?

Increased 4 ☐

Decreased 5 ☐

Stayed the same 6 ☐

H33. Do you use computers such as mainframes, personal computers or word processors in your job?

Yes 4 ☐

No 5 ☐ → Go to H35

H38. Over the last five years, has your work become more interesting, less interesting, or stayed the same as a result of the introduction of computers or automated technology?

More interesting 7 ☐

Less interesting 8 ☐

Stayed the same 9 ☐

H34. How many hours per week do you normally use this equipment?

(Include work done at home for job)

hours

<p>H39. How closely is your job related to your education? Is it ...</p> <p>closely related? 1 <input type="radio"/></p> <p>somewhat related? 2 <input type="radio"/></p> <p>not related at all? 3 <input type="radio"/></p>	<p>H44. Now I will ask you some questions about your work activities during the last five years, that is, since January 1984.</p>
<p>H40. What level of education is normally required for people who do your type of work? (Level before apprenticeship if applicable)</p> <p>Masters or earned doctorate 01 <input type="radio"/></p> <p>Bachelor or undergraduate degree, or teacher's college 02 <input type="radio"/></p> <p>Diploma or certificate from community college, CEGEP or nursing school 03 <input type="radio"/></p> <p>Diploma or certificate from trade, technical or vocational school, or business college 04 <input type="radio"/></p> <p>Some post-secondary 05 <input type="radio"/></p> <p>High school diploma 06 <input type="radio"/></p> <p>Less than high school diploma 07 <input type="radio"/></p> <p>No qualifications specified 08 <input type="radio"/></p> <p>Other 09 <input type="radio"/></p> <p style="text-align: right;">↓ (Specify)</p> <p>_____</p> <p>_____</p> <p>Don't know 10 <input type="radio"/></p>	<p>H45. During 1984, what best describes your MAIN activity? Were you mainly ... (Mark one only)</p> <p>Working at a job or business? 1 <input type="radio"/> → Go to H47</p> <p>Looking for work? 2 <input type="radio"/></p> <p>A student? 3 <input type="radio"/></p> <p>Keeping house? 4 <input type="radio"/></p> <p>Retired? 5 <input type="radio"/></p> <p>Other 6 <input type="radio"/></p> <p style="text-align: right;">↓ (Specify)</p> <p>_____</p> <p>_____</p>
<p>H41. Considering your experience, education and training, do you feel that you are overqualified for your job?</p> <p>Yes 1 <input type="radio"/></p> <p>No 2 <input type="radio"/></p>	<p>H46. Did you have a job or were you self-employed at any time during 1984?</p> <p>Yes 7 <input type="radio"/></p> <p>No 8 <input type="radio"/> → Go to H51</p>
<p>H42. Do you think it is likely you will lose your job or be laid off in the next year?</p> <p>Yes 3 <input type="radio"/></p> <p>No 4 <input type="radio"/> → Go to H44</p>	<p>H47. For whom did you work the longest time during 1984? (Name of business, government department or agency, or person)</p> <p>Same employer as in 1988 (Same as in G14) 1 <input type="radio"/> → Go to H49</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>H43. Do you think this will be because of the introduction of computers or automated technology?</p> <p>Yes 5 <input type="radio"/></p> <p>No 6 <input type="radio"/></p> <p>Don't know 7 <input type="radio"/></p>	<p>H48. What kind of business, industry or service was this? (Give full description: e.g. paper box manufacturing, retail shoe store, municipal board of education)</p> <p>_____</p> <p>_____</p> <p>_____</p>
	<p>H49. What kind of work were you doing in 1984? (Give a full description: e.g. accounts clerk, dairy farmer, primary school teacher)</p> <p>Same duties as in 1988 (Same as in G16) 2 <input type="radio"/></p> <p>_____</p> <p>_____</p> <p>_____</p>

SECTION K: Retired		K
<p>H50. How closely was that job related to your education at that time? Was it ...</p> <p>closely related? 3 <input type="radio"/></p> <p>somewhat related? 4 <input type="radio"/></p> <p>not related at all? 5 <input type="radio"/></p>	<p>K1. Are you satisfied or dissatisfied with your retirement?</p> <p>Is that somewhat or very?</p> <p>Satisfied 1 <input type="radio"/> → 2 <input type="radio"/> 3 <input type="radio"/></p> <p>Dissatisfied 4 <input type="radio"/> → 5 <input type="radio"/> 6 <input type="radio"/></p> <p>No opinion 7 <input type="radio"/></p>	
<p>H51. Did you lose a job between January 1984 and December 1988 for any reason?</p> <p>Yes 6 <input type="radio"/></p> <p>No 7 <input type="radio"/> → Go to H53</p>	<p>K2. In what year did you retire?</p> <p>19 <input type="text"/> <input type="text"/></p>	
<p>H52. Why did this happen?</p> <p>(Mark all that apply)</p> <p>An employer going out of business 1 <input type="radio"/></p> <p>A plant closing or moving 2 <input type="radio"/></p> <p>The introduction of new technology 3 <input type="radio"/></p> <p>Reduction of staff 4 <input type="radio"/></p> <p>Seasonal job 5 <input type="radio"/></p> <p>Shortage of work 6 <input type="radio"/></p> <p>Other 7 <input type="radio"/></p> <p>(Specify)</p> <p><input type="text"/></p> <p><input type="text"/></p>	<p>K3. For whom were you working when you retired?</p> <p>(Name of business, government department or agency, or person)</p> <p>Same employer as in 1988</p> <p>(Same as in G14) 8 <input type="radio"/> → Go to K5</p> <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p>	
<p>H53. Between January 1984 and December 1988, how many different jobs did you have? By different jobs we mean different duties with the same employer, or different employers.</p> <p><input type="text"/> jobs</p>	<p>K4. What kind of business, industry or service was this?</p> <p>(Give full description: e.g. paper box manufacturing, retail shoe store, municipal board of education)</p> <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p>	
<p>H54. There were 60 months between January 1984 and December 1988. In how many of those months were you working at a job or business?</p> <p>(Include vacation, illness, strikes, lock-outs and maternity leave)</p> <p>60 months 99 <input type="radio"/> → Go to H56</p> <p><input type="text"/> months</p>	<p>K5. What kind of work were you doing?</p> <p>(Give a full description: e.g. accounts clerk, dairy farmer, primary school teacher)</p> <p>Same duties as in 1988</p> <p>(Same as in G16) 9 <input type="radio"/></p> <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p>	
<p>H55. In how many of the remaining months did you look for work?</p> <p>None 00 <input type="radio"/></p> <p><input type="text"/> months</p>	<p>K6. How closely was that job related to your education at that time? Was it ...</p> <p>closely related? 1 <input type="radio"/></p> <p>somewhat related? 2 <input type="radio"/></p> <p>not related at all? 3 <input type="radio"/></p>	
<p>H56. Now some questions about your retirement plans.</p>	<p>K7. Did you retire because you had reached mandatory retirement age?</p> <p>Yes 4 <input type="radio"/> → Go to K9</p> <p>No 5 <input type="radio"/></p>	
<p>H57. At what age do you plan to retire?</p> <p><input type="text"/></p> <p>Don't know 11 <input type="radio"/></p> <p>Don't intend to retire 22 <input type="radio"/></p>	<p>H58. Do you think that mandatory retirement is a good idea?</p> <p>Yes 3 <input type="radio"/> → At what age? <input type="text"/></p> <p>No 4 <input type="radio"/></p>	
<p>H59. INTERVIEWER: Go to M1</p>		

<p>K8. Did you retire ...</p> <table style="width: 100%; border: none;"> <thead> <tr> <th></th> <th style="text-align: center;">Yes</th> <th style="text-align: center;">No</th> </tr> </thead> <tbody> <tr> <td>a) Because your employer offered an early retirement incentive?</td> <td style="text-align: center;">1 <input type="radio"/></td> <td style="text-align: center;">2 <input type="radio"/></td> </tr> <tr> <td>b) Because new technology was introduced?</td> <td style="text-align: center;">3 <input type="radio"/></td> <td style="text-align: center;">4 <input type="radio"/></td> </tr> <tr> <td>c) Because your health required it?</td> <td style="text-align: center;">5 <input type="radio"/></td> <td style="text-align: center;">6 <input type="radio"/></td> </tr> <tr> <td>d) Any other reason?</td> <td style="text-align: center;">7 <input type="radio"/></td> <td style="text-align: center;">8 <input type="radio"/></td> </tr> </tbody> </table> <p style="text-align: center;">↓ (Specify)</p> <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div>		Yes	No	a) Because your employer offered an early retirement incentive?	1 <input type="radio"/>	2 <input type="radio"/>	b) Because new technology was introduced?	3 <input type="radio"/>	4 <input type="radio"/>	c) Because your health required it?	5 <input type="radio"/>	6 <input type="radio"/>	d) Any other reason?	7 <input type="radio"/>	8 <input type="radio"/>	<p>K14. What is the main reason that you now enjoy life less? Is it ... (Mark one only)</p> <p>Your health? 6 <input type="radio"/></p> <p>Decrease in income? 7 <input type="radio"/></p> <p>Less contact with people? 8 <input type="radio"/></p> <p>Other 9 <input type="radio"/></p> <p style="text-align: right;">↓ (Specify)</p> <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div>
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c) Because your health required it?	5 <input type="radio"/>	6 <input type="radio"/>														
d) Any other reason?	7 <input type="radio"/>	8 <input type="radio"/>														
<p>K9. Do you receive a pension or retirement benefits from any of your former employers?</p> <p>Yes 1 <input type="radio"/></p> <p>No 2 <input type="radio"/> → Go to K11</p>	<p>K15. Do you think mandatory retirement is a good idea?</p> <p>Yes 1 <input type="radio"/> → At what age? </p> <p>No 2 <input type="radio"/></p>															
<p>K10. Are these benefits adjusted for changes in the cost of living?</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>K16. Now I will ask you some questions about your work activities during the last five years, that is, since January 1984.</p>															
<p>K11. Compared to the year before you retired, do you now enjoy life more, less or about the same?</p> <p>More 6 <input type="radio"/></p> <p>Less 7 <input type="radio"/> → Go to K14</p> <p>About the same 8 <input type="radio"/> → Go to K15</p>	<p>K17. Between January 1984 and December 1988, did you do any work at a job or business?</p> <p>Yes 3 <input type="radio"/></p> <p>No 4 <input type="radio"/> → Go to K37</p>															
<p>K12. What is the main reason that you now enjoy life more? Is it ... (Mark one only)</p> <p>More leisure time? 1 <input type="radio"/></p> <p>More travel? 2 <input type="radio"/></p> <p>More time with family? 3 <input type="radio"/></p> <p>More time for voluntary activities? 4 <input type="radio"/></p> <p>Other 5 <input type="radio"/></p> <p style="text-align: right;">↓ (Specify)</p> <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div>	<p>K18. In 1988, how many days did you do any work for pay? (Since retired if retired in 1988)</p> <p>None 000 <input type="radio"/></p> <p> days</p>															
<p>K13. INTERVIEWER: Go to K15</p>	<p>K19. During 1984, what best describes your MAIN activity? Were you mainly ... (Mark one only)</p> <p>Working at a job or business? 1 <input type="radio"/> → Go to K25</p> <p>Looking for work? 2 <input type="radio"/></p> <p>A student? 3 <input type="radio"/></p> <p>Keeping house? 4 <input type="radio"/></p> <p>Retired? 5 <input type="radio"/></p> <p>Other 6 <input type="radio"/></p> <p style="text-align: right;">↓ (Specify)</p> <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div>															
	<p>K20. Did you have a job or were you self-employed at any time during 1984?</p> <p>Yes 7 <input type="radio"/> → Go to K25</p> <p>No 8 <input type="radio"/></p>															
	<p>K21. Did you work at any time between January 1984 and December 1988?</p> <p>Yes 1 <input type="radio"/> → Go to K28</p> <p>No 2 <input type="radio"/></p>															

K22. Did you look for work in any month between January 1984 and December 1988?

Yes 3 ☐
No 4 ☐ → Go to M1

K23. There were 60 months between January 1984 and December 1988. In how many of those months did you look for work?

months

K24. INTERVIEWER: Go to M1

K25. For whom did you work the longest time during 1984?

(Name of business, government department or agency, or person)

Same employer as retired from

(Same as in K3) 5 ☐ → Go to K27

K26. What kind of business, industry or service was this?

(Give full description: e.g. paper box manufacturing, retail shoe store, municipal board of education)

K27. What kind of work were you doing in 1984?

(Give a full description: e.g. accounts clerk, dairy farmer, primary school teacher)

Same duties as retired from

(Same as in K5) 6 ☐

K28. How closely was that job related to your education at that time? Was it ...

closely related? 7 ☐

somewhat related? 8 ☐

not related at all? 9 ☐

K29. Other than the job you retired from, did you lose a job between January 1984 and December 1988 for any reason?

Yes 1 ☐

No 2 ☐ → Go to K31

K30. Why did this happen?

(Mark all that apply)

An employer going out of business 3 ☐

A plant closing or moving 4 ☐

The introduction of new technology 5 ☐

Reduction of staff 6 ☐

Seasonal job 7 ☐

Shortage of work 8 ☐

Other 9 ☐

(Specify)

K31. Between January 1984 and December 1988, how many different jobs did you have? By different jobs we mean different duties with the same employer, or different employers.

jobs

K32. There were 60 months between January 1984 and December 1988. In how many of those months were you working at a job or business?

(Include vacation, illness, strikes, lock-outs and maternity leave)

60 months 99 ☐ → Go to M1

months

K33. Did you look for work in any of the remaining months?

Yes 1 ☐

No 2 ☐ → Go to M1

K34. In how many of those remaining months did you look for work?

months

K35. INTERVIEWER: Go to M1

K36. Do you think mandatory retirement is a good idea?

Yes 3 ☐ →

No 4 ☐

At what age?

K37. During 1984, what best describes your MAIN activity? Were you mainly ...

(Mark one only)

Looking for work? 5 ☐ → Go to K39

A student? 6 ☐

Keeping house? 7 ☐

Retired? 8 ☐

Other 9 ☐

(Specify)

<p>K38. Did you look for work in any month between January 1984 and December 1988?</p> <p>Yes 1 <input type="radio"/></p> <p>No 2 <input type="radio"/> → Go to M1</p>	<p>L7. Now I will ask you some questions about your work activities during the last five years, that is, since January 1984.</p>																																				
<p>K39. There were 60 months between January 1984 and December 1988. In how many of those months did you look for work?</p> <p><input type="text"/> months</p>	<p>L8. During 1984, what best describes your MAIN activity? Were you mainly ... (Mark one only)</p> <p>Working at a job or business? 1 <input type="radio"/> → Go to L16</p> <p>Looking for work? 2 <input type="radio"/></p> <p>A student? 3 <input type="radio"/></p> <p>Keeping house? 4 <input type="radio"/></p> <p>Retired? 5 <input type="radio"/></p> <p>Other 6 <input type="radio"/></p> <p style="text-align: center;">↓ (Specify)</p> <p><input type="text"/></p> <p><input type="text"/></p>																																				
<p>K40. INTERVIEWER: Go to M1</p>	<p>L9. Did you have a job or were you self-employed at any time during 1984?</p> <p>Yes 7 <input type="radio"/> → Go to L16</p> <p>No 8 <input type="radio"/></p>																																				
<p>L SECTION L: Other persons</p>	<p>L10. Did you work at any time between January 1984 and December 1988?</p> <p>Yes 1 <input type="radio"/> → Go to L14</p> <p>No 2 <input type="radio"/></p>																																				
<p>L1. Were you mainly looking for a full-time or part-time job?</p> <p>Full-time 1 <input type="radio"/></p> <p>Part-time 2 <input type="radio"/></p> <p>Either 3 <input type="radio"/></p>	<p>L11. Did you look for work in any month between January 1984 and December 1988?</p> <p>Yes 3 <input type="radio"/></p> <p>No 4 <input type="radio"/> → Go to L27</p>																																				
<p>L2. What are the chances that you will find a job in the next six months? Are they ...</p> <p>Very good? 4 <input type="radio"/></p> <p>Good? 5 <input type="radio"/></p> <p>Not good? 6 <input type="radio"/></p> <p>Not very good? 7 <input type="radio"/></p> <p>Has already found work 8 <input type="radio"/></p>	<p>L12. There were 60 months between January 1984 and December 1988. In how many of those months did you look for work?</p> <p><input type="text"/> months</p>																																				
<p>L3. INTERVIEWER: Go to L7</p>	<p>L13. INTERVIEWER: Go to L27</p>																																				
<p>L4. Are you satisfied or dissatisfied to be keeping house as your main activity?</p> <p style="text-align: right;">Is that somewhat or very?</p> <p style="text-align: center;">Somewhat Very</p> <p>Satisfied 1 <input type="radio"/> → 2 <input type="radio"/> 3 <input type="radio"/></p> <p>Dissatisfied 4 <input type="radio"/> → 5 <input type="radio"/> 6 <input type="radio"/></p> <p>No opinion 7 <input type="radio"/></p>	<p>L14. What kind of work did you usually do? (Give a full description: e.g. accounts clerk, dairy farmer, primary school teacher)</p> <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p>																																				
<p>L5. Would you like to have a paying job now?</p> <p>Yes 8 <input type="radio"/></p> <p>No 9 <input type="radio"/> → Go to L7</p>	<p>L15. INTERVIEWER: Go to L19</p>																																				
<p>L6. Do you not have a paying job ...</p> <table style="width: 100%; border: none;"> <thead> <tr> <th></th> <th style="text-align: center;">Yes</th> <th style="text-align: center;">No</th> <th style="text-align: center;">N/A</th> </tr> </thead> <tbody> <tr> <td>a) Because jobs are unavailable or hard to find?</td> <td style="text-align: center;">01 <input type="radio"/></td> <td style="text-align: center;">02 <input type="radio"/></td> <td></td> </tr> <tr> <td>b) Because you lack skills or qualifications?</td> <td style="text-align: center;">03 <input type="radio"/></td> <td style="text-align: center;">04 <input type="radio"/></td> <td></td> </tr> <tr> <td>c) Because of your own illness or disability?</td> <td style="text-align: center;">05 <input type="radio"/></td> <td style="text-align: center;">06 <input type="radio"/></td> <td></td> </tr> <tr> <td>d) Because you can't find suitable child care?</td> <td style="text-align: center;">07 <input type="radio"/></td> <td style="text-align: center;">08 <input type="radio"/></td> <td style="text-align: center;">09 <input type="radio"/></td> </tr> <tr> <td>e) Because you prefer to stay home with children?</td> <td style="text-align: center;">10 <input type="radio"/></td> <td style="text-align: center;">11 <input type="radio"/></td> <td style="text-align: center;">12 <input type="radio"/></td> </tr> <tr> <td>f) Because your spouse wants you to stay home?</td> <td style="text-align: center;">13 <input type="radio"/></td> <td style="text-align: center;">14 <input type="radio"/></td> <td style="text-align: center;">15 <input type="radio"/></td> </tr> <tr> <td>g) Because of personal or family responsibilities?</td> <td style="text-align: center;">16 <input type="radio"/></td> <td style="text-align: center;">17 <input type="radio"/></td> <td style="text-align: center;">18 <input type="radio"/></td> </tr> <tr> <td>h) Any other reasons?</td> <td style="text-align: center;">19 <input type="radio"/></td> <td style="text-align: center;">20 <input type="radio"/></td> <td></td> </tr> </tbody> </table> <p style="text-align: center;">↓ (Specify)</p> <p><input type="text"/></p> <p><input type="text"/></p>		Yes	No	N/A	a) Because jobs are unavailable or hard to find?	01 <input type="radio"/>	02 <input type="radio"/>		b) Because you lack skills or qualifications?	03 <input type="radio"/>	04 <input type="radio"/>		c) Because of your own illness or disability?	05 <input type="radio"/>	06 <input type="radio"/>		d) Because you can't find suitable child care?	07 <input type="radio"/>	08 <input type="radio"/>	09 <input type="radio"/>	e) Because you prefer to stay home with children?	10 <input type="radio"/>	11 <input type="radio"/>	12 <input type="radio"/>	f) Because your spouse wants you to stay home?	13 <input type="radio"/>	14 <input type="radio"/>	15 <input type="radio"/>	g) Because of personal or family responsibilities?	16 <input type="radio"/>	17 <input type="radio"/>	18 <input type="radio"/>	h) Any other reasons?	19 <input type="radio"/>	20 <input type="radio"/>		<p>L16. For whom did you work the longest time during 1984? (Name of business, government department or agency, or person)</p> <p>Same employer as in 1988 (Same as in G14) 5 <input type="radio"/> → Go to L18</p> <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p>
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L17. What kind of business, industry or service was this?

(Give full description: e.g. paper box manufacturing, retail shoe store, municipal board of education)

L18. What kind of work were you doing in 1984?

(Give a full description: e.g. accounts clerk, dairy farmer, primary school teacher)

Same duties as in 1988

(Same as in G16) 6 ○

L19. How closely was that job related to your education at that time? Was it ...

closely related? 7 ○

somewhat related? 8 ○

not related at all? 9 ○

L20. Considering your experience, education and training, do you feel that you have been overqualified for most of your jobs?

Yes 1 ○

No 2 ○

L21. Did you lose a job between January 1984 and December 1988 for any reason?

Yes 3 ○

No 4 ○ → Go to L23

L22. Why did this happen?

(Mark all that apply)

An employer going out of business 1 ○

A plant closing or moving 2 ○

The introduction of new technology 3 ○

Reduction of staff 4 ○

Seasonal job 5 ○

Shortage of work 6 ○

Other 7 ○

(Specify)

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

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

L23. Between January 1984 and December 1988, how many different jobs did you have? By different jobs we mean different duties with the same employer, or different employers.

..... jobs

L24. There were 60 months between January 1984 and December 1988. In how many of those months were you working at a job or business?

(Include vacation, illness, strikes, lock-outs and maternity leave)

60 months 88 ○ → Go to L27

..... months

L25. Did you look for work in any of the remaining months?

Yes 1 ○

No 2 ○ → Go to L27

L26. In how many of those remaining months did you look for work?

..... months

L27. Do you intend to work at a job in the future?

Yes 3 ○

No 4 ○ → Go to L29

L28. At what age do you plan to retire?

--	--	--

Don't know 11 ○

Don't intend to retire 22 ○

L29. Do you think that mandatory retirement is a good idea?

Yes 3 ○

No 4 ○

At what age?

--	--	--

M SECTION M: Organizations

M1. Now I have a few questions about your involvement in associations, clubs or other groups. In the last 12 months, have you been involved in any ...

	Yes	No
a) Charitable, service or volunteer organization?	01 <input type="radio"/>	02 <input type="radio"/>
b) Neighbourhood, community or school-related association?	03 <input type="radio"/>	04 <input type="radio"/>
c) Religious or church-related group, not counting time at church services?	05 <input type="radio"/>	06 <input type="radio"/>
d) Social, cultural or ethnic group?	07 <input type="radio"/>	08 <input type="radio"/>
e) Sports or athletic association?	09 <input type="radio"/>	10 <input type="radio"/>
f) Public interest group, concerned with issues such as the environment or world peace?	11 <input type="radio"/>	12 <input type="radio"/>
g) Business, professional or other work-related organization?	13 <input type="radio"/>	14 <input type="radio"/>
h) Political organization?	15 <input type="radio"/>	16 <input type="radio"/>

M2. INTERVIEWER:

If all NO in M1 1 ☐ → Go to M4
Otherwise 2 ☐

M3. On average, what is the total number of hours you spend each month participating in all such organizations?

Zero 00 ☐

or

hours

M4. Are you a member of a labour union?

Yes 3 ☐

No 4 ☐ → Go to N1

M5. On average, about how many hours do you spend each month on union activities?

Zero 00 ☐

or

hours

N SECTION N: Satisfaction

N1. For this part of the survey I would like you to consider your life as it is now.

N2. Would you describe yourself as ...

Very happy	Somewhat happy	Somewhat unhappy	Very unhappy	No opinion
1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>

N3. I am going to ask you to rate certain areas of your life. Are you satisfied or dissatisfied with ...

		Is that somewhat or very?	
		Somewhat	Very
a) Your health?	Satisfied ... 01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>
	Dissatisfied ... 04 <input type="radio"/>	05 <input type="radio"/>	06 <input type="radio"/>
	No opinion ... 07 <input type="radio"/>		
b) Your education?	Satisfied ... 08 <input type="radio"/>	09 <input type="radio"/>	10 <input type="radio"/>
	Dissatisfied ... 11 <input type="radio"/>	12 <input type="radio"/>	13 <input type="radio"/>
	No opinion ... 14 <input type="radio"/>		
c) Your job or main activity?	Satisfied ... 15 <input type="radio"/>	16 <input type="radio"/>	17 <input type="radio"/>
	Dissatisfied ... 18 <input type="radio"/>	19 <input type="radio"/>	20 <input type="radio"/>
	No opinion ... 21 <input type="radio"/>		
d) The way you spend your other time?	Satisfied ... 22 <input type="radio"/>	23 <input type="radio"/>	24 <input type="radio"/>
	Dissatisfied ... 25 <input type="radio"/>	26 <input type="radio"/>	27 <input type="radio"/>
	No opinion ... 28 <input type="radio"/>		
e) Your finances?	Satisfied ... 29 <input type="radio"/>	30 <input type="radio"/>	31 <input type="radio"/>
	Dissatisfied ... 32 <input type="radio"/>	33 <input type="radio"/>	34 <input type="radio"/>
	No opinion ... 35 <input type="radio"/>		
f) Your housing?	Satisfied ... 36 <input type="radio"/>	37 <input type="radio"/>	38 <input type="radio"/>
	Dissatisfied ... 39 <input type="radio"/>	40 <input type="radio"/>	41 <input type="radio"/>
	No opinion ... 42 <input type="radio"/>		
g) Your spouse, living partner or single status?	Satisfied ... 43 <input type="radio"/>	44 <input type="radio"/>	45 <input type="radio"/>
	Dissatisfied ... 46 <input type="radio"/>	47 <input type="radio"/>	48 <input type="radio"/>
	No opinion ... 49 <input type="radio"/>		
h) Your relationship with friends and family members?	Satisfied ... 50 <input type="radio"/>	51 <input type="radio"/>	52 <input type="radio"/>
	Dissatisfied ... 53 <input type="radio"/>	54 <input type="radio"/>	55 <input type="radio"/>
	No opinion ... 56 <input type="radio"/>		
i) Yourself (self-esteem)?	Satisfied ... 57 <input type="radio"/>	58 <input type="radio"/>	59 <input type="radio"/>
	Dissatisfied ... 60 <input type="radio"/>	61 <input type="radio"/>	62 <input type="radio"/>
	No opinion ... 63 <input type="radio"/>		

N4. Using the same scale, how do you feel about your life as a whole right now? Are you satisfied or dissatisfied?

		Is that somewhat or very?	
		Somewhat	Very
Satisfied ...	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
Dissatisfied ...	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
No opinion ...	7 <input type="radio"/>		

P SECTION P: Other classification		P10. Are you limited in the kind or amount of activity you can do at home, at work, or at school because of a long term condition or health problem?
<p>P1. Now a few general questions.</p> <p>P2. In what type of dwelling are you now living? Is it a ...</p> <p>Single detached house? 1 <input type="radio"/></p> <p>Semi-detached or double (side-by-side)? 2 <input type="radio"/></p> <p>Garden house, town house or row house? 3 <input type="radio"/></p> <p>Duplex (one above the other)? 4 <input type="radio"/></p> <p>Low-rise apartment (less than 5 stories)? 5 <input type="radio"/></p> <p>High-rise apartment (5 or more stories)? 6 <input type="radio"/></p> <p>Mobile home? 7 <input type="radio"/></p> <p>Other 8 <input type="radio"/></p> <p style="text-align: right;">↓ (Specify)</p> <div style="border: 1px solid black; width: 100%; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100%; height: 20px;"></div>	<p>Yes 1 <input type="radio"/></p> <p>No 2 <input type="radio"/> → Go to P13</p>	
<p>P3. What is your postal code?</p> <div style="border: 1px solid black; width: 100%; height: 20px; margin-bottom: 5px;"></div> <p>Don't know 9 <input type="radio"/></p>	<p>P11. What is the main condition or health problem that limits you?</p> <div style="border: 1px solid black; width: 100%; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100%; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100%; height: 20px;"></div>	
<p>P4. Is this dwelling owned by a member of this household or is it rented?</p> <p>Owned 1 <input type="radio"/></p> <p>Rented 2 <input type="radio"/></p>	<p>P12. Are you completely unable to work at a job or business because of this condition or health problem?</p> <p>Yes 3 <input type="radio"/></p> <p>No 4 <input type="radio"/></p> <p>Not applicable 5 <input type="radio"/></p>	
<p>P5. How many telephones, including extensions, are there in your dwelling?</p> <p>One 3 <input type="radio"/> → Go to P10</p> <p>Two or more 4 <input type="radio"/></p>	<p>P13. In what country were you born?</p> <p>Canada 6 <input type="radio"/> → In which province or territory?</p> <div style="margin-left: 20px;"> <p>Newfoundland 01 <input type="radio"/></p> <p>Prince Edward Island 02 <input type="radio"/></p> <p>Nova Scotia 03 <input type="radio"/></p> <p>New Brunswick 04 <input type="radio"/></p> <p>Quebec 05 <input type="radio"/></p> <p>Ontario 06 <input type="radio"/></p> <p>Manitoba 07 <input type="radio"/></p> <p>Saskatchewan 08 <input type="radio"/></p> <p>Alberta 09 <input type="radio"/></p> <p>British Columbia 10 <input type="radio"/></p> <p>Yukon Territory 11 <input type="radio"/></p> <p>Northwest Territories 12 <input type="radio"/></p> </div> <p>Country outside Canada 7 <input type="radio"/> → (Specify)</p> <div style="border: 1px solid black; width: 100%; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100%; height: 20px;"></div>	
<p>P6. Do all the telephones have the same number?</p> <p>Yes 5 <input type="radio"/> → Go to P10</p> <p>No 6 <input type="radio"/></p>	<p>P14. In what year did you first immigrate to Canada?</p> <div style="border: 1px solid black; width: 100%; height: 20px; margin-bottom: 5px;"></div> <p>Canadian citizen by birth 8 <input type="radio"/></p>	
<p>P7. How many different numbers are there?</p> <div style="border: 1px solid black; width: 100%; height: 20px; margin-bottom: 5px;"></div>	<p>P15. What is your date of birth?</p> <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; width: 20%; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 20%; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 60%; height: 20px; margin-bottom: 5px;"></div> </div> <p>Day Month Year</p>	
<p>P8. Are any of these numbers for business use only?</p> <p>Yes 7 <input type="radio"/></p> <p>No 8 <input type="radio"/> → Go to P10</p>		
<p>P9. How many are for business use only?</p> <div style="border: 1px solid black; width: 100%; height: 20px; margin-bottom: 5px;"></div>		

P16. What language did you first speak in childhood?

(Accept multiple response only if languages were used equally)

Do you still understand that/those language(s)?

Yes No

- English 1 ☐
- French 2 ☐ → 03 ☐ 04 ☐
- Italian 3 ☐ → 05 ☐ 06 ☐
- German 4 ☐ → 07 ☐ 08 ☐
- Ukrainian 5 ☐ → 09 ☐ 10 ☐
- Other 6 ☐ → 11 ☐ 12 ☐

(Specify)

P17. What language do you speak most often at home?

(Accept multiple response only if languages are spoken equally)

- English 1 ☐
- French 2 ☐
- Italian 3 ☐
- Chinese 4 ☐
- German 5 ☐
- Other 6 ☐

(Specify)

P18. What, if any, is your religion?

- No religion 01 ☐ → Go to P20
- Roman Catholic 02 ☐
- United Church 03 ☐
- Anglican 04 ☐
- Presbyterian 05 ☐
- Lutheran 06 ☐
- Baptist 07 ☐
- Eastern Orthodox 08 ☐
- Jewish 09 ☐
- Other 10 ☐

(Specify)

P19. Other than on special occasions, such as weddings, funerals or baptisms, how often did you attend services or meetings connected with your religion in the last 12 months? Was it ...

- At least once a week? 1 ☐
- At least once a month? 2 ☐
- A few times a year? 3 ☐
- At least once a year? 4 ☐
- Less than once a year? 5 ☐
- Never? 6 ☐

P20. To which ethnic or cultural group do you or did your ancestors belong? Would it be ...

(Accept multiple responses)

- French? 01 ☐
- English? 02 ☐
- Irish? 03 ☐
- Scottish? 04 ☐
- German? 05 ☐
- Italian? 06 ☐
- Ukrainian? 07 ☐
- Other 08 ☐

(Specify)

- Canadian (Probe) 09 ☐
- Don't know 10 ☐

P21. What is your marital status? Is it ...

- Married or living common law? 1 ☐
- Single (never been married)? 2 ☐ → Go to P26
- Widow or widower? 3 ☐ → Go to P26
- Separated or divorced? 4 ☐ → Go to P26

P22. What is the highest level of education your spouse attained?

(Mark one only)

- | | | |
|--|----|-----------------------|
| Masters or earned doctorate | 01 | <input type="radio"/> |
| Bachelor or undergraduate degree, or
teacher's college | 02 | <input type="radio"/> |
| Diploma or certificate from community
college, CEGEP or nursing school | 03 | <input type="radio"/> |
| Diploma or certificate from trade,
technical or vocational school, or
business college | 04 | <input type="radio"/> |
| Some university | 05 | <input type="radio"/> |
| Some community college, CEGEP or
nursing school | 06 | <input type="radio"/> |
| Some trade, technical or vocational school,
or business college | 07 | <input type="radio"/> |
| Secondary high school graduation | 08 | <input type="radio"/> |
| Some secondary high school | 09 | <input type="radio"/> |
| Elementary school (some or completed) | 10 | <input type="radio"/> |
| Other | 11 | <input type="radio"/> |

(Specify)

P23. During 1988, what best describes your spouse's MAIN activity? Was your spouse mainly . . .

(Mark one only)

- Working at a job or business? 1 ☐ → Go to P25
- Looking for work? 2 ☐
- A student? 3 ☐
- Keeping house? 4 ☐
- Retired? 5 ☐
- Other 6 ☐

(Specify)

P24. Did your spouse have a job or was he/she self-employed at any time during 1988?

- Yes 7 ☐
- No 8 ☐ → Go to P26

P25. For how many weeks during 1988 did your spouse do any work at a job or business?

(Include vacation
maternity leave)

| | | weeks

P26. During 1988, did you personally receive income

Yes No

- a) From wages, salary or self-employment? 1 ☐ 2 ☐
- b) From government, such as Family Allowance, Unemployment Insurance, Social Assistance, Canada or Quebec Pension Plan or Old Age Security? 3 ☐ 4 ☐
- c) From interest, dividends, investments or private pensions? 5 ☐ 6 ☐
- d) From any other sources, such as alimony, scholarships, etc.? 7 ☐ 8 ☐

P27. What is your best estimate of your total personal income in 1988 from all sources, including those just mentioned?

- Income 1 ☐ → \$

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

.00
- No income 2 ☐
- Don't know 3 ☐

P28. What is your best estimate of the total income of all household members from all sources in 1988? Was the total household income . . .

- Same as
P27 01 ○

-
- ```

graph LR
 02((02)) --- 06((06))
 02 --- 07((07))
 06 --- 10((10))
 06 --- 11((11))
 07 --- 12((12))
 07 --- 13((13))
 03((03)) --- 08((08))
 03 --- 09((09))
 08 --- 14((14))
 08 --- 15((15))
 09 --- 16((16))
 09 --- 17((17))
 09 --- 18((18))

```
- Less than \$20,000? 02
- Less than \$10,000? 06
    - Less than \$5,000? 10
    - \$5,000 and more? 11
  - \$10,000 and more? 07
    - Less than \$15,000? 12
    - \$15,000 and more? 13
- \$20,000 and more? 03
- Less than \$40,000? 08
    - Less than \$30,000? 14
    - \$30,000 and more? 15
  - \$40,000 and more? 09
    - Less than \$60,000? 16
    - \$60,000 to \$79,999? 17
    - \$80,000 and more? 18

- No income 04 ☐
- Don't know 05 ☐

P29. INTERVIEWER:

- Sex of respondent: Male ☒ 8 ☐  
Female ☐ 9 ☐

## 99. COMMENTS

[illegible]



## GENERAL SOCIAL SURVEY

### CYCLE FIVE QUESTIONNAIRE PACKAGE

This package briefly describes the content, methodology and sample of the fifth cycle of the General Social Survey (GSS). Copies of the questionnaires used in Cycle 5 are attached as appendices: the Control Form (GSS 5-1) as Appendix A; and the 'Family and Friends Questionnaire' (GSS 5-2) as Appendix B. Another form was used, the GSS 5-1B, but is not presented here as it is nearly identical to the GSS 5-1.

#### Content and Questionnaire

The fifth cycle of the General Social Survey collected data from January 22, 1990 to the end of February 1990. The survey collects information on: the availability and frequency of contact with parents, brothers and sisters, children, and friends; children, and their living arrangements; fertility intentions; marriage and common-law history; division of labour in the household; and social support. Three questionnaires were used to conduct the interviews:

| QUESTIONNAIRE | AGE GROUP                                | TITLE                               |
|---------------|------------------------------------------|-------------------------------------|
| GSS 5-1       | All age groups                           | Control Form                        |
| GSS 5-1B      | Age 65 and over<br>(LFS oversample only) | Control Form                        |
| GSS 5-2       | Age 15 and over                          | Family and Friends<br>Questionnaire |

The GSS 5-1 was completed for each telephone number selected in the sample. It lists all household members and collects basic demographic information, specifically, age, sex, marital status and relation to the head of the family. A respondent, 15 years of age or older, was then randomly selected and a GSS 5-2 was completed for this person. In the case of the elderly oversample, a GSS 5-1B was used to select a respondent from those 65 years and older.

The content of the main questionnaire is listed below:

| <u>Section of GSS 5-2</u> | <u>Content</u>           |
|---------------------------|--------------------------|
| A.                        | Parents and grandparents |
| B.                        | Brothers and sisters     |
| C.                        | Children                 |
| D.                        | Fertility intentions     |
| E.                        | Friends                  |
| F.                        | Household help           |
| G.                        | Supports                 |
| H.                        | Marriages                |
| J.                        | Common-law partnerships  |
| K.                        | Satisfaction             |
| L.                        | Classification           |
| M.                        | Contacts for follow-up   |

### Sample

The sample for Cycle 5 consisted of persons 15 years of age or older from across the ten provinces. The majority of the sample was selected through random digit dialing (RDD).

Each computer generated telephone number in the sample is called and an interviewer completes a Control Form. When they contact a private household, all the members of the household are enumerated and then one member 15 years and over is randomly selected and interviewed.

The target sample size for the survey was originally 10,000 individuals 15 years of age and older. In addition, there was an extra sample of approximately 2,000 for the province of Ontario that was funded by the provincial government in order to provide more detailed and reliable data for that province. In total, the sample interviewed using random digit dialing techniques is expected to be about 12,000.

Cycle 5 also includes an oversample of the elderly. The telephone numbers for the elderly sample were drawn from the groups that rotated out of the Labour Force Survey (LFS) in the month of December, and in addition, October and November for the province of Ontario. All households thought to contain at least one individual 65 years and older were contacted. Household members were enumerated and then a random selection was made of all those aged 65 years and over to determine who should be interviewed. Approximately 2,100 additional telephone interviews are expected from this oversample.

Cycle 5's total sample is expected to be 14,000 interviews.



General Social Survey  
Control Form

Enquête sociale générale  
Formule de contrôle

CONFIDENTIAL  
when completed

CONFIDENTIEL  
une fois rempli

1:         2:

3:  4:  5:

TELEPHONE NUMBER LABEL  
ÉTIQUETTE NUMÉRO DE TÉLÉPHONE

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

Déclaration exigée en vertu de la  
Loi sur la statistique,  
Lois révisées du Canada,  
1985, chapitre S19.

| RECORD OF CALLS - REGISTRE DES APPELS |             |               |                |              |               |              |                       |                                                |                          |
|---------------------------------------|-------------|---------------|----------------|--------------|---------------|--------------|-----------------------|------------------------------------------------|--------------------------|
| 10                                    | 11 Date     |               | 12 Start Début |              | 13 Finish Fin |              | 14 Result<br>Résultat | 15 Interviewer's Name<br>Nom de l'intervieweur | 16 Comments<br>Remarques |
|                                       | Day<br>Jour | Month<br>Mois | Hour<br>Heure  | Min.<br>Min. | Hour<br>Heure | Min.<br>Min. |                       |                                                |                          |
| 01                                    |             |               |                |              |               |              |                       |                                                |                          |
| 02                                    |             |               |                |              |               |              |                       |                                                |                          |
| 03                                    |             |               |                |              |               |              |                       |                                                |                          |
| 04                                    |             |               |                |              |               |              |                       |                                                |                          |
| 05                                    |             |               |                |              |               |              |                       |                                                |                          |
| 06                                    |             |               |                |              |               |              |                       |                                                |                          |
| 07                                    |             |               |                |              |               |              |                       |                                                |                          |
| 08                                    |             |               |                |              |               |              |                       |                                                |                          |
| 09                                    |             |               |                |              |               |              |                       |                                                |                          |
| 10                                    |             |               |                |              |               |              |                       |                                                |                          |
| 11                                    |             |               |                |              |               |              |                       |                                                |                          |
| 12                                    |             |               |                |              |               |              |                       |                                                |                          |
| 13                                    |             |               |                |              |               |              |                       |                                                |                          |
| 14                                    |             |               |                |              |               |              |                       |                                                |                          |
| 15                                    |             |               |                |              |               |              |                       |                                                |                          |
| 16                                    |             |               |                |              |               |              |                       |                                                |                          |
| 17                                    |             |               |                |              |               |              |                       |                                                |                          |
| 18                                    |             |               |                |              |               |              |                       |                                                |                          |
| 19                                    |             |               |                |              |               |              |                       |                                                |                          |
| 20                                    |             |               |                |              |               |              |                       |                                                |                          |
| 21                                    |             |               |                |              |               |              |                       |                                                |                          |
| 22                                    |             |               |                |              |               |              |                       |                                                |                          |
| 23                                    |             |               |                |              |               |              |                       |                                                |                          |
| 24                                    |             |               |                |              |               |              |                       |                                                |                          |
| 25                                    |             |               |                |              |               |              |                       |                                                |                          |

17. Call Coverage by Time of Day and Day of Week  
Appels selon l'heure et le jour

| Time Period<br>Heure | Mon.<br>Lun. | Tues.<br>Mar. | Wed.<br>Mer. | Thur.<br>Jeu. | Fri.<br>Ven. | Sat.<br>Sam. |
|----------------------|--------------|---------------|--------------|---------------|--------------|--------------|
| 09:00 - 12:00        |              |               |              |               |              |              |
| 12:01 - 16:00        |              |               |              |               |              |              |
| 16:01 - 19:00        |              |               |              |               |              |              |
| 19:01 - 21:00        |              |               |              |               |              |              |

18. Forms Control  
Contrôle des formules

| Form<br>Formule | Number of forms<br>Nombre de formules |
|-----------------|---------------------------------------|
| GSS/ESG<br>5-1  | <input type="text"/>                  |
| GSS/ESG<br>5-2  | <input type="text"/>                  |

19. Interviewer Number  
N° de l'intervieweur

Senior Interviewer  
Only  
Intervieweur principal  
seulement

20. Final Status  
Etat final



|                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                        |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>30. Hello, I'm ..... from Statistics Canada. I'm calling you for a survey on family and friends. (My supervisor is working with me today and may listen to the interview to evaluate the survey.)</p>                                                                                               | <p>Bonjour, ici ..... de Statistique Canada. Nous vous appelons concernant une enquête sur la famille et les amis. (Mon surveillant travaille avec moi aujourd'hui. Il se peut qu'il écoute notre conversation pour évaluer l'enquête.)</p>                                                                                            |
| <p>31. I'd like to make sure that I've dialed the right number. Is this ..... (read number)?<br/>         Yes ..... <input type="radio"/><br/>         No ..... <input type="radio"/> → Dial again, if still wrong, END</p>                                                                            | <p>J'aimerais m'assurer que j'ai composé le bon numéro. S'agit-il du n° ..... (lire le numéro)?<br/>         Oui ..... <input type="radio"/><br/>         Non ..... <input type="radio"/> → Composez de nouveau. S'il s'agit encore d'un mauvais numéro, METTEZ FIN À L'INTERVIEW.</p>                                                 |
| <p>32. All information we collect in this voluntary survey will be kept confidential. Your participation is essential if the survey results are to be accurate.</p>                                                                                                                                    | <p>Tous les renseignements que vous fournirez pour cette enquête volontaire resteront confidentiels. Votre participation est essentielle afin que les résultats soient précis.</p>                                                                                                                                                     |
| <p>33. Is this the number for a business, an institution or a private home?<br/>         Private home ..... <input type="radio"/><br/>         Both home and business ..... <input type="radio"/> → Go to 36<br/>         Business, institution or other non residence ..... <input type="radio"/></p> | <p>S'agit-il du numéro d'une entreprise, d'un établissement ou d'une maison privée?<br/>         Maison privée ..... <input type="radio"/><br/>         Entreprise et maison privée ..... <input type="radio"/> → Passez à 36<br/>         Entreprise, établissement ou autre immeuble non résidentiel ..... <input type="radio"/></p> |
| <p>34. Does anyone use this telephone number as a home phone number?<br/>         Yes ..... <input type="radio"/><br/>         No ..... <input type="radio"/> → Thank respondent and END</p>                                                                                                           | <p>Quelqu'un utilise-t-il ce numéro de téléphone comme numéro personnel?<br/>         Oui ..... <input type="radio"/><br/>         Non ..... <input type="radio"/> → Remerciez le répondant et METTEZ FIN À L'INTERVIEW.</p>                                                                                                           |
| <p>35. How many persons live or stay at this address and use this number as a home phone number?<br/>         Less than 15 ..... <input type="radio"/><br/>         15 or more ..... <input type="radio"/> → Make appointment.</p>                                                                     | <p>Combien de personnes vivent ou demeurent à cette adresse et utilisent ce numéro de téléphone comme numéro personnel?<br/>         Moins de 15 ..... <input type="radio"/><br/>         15 ou plus ..... <input type="radio"/> → Fixez un rendez-vous.</p>                                                                           |
| <p>36. I need to select one person from your household for an interview. Starting with the oldest, what is the name and age of each person living or staying there who has no usual place of residence elsewhere?<br/><br/>         (Enter names and ages in items 42 and 44.)</p>                     | <p>Je dois choisir une personne de votre ménage pour une interview. En commençant par la personne la plus âgée du ménage, quel est le nom et l'âge de chaque personne qui vit ou demeure à cet endroit et qui n'a pas d'autre lieu habituel de résidence.<br/><br/>         (Inscrivez le nom et l'âge aux rubriques 42 et 44.)</p>    |
| <p>37. INTERVIEWER: Complete items 45 through 51 for each person recorded in item 42.<br/><br/>         Refer to Interviewer Reference Card for instructions and codes.<br/><br/>         Then go to item 60.</p>                                                                                      | <p>INTERVIEWEUR: Remplissez les rubriques 45 à 51 pour chaque personne inscrite à la rubrique 42.<br/><br/>         Pour les instructions et les codes, voir la Fiche de référence de l'intervieweur.<br/><br/>         Puis, passez à la rubrique 60.</p>                                                                             |

1:   -   -   2:

**SELECTION GRID LABEL**  
**ÉTIQUETTE GRILLE DE SÉLECTION**

|                                                                                 |                                                                               |
|---------------------------------------------------------------------------------|-------------------------------------------------------------------------------|
| <p><b>A = Eligible Household Members</b></p> <p><b>B = Selection Number</b></p> | <p><b>Membres admissibles du ménage</b></p> <p><b>Numéro de sélection</b></p> |
|---------------------------------------------------------------------------------|-------------------------------------------------------------------------------|

| 40.  | 41.   | 42.                        | 43.        | 44. |
|------|-------|----------------------------|------------|-----|
| Page | Line  | Names of Household Members | Sel. No.   | Age |
| Page | Ligne | Noms des membres du ménage | N° de Sél. | Âge |
|      | 1     |                            |            |     |
|      | 2     |                            |            |     |
|      | 3     |                            |            |     |
|      | 4     |                            |            |     |
|      | 5     |                            |            |     |
|      | 6     |                            |            |     |
|      | 7     |                            |            |     |
|      | 8     |                            |            |     |



|                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>60. INTERVIEWER:</b> Enter the Page-Line Number of person giving the preceding information ....</p> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 40px; text-align: center; margin-right: 5px;">7</div> <div>Page-Line Number of household respondent</div> </div>                                                                                                  | <p><b>INTERVIEWEUR:</b> Inscrivez le numéro de page-ligne de la personne qui donne les renseignements précédents ...</p> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 40px; text-align: center; margin-right: 5px;">7</div> <div>Numéro de page-ligne du répondant du ménage</div> </div>                                                                                                             |
| <p><b>61. Are there any persons away from this household attending school, visiting, travelling or in the hospital who USUALLY live there?</b></p> <p>Yes ..... <input type="radio"/> → Enter names and complete items 44 through 51.</p> <p>No ..... <input type="radio"/></p>                                                                                                                                           | <p><b>Y a-t-il d'autres personnes qui sont absentes du ménage parce qu'elles sont aux études, en visite, en voyage ou à l'hôpital mais qui demeurent HABITUELLEMENT là?</b></p> <p>Oui ..... <input type="radio"/> → Inscrivez leur nom et remplissez les rubriques 44 à 51.</p> <p>Non ..... <input type="radio"/></p>                                                                                                                                |
| <p><b>62. Does anyone else live there, such as other relatives, roomers, boarders or employees?</b></p> <p>Yes ..... <input type="radio"/> → Enter names and complete items 44 through 51.</p> <p>No ..... <input type="radio"/></p>                                                                                                                                                                                      | <p><b>Y a-t-il d'autres personnes qui demeurent là, par exemple des personnes apparentées, des chambreurs, des pensionnaires ou des employées?</b></p> <p>Oui ..... <input type="radio"/> → Inscrivez leur nom et remplissez les rubriques 44 à 51.</p> <p>Non ..... <input type="radio"/></p>                                                                                                                                                         |
| <p><b>63. INTERVIEWER:</b> In item 43 number the persons 15 years of age and over in order from oldest to youngest. Enter number of eligible household members...</p> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 40px; text-align: center; margin-right: 5px;">8</div> <div>Number of eligible household members</div> </div>                                          | <p><b>INTERVIEWEUR:</b> A la rubrique 43, attribuez un numéro aux personnes âgées de 15 ans et plus - de la plus âgée à la plus jeune. Inscrivez le nombre de personnes admissibles du ménage ...</p> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 40px; text-align: center; margin-right: 5px;">8</div> <div>Nombre de personnes admissibles du ménage</div> </div>                                  |
| <p><b>64. INTERVIEWER:</b> Determine the selected respondent by referring to the Selection Grid Label. In item 43 circle the selection number of the selected respondent and enter Page-Line Number ...</p> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 40px; text-align: center; margin-right: 5px;">9</div> <div>Page-Line Number of selected respondent</div> </div> | <p><b>INTERVIEWEUR:</b> Déterminez le répondant sélectionné en utilisant l'étiquette grille de sélection. A la rubrique 43, encerclez le numéro de sélection du répondant sélectionné et inscrivez le numéro de page-ligne ...</p> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 40px; text-align: center; margin-right: 5px;">9</div> <div>Numéro de page-ligne du répondant sélectionné</div> </div> |
| <p><b>65. The person I am to interview is ..... (read name). (Is he/she there?)</b></p> <p>Yes ..... <input type="radio"/> → Go to Form GSS 5-2 and begin interview.</p> <p>No ..... <input type="radio"/> → Set up appointment and enter details in item 16.</p>                                                                                                                                                         | <p><b>La personne que je vais interviewer est ..... (lisez le nom). (Est-il/elle là?)</b></p> <p>Oui ..... <input type="radio"/> → Passez à la formule ESG 5-2 et commencez l'interview.</p> <p>Non ..... <input type="radio"/> → Fixez un rendez-vous et inscrivez les détails à la rubrique 16.</p>                                                                                                                                                  |

| 45. Sex               |                       | 46. What is ...'s marital status?    |                       |                       |                       | 47. Family Identifier | 48. What is ...'s relationship to ... (Head of Family)?     | Page-Line Number of: Numéro de page-ligne de:                                                                       |                                                                                                                     |                                                                                                                     |
|-----------------------|-----------------------|--------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|
| Sexe                  |                       | Quel est l'état matrimonial de ... ? |                       |                       |                       | Code-famille          | Quel est le lien de ... avec ... (chef de famille)?         | 49. Spouse / Partner                                                                                                | 50. Mother                                                                                                          | 51. Father                                                                                                          |
| M                     | F                     | M                                    | W/V                   | Div.                  | Single Cel.           |                       |                                                             | Conjoint / partenaire                                                                                               | Mère                                                                                                                | Père                                                                                                                |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/>                | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |                       | <input type="checkbox"/> If "0", specify - Si "0", précisez | <div style="border: 1px solid black; width: 40px; text-align: center;">1</div><br>199 <input type="radio"/> n/a-s/o | <div style="border: 1px solid black; width: 40px; text-align: center;">2</div><br>299 <input type="radio"/> n/a-s/o | <div style="border: 1px solid black; width: 40px; text-align: center;">3</div><br>399 <input type="radio"/> n/a-s/o |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/>                | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |                       | <input type="checkbox"/> If "0", specify - Si "0", précisez | <div style="border: 1px solid black; width: 40px; text-align: center;">4</div><br>499 <input type="radio"/> n/a-s/o | <div style="border: 1px solid black; width: 40px; text-align: center;">5</div><br>599 <input type="radio"/> n/a-s/o | <div style="border: 1px solid black; width: 40px; text-align: center;">6</div><br>699 <input type="radio"/> n/a-s/o |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/>                | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |                       | <input type="checkbox"/> If "0", specify - Si "0", précisez | <div style="border: 1px solid black; width: 40px; text-align: center;">1</div><br>199 <input type="radio"/> n/a-s/o | <div style="border: 1px solid black; width: 40px; text-align: center;">2</div><br>299 <input type="radio"/> n/a-s/o | <div style="border: 1px solid black; width: 40px; text-align: center;">3</div><br>399 <input type="radio"/> n/a-s/o |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/>                | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |                       | <input type="checkbox"/> If "0", specify - Si "0", précisez | <div style="border: 1px solid black; width: 40px; text-align: center;">4</div><br>499 <input type="radio"/> n/a-s/o | <div style="border: 1px solid black; width: 40px; text-align: center;">5</div><br>599 <input type="radio"/> n/a-s/o | <div style="border: 1px solid black; width: 40px; text-align: center;">6</div><br>699 <input type="radio"/> n/a-s/o |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/>                | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |                       | <input type="checkbox"/> If "0", specify - Si "0", précisez | <div style="border: 1px solid black; width: 40px; text-align: center;">1</div><br>199 <input type="radio"/> n/a-s/o | <div style="border: 1px solid black; width: 40px; text-align: center;">2</div><br>299 <input type="radio"/> n/a-s/o | <div style="border: 1px solid black; width: 40px; text-align: center;">3</div><br>399 <input type="radio"/> n/a-s/o |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/>                | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |                       | <input type="checkbox"/> If "0", specify - Si "0", précisez | <div style="border: 1px solid black; width: 40px; text-align: center;">4</div><br>499 <input type="radio"/> n/a-s/o | <div style="border: 1px solid black; width: 40px; text-align: center;">5</div><br>599 <input type="radio"/> n/a-s/o | <div style="border: 1px solid black; width: 40px; text-align: center;">6</div><br>699 <input type="radio"/> n/a-s/o |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/>                | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |                       | <input type="checkbox"/> If "0", specify - Si "0", précisez | <div style="border: 1px solid black; width: 40px; text-align: center;">1</div><br>199 <input type="radio"/> n/a-s/o | <div style="border: 1px solid black; width: 40px; text-align: center;">2</div><br>299 <input type="radio"/> n/a-s/o | <div style="border: 1px solid black; width: 40px; text-align: center;">3</div><br>399 <input type="radio"/> n/a-s/o |
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| RECORD OF CALLS - REGISTRE DES APPELS |             |               |                |              |               |              |                       |                                                |                          |  |
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| 10                                    | 11 Date     |               | 12 Start Début |              | 13 Finish Fin |              | 14 Result<br>Résultat | 15 Interviewer's Name<br>Nom de l'intervieweur | 16 Comments<br>Remarques |  |
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Statistics  
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Interviewer's Name

1:  -  -  Telephone Number

5:  Label Identification Number

Page-Line Number

1 Type

GSS 5-2

Confidential when completed

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

GENERAL SOCIAL SURVEY

FAMILY AND FRIENDS

QUESTIONNAIRE

AGES 15 YEARS AND OVER



| <p><b>A SECTION A: Parents and grandparents</b></p> <p><b>A0. INTERVIEWER:</b></p> <p><i>Repeat the introduction below if selected respondent is different from household respondent.</i></p> <p><b>Hello, I'm ..... from Statistics Canada. I'm calling you for a survey on family and friends.</b></p> <p><b>All the information we collect in this voluntary survey will be kept confidential. Your participation is essential if the survey results are to be accurate.</b></p> <p><b>A1. The following questions are about your parents and grandparents.</b></p> <p><b>A2. In what country was your mother born?</b></p> <p>Canada 1 <input type="radio"/> → In which province or territory?</p> <table style="width: 100%;"> <tr><td>Newfoundland .....</td><td>01 <input type="radio"/></td></tr> <tr><td>Prince Edward Island ..</td><td>02 <input type="radio"/></td></tr> <tr><td>Nova Scotia .....</td><td>03 <input type="radio"/></td></tr> <tr><td>New Brunswick .....</td><td>04 <input type="radio"/></td></tr> <tr><td>Quebec .....</td><td>05 <input type="radio"/></td></tr> <tr><td>Ontario .....</td><td>06 <input type="radio"/></td></tr> <tr><td>Manitoba .....</td><td>07 <input type="radio"/></td></tr> <tr><td>Saskatchewan .....</td><td>08 <input type="radio"/></td></tr> <tr><td>Alberta .....</td><td>09 <input type="radio"/></td></tr> <tr><td>British Columbia .....</td><td>10 <input type="radio"/></td></tr> <tr><td>Yukon Territory .....</td><td>11 <input type="radio"/></td></tr> <tr><td>Northwest Territories ..</td><td>12 <input type="radio"/></td></tr> </table> <p>Country outside Canada 2 <input type="radio"/> → Specify</p> <p>_____</p> <p>_____</p> <p><b>A3. Is your mother still living?</b></p> <p>Yes ..... 3 <input type="radio"/></p> <p>No ..... 4 <input type="radio"/> → When did she die?</p> <p>_____ year _____ } GO TO A22</p> <p>Don't know 98 <input type="radio"/> →</p> <p>Don't know 5 <input type="radio"/> → GO TO A22</p> <p><b>A4. How old is your mother?</b></p> <p>_____ years</p> <p>Don't know 00 <input type="radio"/></p> <p><b>A5. Does your mother live ...</b></p> <p>In this household? ..... 6 <input type="radio"/> → GO TO A15</p> <p>In another household? .... 7 <input type="radio"/></p> <p>In an institution? ..... 8 <input type="radio"/> → GO TO A8</p> <p><b>A6. Does she live alone?</b></p> <p>Yes ..... 1 <input type="radio"/> → GO TO A8</p> <p>No ..... 2 <input type="radio"/></p> <p><b>A7. Does she live ...</b></p> <table style="width: 100%;"> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> <tr> <td>With her spouse/partner? ..</td> <td>3 <input type="radio"/></td> <td>4 <input type="radio"/></td> </tr> <tr> <td>With any of her children? ..</td> <td>5 <input type="radio"/></td> <td>6 <input type="radio"/></td> </tr> <tr> <td>With others? .....</td> <td>7 <input type="radio"/></td> <td>8 <input type="radio"/></td> </tr> </table> | Newfoundland .....       | 01 <input type="radio"/> | Prince Edward Island .. | 02 <input type="radio"/> | Nova Scotia ..... | 03 <input type="radio"/> | New Brunswick ..... | 04 <input type="radio"/> | Quebec ..... | 05 <input type="radio"/> | Ontario ..... | 06 <input type="radio"/> | Manitoba ..... | 07 <input type="radio"/> | Saskatchewan ..... | 08 <input type="radio"/> | Alberta ..... | 09 <input type="radio"/> | British Columbia ..... | 10 <input type="radio"/> | Yukon Territory ..... | 11 <input type="radio"/> | Northwest Territories .. | 12 <input type="radio"/> |  | Yes | No | With her spouse/partner? .. | 3 <input type="radio"/> | 4 <input type="radio"/> | With any of her children? .. | 5 <input type="radio"/> | 6 <input type="radio"/> | With others? ..... | 7 <input type="radio"/> | 8 <input type="radio"/> | <p><b>A8. Does she live within ...</b></p> <p>10 km (6 miles or 10 minutes by car)? ... 1 <input type="radio"/></p> <p>50 km (30 miles or 30 minutes by car)? ... 2 <input type="radio"/></p> <p>100 km (60 miles or 1 hour by car)? ..... 3 <input type="radio"/></p> <p>200 km (120 miles or 2 hours by car)? ... 4 <input type="radio"/></p> <p>400 km (240 miles or 4 hours by car)? ... 5 <input type="radio"/></p> <p>1000 km (600 miles or 10 hours by car)? . 6 <input type="radio"/></p> <p><b>Beyond 1000 km and living in Canada or United States (more than 600 miles or 10 hours by car)?</b> ..... 7 <input type="radio"/></p> <p><b>Outside Canada or United States?</b> ..... 8 <input type="radio"/></p> <p>Don't know ..... 9 <input type="radio"/></p> <p><b>A9. During the past 12 months how often did you see your mother? Did you see her ...</b></p> <p>Daily? ..... 1 <input type="radio"/></p> <p>At least once a week? ..... 2 <input type="radio"/></p> <p>At least once a month? ..... 3 <input type="radio"/></p> <p>Less than once a month? .. 4 <input type="radio"/></p> <p>Not at all? ..... 5 <input type="radio"/> → GO TO A11</p> <p><b>A10. Did you usually see her ...</b></p> <p>At your home? ..... 6 <input type="radio"/></p> <p>At her usual place of residence? ..... 7 <input type="radio"/></p> <p>Somewhere else? ..... 8 <input type="radio"/> → Specify</p> <p>_____</p> <p>_____</p> <p>Equally at both residences ... 9 <input type="radio"/></p> <p><b>A11. Do you see your mother ...</b></p> <p>Less often than you would like? ..... 1 <input type="radio"/></p> <p>More often than you would like? ..... 2 <input type="radio"/> } GO TO A13</p> <p>About the right amount? ... 3 <input type="radio"/> }</p> <p><b>A12. What prevents you from seeing her more often?</b></p> <p>(Mark all that apply)</p> <table style="width: 100%;"> <tr><td>Distance .....</td><td>01 <input type="radio"/></td></tr> <tr><td>Poor relationship with her .....</td><td>02 <input type="radio"/></td></tr> <tr><td>Shortage of your time .....</td><td>03 <input type="radio"/></td></tr> <tr><td>Shortage of her time .....</td><td>04 <input type="radio"/></td></tr> <tr><td>Your health problems .....</td><td>05 <input type="radio"/></td></tr> <tr><td>Her health problems .....</td><td>06 <input type="radio"/></td></tr> <tr><td>Financial reasons .....</td><td>07 <input type="radio"/></td></tr> <tr><td>Transportation problems .....</td><td>08 <input type="radio"/></td></tr> <tr><td>Other family responsibilities .....</td><td>09 <input type="radio"/></td></tr> <tr><td>Other .....</td><td>10 <input type="radio"/></td></tr> </table> <p>Specify</p> <p>_____</p> <p>_____</p> <p>No particular reason ..... 11 <input type="radio"/></p> | Distance ..... | 01 <input type="radio"/> | Poor relationship with her ..... | 02 <input type="radio"/> | Shortage of your time ..... | 03 <input type="radio"/> | Shortage of her time ..... | 04 <input type="radio"/> | Your health problems ..... | 05 <input type="radio"/> | Her health problems ..... | 06 <input type="radio"/> | Financial reasons ..... | 07 <input type="radio"/> | Transportation problems ..... | 08 <input type="radio"/> | Other family responsibilities ..... | 09 <input type="radio"/> | Other ..... | 10 <input type="radio"/> |
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| Prince Edward Island ..                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                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| Saskatchewan .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     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| Alberta .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          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| Yukon Territory .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  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| Northwest Territories ..                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               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| With her spouse/partner? ..                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            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| With any of her children? ..                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           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| With others? .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     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| Poor relationship with her .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       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| Shortage of your time .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            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| Your health problems .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             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| Her health problems .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              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| Financial reasons .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                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| Transportation problems .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          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| Other family responsibilities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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| <p><b>A31. Does he live within ...</b></p> <p>10 km (6 miles or 10 minutes by car)? ... <input type="radio"/> 1</p> <p>50 km (30 miles or 30 minutes by car)? ... <input type="radio"/> 2</p> <p>100 km (60 miles or 1 hour by car)? ... <input type="radio"/> 3</p> <p>200 km (120 miles or 2 hours by car)? ... <input type="radio"/> 4</p> <p>400 km (240 miles or 4 hours by car)? ... <input type="radio"/> 5</p> <p>1000 km (600 miles or 10 hours by car)? ... <input type="radio"/> 6</p> <p>Beyond 1000 km and living in Canada or United States (more than 600 miles or 10 hours by car)? ... <input type="radio"/> 7</p> <p>Outside Canada or United States? ... <input type="radio"/> 8</p> <p>Don't know ... <input type="radio"/> 9</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <p><b>A36. During the past 12 months, how often did you have contact by letter or telephone with him? Was it ...</b></p> <p>Daily? ... <input type="radio"/> 4</p> <p>At least once a week? ... <input type="radio"/> 5</p> <p>At least once a month? ... <input type="radio"/> 6</p> <p>Less than once a month? ... <input type="radio"/> 7</p> <p>Not at all? ... <input type="radio"/> 8</p> |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <p><b>A32. During the past 12 months how often did you see your father? Did you see him ...</b></p> <p>Daily? ... <input type="radio"/> 1</p> <p>At least once a week? ... <input type="radio"/> 2</p> <p>At least once a month? ... <input type="radio"/> 3</p> <p>Less than once a month? ... <input type="radio"/> 4</p> <p>Not at all? ... <input type="radio"/> 5 → GO TO A34</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <p><b>A37. INTERVIEWER:</b></p> <p>GO TO A45</p>                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <p><b>A33. Did you usually see him ...</b></p> <p>At your home? ... <input type="radio"/> 6</p> <p>At his usual place of residence? ... <input type="radio"/> 7</p> <p>Somewhere else? ... <input type="radio"/> 8</p> <p style="text-align: center;">↓<br/>Specify</p> <table border="1" style="width: 100%; border-collapse: collapse; margin: 5px 0;"> <tr><td style="width: 10%; height: 15px;"></td><td style="width: 10%; height: 15px;"></td><td style="width: 10%; height: 15px;"></td><td style="width: 10%; height: 15px;"></td><td style="width: 10%; height: 15px;"></td><td style="width: 10%; height: 15px;"></td><td style="width: 10%; height: 15px;"></td><td style="width: 10%; height: 15px;"></td><td style="width: 10%; height: 15px;"></td><td style="width: 10%; height: 15px;"></td><td style="width: 10%; height: 15px;"></td><td style="width: 10%; height: 15px;"></td></tr> <tr><td style="width: 10%; height: 15px;"></td><td style="width: 10%; height: 15px;"></td><td style="width: 10%; height: 15px;"></td><td style="width: 10%; height: 15px;"></td><td style="width: 10%; height: 15px;"></td><td style="width: 10%; height: 15px;"></td><td style="width: 10%; height: 15px;"></td><td style="width: 10%; height: 15px;"></td><td style="width: 10%; height: 15px;"></td><td style="width: 10%; height: 15px;"></td><td style="width: 10%; height: 15px;"></td><td style="width: 10%; height: 15px;"></td></tr> </table> <p>Equally at both residences ... <input type="radio"/> 9</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | <p><b>A38. During the past 12 months, what best describes your father's MAIN activity? Was he mainly ...</b></p> <p>Working at a job or business? ... <input type="radio"/> 3 → GO TO A41</p> <p>Looking for work? ... <input type="radio"/> 4 → GO TO A40</p> <p>A student? ... <input type="radio"/> 5</p> <p>Keeping house? ... <input type="radio"/> 6</p> <p>Retired? ... <input type="radio"/> 7</p> <p>Other ... <input type="radio"/> 8</p> <p style="text-align: center;">↓<br/>Specify</p> <table border="1" style="width: 100%; border-collapse: collapse; margin: 5px 0;"> <tr><td style="width: 10%; height: 15px;"></td><td style="width: 10%; height: 15px;"></td><td style="width: 10%; height: 15px;"></td><td style="width: 10%; height: 15px;"></td><td style="width: 10%; height: 15px;"></td><td style="width: 10%; height: 15px;"></td><td style="width: 10%; height: 15px;"></td><td style="width: 10%; height: 15px;"></td><td style="width: 10%; height: 15px;"></td><td style="width: 10%; height: 15px;"></td><td style="width: 10%; height: 15px;"></td><td style="width: 10%; height: 15px;"></td></tr> <tr><td style="width: 10%; height: 15px;"></td><td style="width: 10%; height: 15px;"></td><td style="width: 10%; height: 15px;"></td><td style="width: 10%; height: 15px;"></td><td style="width: 10%; height: 15px;"></td><td style="width: 10%; height: 15px;"></td><td style="width: 10%; height: 15px;"></td><td style="width: 10%; height: 15px;"></td><td style="width: 10%; height: 15px;"></td><td style="width: 10%; height: 15px;"></td><td style="width: 10%; height: 15px;"></td><td style="width: 10%; height: 15px;"></td></tr> </table> |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| <p><b>A34. Do you see your father ...</b></p> <p>Less often than you would like? ... <input type="radio"/> 1</p> <p>More often than you would like? ... <input type="radio"/> 2</p> <p>About the right amount? ... <input type="radio"/> 3 → GO TO A36</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <p><b>A39. Was he studying full-time or part-time?</b></p> <p>Full-time ... <input type="radio"/> 7</p> <p>Part-time ... <input type="radio"/> 8</p>                                                                                                                                                                                                                                            |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <p><b>A35. What prevents you from seeing him more often?</b></p> <p>(Mark all that apply)</p> <p>Distance ... <input type="radio"/> 01</p> <p>Poor relationship with him ... <input type="radio"/> 02</p> <p>Shortage of your time ... <input type="radio"/> 03</p> <p>Shortage of his time ... <input type="radio"/> 04</p> <p>Your health problems ... <input type="radio"/> 05</p> <p>His health problems ... <input type="radio"/> 06</p> <p>Financial reasons ... <input type="radio"/> 07</p> <p>Transportation problems ... <input type="radio"/> 08</p> <p>Other family responsibilities ... <input type="radio"/> 09</p> <p>Other ... <input type="radio"/> 10</p> <p style="text-align: center;">↓<br/>Specify</p> <table border="1" style="width: 100%; border-collapse: collapse; margin: 5px 0;"> <tr><td style="width: 10%; height: 15px;"></td><td style="width: 10%; height: 15px;"></td><td style="width: 10%; height: 15px;"></td><td style="width: 10%; height: 15px;"></td><td style="width: 10%; height: 15px;"></td><td style="width: 10%; height: 15px;"></td><td style="width: 10%; height: 15px;"></td><td style="width: 10%; height: 15px;"></td><td style="width: 10%; height: 15px;"></td><td style="width: 10%; height: 15px;"></td><td style="width: 10%; height: 15px;"></td><td style="width: 10%; height: 15px;"></td></tr> <tr><td style="width: 10%; height: 15px;"></td><td style="width: 10%; height: 15px;"></td><td style="width: 10%; height: 15px;"></td><td style="width: 10%; height: 15px;"></td><td style="width: 10%; height: 15px;"></td><td style="width: 10%; height: 15px;"></td><td style="width: 10%; height: 15px;"></td><td style="width: 10%; height: 15px;"></td><td style="width: 10%; height: 15px;"></td><td style="width: 10%; height: 15px;"></td><td style="width: 10%; height: 15px;"></td><td style="width: 10%; height: 15px;"></td></tr> </table> <p>No particular reason ... <input type="radio"/> 11</p> |                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | <p><b>A40. Did your father have a job or was he self-employed at any time during the past 12 months?</b></p> <p>Yes ... <input type="radio"/> 1</p> <p>No ... <input type="radio"/> 2 → GO TO A45</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| <p><b>A41. Including vacation, illness, strikes, lock-outs and paternity leave, for how many weeks during the past 12 months did he do any work at a job or business?</b></p> <p><span style="border: 1px solid black; display: inline-block; width: 20px; height: 15px; vertical-align: middle;"></span> weeks</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <p><b>A42. During those weeks, was his work mainly full-time or part-time?</b></p> <p>Full-time ... <input type="radio"/> 3</p> <p>Part-time ... <input type="radio"/> 4</p>                                                                                                                                                                                                                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <p><b>A43. Did he regularly work evening or night shifts?</b></p> <p>Yes ... <input type="radio"/> 5</p> <p>No ... <input type="radio"/> 6</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <p><b>A44. Did he regularly work on Saturday or Sunday?</b></p> <p>Yes ... <input type="radio"/> 7</p> <p>No ... <input type="radio"/> 8</p>                                                                                                                                                                                                                                                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <p><b>A45. INTERVIEWER CHECK ITEM:</b></p> <p>Review A5 and A25.</p> <p>Does either of the respondent's mother or father live in the household (A5 = In this household or A25 = Yes)?</p> <p>Yes ... <input type="radio"/> 1 → GO TO A49</p> <p>No ... <input type="radio"/> 2</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| <p>A46. How old were you when you last lived with one or both your parents?</p> <p><input type="text"/> <input type="text"/> years</p>                                                                                                                                                                                                                                                                                  | <p><b>SECTION B: Brothers and sisters</b> <span style="float: right;">B</span></p>                                                                                                                                                                                                                                                                                                                                             |
| <p>A47. What was the main reason for your move?</p> <p>Was it ...</p> <p>To get married? ..... 3 <input type="radio"/></p> <p>To move because of a job? ..... 4 <input type="radio"/></p> <p>To attend school? ..... 5 <input type="radio"/></p> <p>To be independent / move into own place? ..... 6 <input type="radio"/></p> <p>For some other reason? ..... 7 <input type="radio"/></p>                              | <p>B1. The following questions are about your brothers and sisters. Include step-, adopted and half-brothers and sisters.</p>                                                                                                                                                                                                                                                                                                  |
| <p>A48. INTERVIEWER:<br/>GO TO A53</p>                                                                                                                                                                                                                                                                                                                                                                                  | <p>B2. How many brothers and sisters did you have? Include those who may have died.</p> <p><input type="text"/> <input type="text"/> <input type="text"/></p> <p>None ..... 100 <input type="radio"/> → GO TO C1</p>                                                                                                                                                                                                           |
| <p>A49. Have you always lived with at least one of your parents?</p> <p>Yes ..... 8 <input type="radio"/> → GO TO A53</p> <p>No ..... 9 <input type="radio"/></p>                                                                                                                                                                                                                                                       | <p>B3. How many brothers do you have still living?</p> <p><input type="text"/> <input type="text"/> brother(s) living</p> <p>None ..... 200 <input type="radio"/> → GO TO B5</p>                                                                                                                                                                                                                                               |
| <p>A50. How old were you when you last left home to live on your own?</p> <p><input type="text"/> <input type="text"/> years</p>                                                                                                                                                                                                                                                                                        | <p>B4. How many of your (living) brothers are older than you?</p> <p><input type="text"/> <input type="text"/> brother(s) older</p> <p>None ..... 300 <input type="radio"/></p>                                                                                                                                                                                                                                                |
| <p>A51. What was the main reason for this move?</p> <p>Was it ...</p> <p>To get married? ..... 1 <input type="radio"/></p> <p>To move because of a job? ..... 2 <input type="radio"/></p> <p>To attend school? ..... 3 <input type="radio"/></p> <p>To be independent / move into own place? ..... 4 <input type="radio"/></p> <p>For some other reason? ..... 5 <input type="radio"/></p>                              | <p>B5. How many sisters do you have still living?</p> <p><input type="text"/> <input type="text"/> sister(s) living</p> <p>None ..... 400 <input type="radio"/> → GO TO B7</p>                                                                                                                                                                                                                                                 |
| <p>A52. When did you start living with your parents again?</p> <p>19 <input type="text"/> <input type="text"/></p>                                                                                                                                                                                                                                                                                                      | <p>B6. How many of your (living) sisters are older than you?</p> <p><input type="text"/> <input type="text"/> sister(s) older</p> <p>None ..... 500 <input type="radio"/></p>                                                                                                                                                                                                                                                  |
| <p>A53. Are any of your grandparents still living?</p> <p>Yes ... 1 <input type="radio"/> → Who?</p> <p>Mother's mother ..... 3 <input type="radio"/></p> <p>Mother's father ..... 4 <input type="radio"/></p> <p>Father's mother ..... 5 <input type="radio"/></p> <p>Father's father ..... 6 <input type="radio"/></p> <p>No ... 2 <input type="radio"/> → GO TO B1</p>                                               | <p>B7. INTERVIEWER CHECK ITEM:</p> <p>Review B3 and B5.</p> <p>Does the respondent have any living brothers or sisters?</p> <p>Yes ..... 1 <input type="radio"/></p> <p>No ..... 2 <input type="radio"/> → GO TO C1</p>                                                                                                                                                                                                        |
| <p>A54. Do any of them live outside this household?</p> <p>Yes ..... 7 <input type="radio"/></p> <p>No ..... 8 <input type="radio"/> → GO TO B1</p>                                                                                                                                                                                                                                                                     | <p>B8. Do you have any brothers or sisters living outside this household?</p> <p>Yes ..... 3 <input type="radio"/></p> <p>No ..... 4 <input type="radio"/> → GO TO C1</p>                                                                                                                                                                                                                                                      |
| <p>A55. The next questions concern your grandparents living outside this household.</p>                                                                                                                                                                                                                                                                                                                                 | <p>B9. The next questions concern your brothers and sisters living outside this household.</p>                                                                                                                                                                                                                                                                                                                                 |
| <p>A56. During the past 12 months, how often did you see any of your grandparents? Was it ...</p> <p>Daily? ..... 1 <input type="radio"/></p> <p>At least once a week? ..... 2 <input type="radio"/></p> <p>At least once a month? ..... 3 <input type="radio"/></p> <p>Less than once a month? ..... 4 <input type="radio"/></p> <p>Not at all? ..... 5 <input type="radio"/></p>                                      | <p>B10. During the past 12 months, how often did you see any of your brothers or sisters? Was it ...</p> <p>Daily? ..... 5 <input type="radio"/></p> <p>At least once a week? ..... 6 <input type="radio"/></p> <p>At least once a month? ..... 7 <input type="radio"/></p> <p>Less than once a month? ..... 8 <input type="radio"/></p> <p>Not at all? ..... 9 <input type="radio"/></p>                                      |
| <p>A57. During the past 12 months, how often did you have contact by letter or telephone with any of your grandparents? Was it ...</p> <p>Daily? ..... 5 <input type="radio"/></p> <p>At least once a week? ..... 6 <input type="radio"/></p> <p>At least once a month? ..... 7 <input type="radio"/></p> <p>Less than once a month? ..... 8 <input type="radio"/></p> <p>Not at all? ..... 9 <input type="radio"/></p> | <p>B11. During the past 12 months, how often did you have contact by letter or telephone with any of your brothers or sisters? Was it ...</p> <p>Daily? ..... 1 <input type="radio"/></p> <p>At least once a week? ..... 2 <input type="radio"/></p> <p>At least once a month? ..... 3 <input type="radio"/></p> <p>Less than once a month? ..... 4 <input type="radio"/></p> <p>Not at all? ..... 5 <input type="radio"/></p> |



| C SECTION C: Children                                                                                                            |                                                                 |                                                                                                                                                                  |                                                                                       |
|----------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| C1. Now some questions about your children and grandchildren.                                                                    |                                                                 | C7. Starting with the oldest, what is the first name and age of each child you have ever raised or (given birth to / fathered). Include those who may have died. |                                                                                       |
| <p>Interviewer: Ask questions B to E for at most 22 children - the 21 oldest and the youngest.</p>                               |                                                                 |                                                                                                                                                                  |                                                                                       |
| C2. Have you ever raised step-children? By step-children we mean children from a former union of a spouse or common-law partner. | A.                                                              | B. In what month and year was . . . (your first (second, ...) child) born?                                                                                       |                                                                                       |
|                                                                                                                                  | <p>Yes . 1○ → How many? <input type="text"/></p> <p>No . 2○</p> | <p>IDENTIFICATION</p> <p>CHILD I.D. #      Name</p>                                                                                                              | <p>AGE</p> <p>DATE OF BIRTH</p> <p>Month      Year</p>                                |
| C3. Have you ever adopted children? (Exclude any step-children mentioned in the previous question.)                              | 01. <input type="text"/>                                        | <input type="text"/> 2 <input type="text"/> <input type="text"/> years                                                                                           | <input type="text"/> 3 <input type="text"/> <input type="text"/> <input type="text"/> |
|                                                                                                                                  | 02. <input type="text"/>                                        | <input type="text"/> 5 <input type="text"/> <input type="text"/> years                                                                                           | <input type="text"/> 6 <input type="text"/> <input type="text"/> <input type="text"/> |
|                                                                                                                                  | 03. <input type="text"/>                                        | <input type="text"/> 2 <input type="text"/> <input type="text"/> years                                                                                           | <input type="text"/> 3 <input type="text"/> <input type="text"/> <input type="text"/> |
|                                                                                                                                  | 04. <input type="text"/>                                        | <input type="text"/> 5 <input type="text"/> <input type="text"/> years                                                                                           | <input type="text"/> 6 <input type="text"/> <input type="text"/> <input type="text"/> |
|                                                                                                                                  | 05. <input type="text"/>                                        | <input type="text"/> 2 <input type="text"/> <input type="text"/> years                                                                                           | <input type="text"/> 3 <input type="text"/> <input type="text"/> <input type="text"/> |
| C4. Have you ever (given birth to /fathered) a child of your own? (Do not count stillbirths.)                                    | 06. <input type="text"/>                                        | <input type="text"/> 5 <input type="text"/> <input type="text"/> years                                                                                           | <input type="text"/> 6 <input type="text"/> <input type="text"/> <input type="text"/> |
|                                                                                                                                  | 07. <input type="text"/>                                        | <input type="text"/> 2 <input type="text"/> <input type="text"/> years                                                                                           | <input type="text"/> 3 <input type="text"/> <input type="text"/> <input type="text"/> |
|                                                                                                                                  | 08. <input type="text"/>                                        | <input type="text"/> 5 <input type="text"/> <input type="text"/> years                                                                                           | <input type="text"/> 6 <input type="text"/> <input type="text"/> <input type="text"/> |
| C5. INTERVIEWER:                                                                                                                 | 09. <input type="text"/>                                        | <input type="text"/> 2 <input type="text"/> <input type="text"/> years                                                                                           | <input type="text"/> 3 <input type="text"/> <input type="text"/> <input type="text"/> |
|                                                                                                                                  | 10. <input type="text"/>                                        | <input type="text"/> 5 <input type="text"/> <input type="text"/> years                                                                                           | <input type="text"/> 6 <input type="text"/> <input type="text"/> <input type="text"/> |
|                                                                                                                                  | 11. <input type="text"/>                                        | <input type="text"/> 2 <input type="text"/> <input type="text"/> years                                                                                           | <input type="text"/> 3 <input type="text"/> <input type="text"/> <input type="text"/> |
|                                                                                                                                  | 12. <input type="text"/>                                        | <input type="text"/> 5 <input type="text"/> <input type="text"/> years                                                                                           | <input type="text"/> 6 <input type="text"/> <input type="text"/> <input type="text"/> |
|                                                                                                                                  | 13. <input type="text"/>                                        | <input type="text"/> 2 <input type="text"/> <input type="text"/> years                                                                                           | <input type="text"/> 3 <input type="text"/> <input type="text"/> <input type="text"/> |
| C6. Do you have any grandchildren?                                                                                               | 14. <input type="text"/>                                        | <input type="text"/> 5 <input type="text"/> <input type="text"/> years                                                                                           | <input type="text"/> 6 <input type="text"/> <input type="text"/> <input type="text"/> |
|                                                                                                                                  | 15. <input type="text"/>                                        | <input type="text"/> 2 <input type="text"/> <input type="text"/> years                                                                                           | <input type="text"/> 3 <input type="text"/> <input type="text"/> <input type="text"/> |
|                                                                                                                                  | 16. <input type="text"/>                                        | <input type="text"/> 5 <input type="text"/> <input type="text"/> years                                                                                           | <input type="text"/> 6 <input type="text"/> <input type="text"/> <input type="text"/> |
|                                                                                                                                  | 17. <input type="text"/>                                        | <input type="text"/> 2 <input type="text"/> <input type="text"/> years                                                                                           | <input type="text"/> 3 <input type="text"/> <input type="text"/> <input type="text"/> |
|                                                                                                                                  | 18. <input type="text"/>                                        | <input type="text"/> 5 <input type="text"/> <input type="text"/> years                                                                                           | <input type="text"/> 6 <input type="text"/> <input type="text"/> <input type="text"/> |
|                                                                                                                                  | 19. <input type="text"/>                                        | <input type="text"/> 2 <input type="text"/> <input type="text"/> years                                                                                           | <input type="text"/> 3 <input type="text"/> <input type="text"/> <input type="text"/> |
|                                                                                                                                  | 20. <input type="text"/>                                        | <input type="text"/> 5 <input type="text"/> <input type="text"/> years                                                                                           | <input type="text"/> 6 <input type="text"/> <input type="text"/> <input type="text"/> |
|                                                                                                                                  | 21. <input type="text"/>                                        | <input type="text"/> 2 <input type="text"/> <input type="text"/> years                                                                                           | <input type="text"/> 3 <input type="text"/> <input type="text"/> <input type="text"/> |
|                                                                                                                                  | 22. <input type="text"/>                                        | <input type="text"/> 5 <input type="text"/> <input type="text"/> years                                                                                           | <input type="text"/> 6 <input type="text"/> <input type="text"/> <input type="text"/> |



| C. Was . . . (your first (second, ...) child) male or female? |                         | D. Was . . . (your first (second, ...) child) a natural, step- or adopted child? |                         |                         | E. Does . . . (your first (second, ...) child) live in this household? |                         |                         | (If No is marked ask:) How old was . . . (your first (second, ...) child) when he/she last left home? |                                                                        |
|---------------------------------------------------------------|-------------------------|----------------------------------------------------------------------------------|-------------------------|-------------------------|------------------------------------------------------------------------|-------------------------|-------------------------|-------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|
| Male                                                          | Female                  | Natural                                                                          | Step                    | Adopted                 | Deceased                                                               | Yes                     | No                      | Age                                                                                                   |                                                                        |
| 4 <input type="radio"/>                                       | 5 <input type="radio"/> | 6 <input type="radio"/>                                                          | 7 <input type="radio"/> | 8 <input type="radio"/> | 9 <input type="radio"/>                                                | 1 <input type="radio"/> | 2 <input type="radio"/> | →                                                                                                     | 3 <input type="text"/> <input type="text"/> <input type="text"/> years |
| 7 <input type="radio"/>                                       | 8 <input type="radio"/> | 1 <input type="radio"/>                                                          | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/>                                                | 5 <input type="radio"/> | 6 <input type="radio"/> | →                                                                                                     | 7 <input type="text"/> <input type="text"/> <input type="text"/> years |
| 4 <input type="radio"/>                                       | 5 <input type="radio"/> | 6 <input type="radio"/>                                                          | 7 <input type="radio"/> | 8 <input type="radio"/> | 9 <input type="radio"/>                                                | 1 <input type="radio"/> | 2 <input type="radio"/> | →                                                                                                     | 3 <input type="text"/> <input type="text"/> <input type="text"/> years |
| 7 <input type="radio"/>                                       | 8 <input type="radio"/> | 1 <input type="radio"/>                                                          | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/>                                                | 5 <input type="radio"/> | 6 <input type="radio"/> | →                                                                                                     | 7 <input type="text"/> <input type="text"/> <input type="text"/> years |
| 4 <input type="radio"/>                                       | 5 <input type="radio"/> | 6 <input type="radio"/>                                                          | 7 <input type="radio"/> | 8 <input type="radio"/> | 9 <input type="radio"/>                                                | 1 <input type="radio"/> | 2 <input type="radio"/> | →                                                                                                     | 3 <input type="text"/> <input type="text"/> <input type="text"/> years |
| 7 <input type="radio"/>                                       | 8 <input type="radio"/> | 1 <input type="radio"/>                                                          | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/>                                                | 5 <input type="radio"/> | 6 <input type="radio"/> | →                                                                                                     | 7 <input type="text"/> <input type="text"/> <input type="text"/> years |
| 4 <input type="radio"/>                                       | 5 <input type="radio"/> | 6 <input type="radio"/>                                                          | 7 <input type="radio"/> | 8 <input type="radio"/> | 9 <input type="radio"/>                                                | 1 <input type="radio"/> | 2 <input type="radio"/> | →                                                                                                     | 3 <input type="text"/> <input type="text"/> <input type="text"/> years |
| 7 <input type="radio"/>                                       | 8 <input type="radio"/> | 1 <input type="radio"/>                                                          | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/>                                                | 5 <input type="radio"/> | 6 <input type="radio"/> | →                                                                                                     | 7 <input type="text"/> <input type="text"/> <input type="text"/> years |
| 4 <input type="radio"/>                                       | 5 <input type="radio"/> | 6 <input type="radio"/>                                                          | 7 <input type="radio"/> | 8 <input type="radio"/> | 9 <input type="radio"/>                                                | 1 <input type="radio"/> | 2 <input type="radio"/> | →                                                                                                     | 3 <input type="text"/> <input type="text"/> <input type="text"/> years |
| 7 <input type="radio"/>                                       | 8 <input type="radio"/> | 1 <input type="radio"/>                                                          | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/>                                                | 5 <input type="radio"/> | 6 <input type="radio"/> | →                                                                                                     | 7 <input type="text"/> <input type="text"/> <input type="text"/> years |
| 4 <input type="radio"/>                                       | 5 <input type="radio"/> | 6 <input type="radio"/>                                                          | 7 <input type="radio"/> | 8 <input type="radio"/> | 9 <input type="radio"/>                                                | 1 <input type="radio"/> | 2 <input type="radio"/> | →                                                                                                     | 3 <input type="text"/> <input type="text"/> <input type="text"/> years |
| 7 <input type="radio"/>                                       | 8 <input type="radio"/> | 1 <input type="radio"/>                                                          | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/>                                                | 5 <input type="radio"/> | 6 <input type="radio"/> | →                                                                                                     | 7 <input type="text"/> <input type="text"/> <input type="text"/> years |
| 4 <input type="radio"/>                                       | 5 <input type="radio"/> | 6 <input type="radio"/>                                                          | 7 <input type="radio"/> | 8 <input type="radio"/> | 9 <input type="radio"/>                                                | 1 <input type="radio"/> | 2 <input type="radio"/> | →                                                                                                     | 3 <input type="text"/> <input type="text"/> <input type="text"/> years |
| 7 <input type="radio"/>                                       | 8 <input type="radio"/> | 1 <input type="radio"/>                                                          | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/>                                                | 5 <input type="radio"/> | 6 <input type="radio"/> | →                                                                                                     | 7 <input type="text"/> <input type="text"/> <input type="text"/> years |
| 4 <input type="radio"/>                                       | 5 <input type="radio"/> | 6 <input type="radio"/>                                                          | 7 <input type="radio"/> | 8 <input type="radio"/> | 9 <input type="radio"/>                                                | 1 <input type="radio"/> | 2 <input type="radio"/> | →                                                                                                     | 3 <input type="text"/> <input type="text"/> <input type="text"/> years |
| 7 <input type="radio"/>                                       | 8 <input type="radio"/> | 1 <input type="radio"/>                                                          | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/>                                                | 5 <input type="radio"/> | 6 <input type="radio"/> | →                                                                                                     | 7 <input type="text"/> <input type="text"/> <input type="text"/> years |
| 4 <input type="radio"/>                                       | 5 <input type="radio"/> | 6 <input type="radio"/>                                                          | 7 <input type="radio"/> | 8 <input type="radio"/> | 9 <input type="radio"/>                                                | 1 <input type="radio"/> | 2 <input type="radio"/> | →                                                                                                     | 3 <input type="text"/> <input type="text"/> <input type="text"/> years |
| 7 <input type="radio"/>                                       | 8 <input type="radio"/> | 1 <input type="radio"/>                                                          | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/>                                                | 5 <input type="radio"/> | 6 <input type="radio"/> | →                                                                                                     | 7 <input type="text"/> <input type="text"/> <input type="text"/> years |
| 4 <input type="radio"/>                                       | 5 <input type="radio"/> | 6 <input type="radio"/>                                                          | 7 <input type="radio"/> | 8 <input type="radio"/> | 9 <input type="radio"/>                                                | 1 <input type="radio"/> | 2 <input type="radio"/> | →                                                                                                     | 3 <input type="text"/> <input type="text"/> <input type="text"/> years |
| 7 <input type="radio"/>                                       | 8 <input type="radio"/> | 1 <input type="radio"/>                                                          | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/>                                                | 5 <input type="radio"/> | 6 <input type="radio"/> | →                                                                                                     | 7 <input type="text"/> <input type="text"/> <input type="text"/> years |
| 4 <input type="radio"/>                                       | 5 <input type="radio"/> | 6 <input type="radio"/>                                                          | 7 <input type="radio"/> | 8 <input type="radio"/> | 9 <input type="radio"/>                                                | 1 <input type="radio"/> | 2 <input type="radio"/> | →                                                                                                     | 3 <input type="text"/> <input type="text"/> <input type="text"/> years |
| 7 <input type="radio"/>                                       | 8 <input type="radio"/> | 1 <input type="radio"/>                                                          | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/>                                                | 5 <input type="radio"/> | 6 <input type="radio"/> | →                                                                                                     | 7 <input type="text"/> <input type="text"/> <input type="text"/> years |
| 4 <input type="radio"/>                                       | 5 <input type="radio"/> | 6 <input type="radio"/>                                                          | 7 <input type="radio"/> | 8 <input type="radio"/> | 9 <input type="radio"/>                                                | 1 <input type="radio"/> | 2 <input type="radio"/> | →                                                                                                     | 3 <input type="text"/> <input type="text"/> <input type="text"/> years |
| 7 <input type="radio"/>                                       | 8 <input type="radio"/> | 1 <input type="radio"/>                                                          | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/>                                                | 5 <input type="radio"/> | 6 <input type="radio"/> | →                                                                                                     | 7 <input type="text"/> <input type="text"/> <input type="text"/> years |

**C8. INTERVIEWER CHECK ITEM:**

Review C7, columns A and E.

Are there any children less than 15 years old living in household?

Yes ..... 1 ☐No ..... 2 ☐ → GO TO C16**C9. The next questions refer to your children less than 15 years old living in the household.****C10. During the past 12 months, did any of your children receive childcare on a REGULAR basis? Exclude childcare provided by a family member living in this household.**Yes ..... 3 ☐ → How many?  childrenNo ..... 4 ☐ → GO TO C16**C11. Did your child(ren) receive this care so that you or your spouse/partner could ...**

|                                                  | Yes                      | No                       |
|--------------------------------------------------|--------------------------|--------------------------|
| Work at a job? .....                             | 01 <input type="radio"/> | 02 <input type="radio"/> |
| Study? .....                                     | 03 <input type="radio"/> | 04 <input type="radio"/> |
| Do volunteer work? .....                         | 05 <input type="radio"/> | 06 <input type="radio"/> |
| Provide care to a family member or friend? ..... | 07 <input type="radio"/> | 08 <input type="radio"/> |
| Do something else? .....                         | 09 <input type="radio"/> | 10 <input type="radio"/> |

Specify

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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**C12. During the past 12 months, did ... (your youngest child) receive childcare OUTSIDE YOUR HOUSEHOLD on a regular basis?**Yes ..... 3 ☐No ..... 4 ☐ → GO TO C14**C13. Did ... ( your youngest child) go to ...**

|                                                     | Yes                      | No                       |
|-----------------------------------------------------|--------------------------|--------------------------|
| A workplace daycare center? .....                   | 01 <input type="radio"/> | 02 <input type="radio"/> |
| Another daycare center? ..                          | 03 <input type="radio"/> | 04 <input type="radio"/> |
| A sitter or neighbour's home? .....                 | 05 <input type="radio"/> | 06 <input type="radio"/> |
| Grandparent's home? .....                           | 07 <input type="radio"/> | 08 <input type="radio"/> |
| Another relative's home? .....                      | 09 <input type="radio"/> | 10 <input type="radio"/> |
| Some other arrangement (outside your household)? .. | 11 <input type="radio"/> | 12 <input type="radio"/> |

Specify

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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**C14. During the past 12 months, did ... (your youngest child) receive childcare IN YOUR HOME on a regular basis? Exclude childcare provided by a family member living in your household.**Yes ..... 5 ☐No ..... 6 ☐ → GO TO C16**C15. Who provided this care to ... (your youngest child)? Was it ...**

|                              | Yes                     | No                      |
|------------------------------|-------------------------|-------------------------|
| The child's grandparent? ... | 1 <input type="radio"/> | 2 <input type="radio"/> |
| Another relative? .....      | 3 <input type="radio"/> | 4 <input type="radio"/> |
| A sitter or nanny? .....     | 5 <input type="radio"/> | 6 <input type="radio"/> |
| Someone else? .....          | 7 <input type="radio"/> | 8 <input type="radio"/> |

Specify

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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**C16. INTERVIEWER CHECK ITEM:**

Review C7, columns A and E.

Are there any children less than 15 years old living outside household?

Yes ..... 3 ☐No ..... 4 ☐ → GO TO C24**C17. The next questions are about your (youngest) child living outside the household.****C18. Who does ... (this child) live with?**

|                             |                         |
|-----------------------------|-------------------------|
| Child's mother/father ..... | 5 <input type="radio"/> |
| A relative .....            | 6 <input type="radio"/> |
| Other .....                 | 7 <input type="radio"/> |

Specify

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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**C19. Does ... (this child) live within ...**

|                                                                |                         |
|----------------------------------------------------------------|-------------------------|
| 10 km (6 miles or 10 minutes by car)? ...                      | 1 <input type="radio"/> |
| 50 km (30 miles or 30 minutes by car)? ...                     | 2 <input type="radio"/> |
| 100 km (60 miles or 1 hour by car)? ...                        | 3 <input type="radio"/> |
| 200 km (120 miles or 2 hours by car)? ...                      | 4 <input type="radio"/> |
| 400 km (240 miles or 4 hours by car)? ...                      | 5 <input type="radio"/> |
| 1000 km (600 miles or 10 hours by car)? ...                    | 6 <input type="radio"/> |
| Beyond 1000 km (more than 600 miles or 10 hours by car)? ..... | 7 <input type="radio"/> |
| Don't know .....                                               | 8 <input type="radio"/> |

**C20. During the past 12 months, how often did you see ... (this child)? Was it ...**

|                             |                         |
|-----------------------------|-------------------------|
| Daily? .....                | 2 <input type="radio"/> |
| At least once a week? ..... | 3 <input type="radio"/> |
| At least once a month? ...  | 4 <input type="radio"/> |
| Less than once a month? ..  | 5 <input type="radio"/> |
| Not at all? .....           | 6 <input type="radio"/> |

**C21. Do you see ... (this child) ...**

|                                       |                         |
|---------------------------------------|-------------------------|
| Less often than you would like? ..... | 7 <input type="radio"/> |
| More often than you would like? ..... | 8 <input type="radio"/> |
| About the right amount? ...           | 9 <input type="radio"/> |

GO TO C23

**C22. What prevents you from seeing ... (this child) more often?**

(Mark all that apply)

|                                  |    |                       |
|----------------------------------|----|-----------------------|
| Distance                         | 01 | <input type="radio"/> |
| Poor relationship with child     | 02 | <input type="radio"/> |
| Shortage of your time            | 03 | <input type="radio"/> |
| Your health problems             | 04 | <input type="radio"/> |
| Financial reasons                | 05 | <input type="radio"/> |
| Transportation problems          | 06 | <input type="radio"/> |
| Other family responsibilities    | 07 | <input type="radio"/> |
| Custodial arrangements           | 08 | <input type="radio"/> |
| Poor relationship with custodian | 09 | <input type="radio"/> |
| Other                            | 10 | <input type="radio"/> |

Specify  
↓

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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No particular reason ..... 11 ☐

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**C23. During the past 12 months, how often did you have contact by letter or telephone with ... (this child)? Was it ...**

|                         |   |                       |
|-------------------------|---|-----------------------|
| Daily?                  | 1 | <input type="radio"/> |
| At least once a week?   | 2 | <input type="radio"/> |
| At least once a month?  | 3 | <input type="radio"/> |
| Less than once a month? | 4 | <input type="radio"/> |
| Not at all?             | 5 | <input type="radio"/> |

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**C24. INTERVIEWER CHECK ITEM:**

Review C7, columns A and E.

Number of children 15 years of age and older, living outside household?

|             |   |                       |             |
|-------------|---|-----------------------|-------------|
| None        | 1 | <input type="radio"/> | → GO TO D1  |
| One         | 2 | <input type="radio"/> | → GO TO C30 |
| Two or more | 3 | <input type="radio"/> |             |

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**C25. Of your children 15 years of age and older living outside your household, how many live within 100 km (60 miles or one hour by car)?**

[ 4 ] [    ] child(ren)

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**C26. Of your children 15 years of age and older living outside your household, with whom do you have the most contact?**

If necessary, use birth order, date and sex to probe.

CHILD I. D. # [ 5 ] [    ] → GO TO C28

No particular child ..... 500 ☐

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**C27. Of those children with whom you have the most contact, who is the oldest?**

CHILD I. D. # [ 6 ] [    ]

---

**C28. The next questions are about this child.**

---

**C29. INTERVIEWER:**

GO TO C31

---

**C30. The next questions are about your child, 15 years of age or older, living outside your household.**

---

**C31. Does ... (this child) live alone?**

|     |   |                       |             |
|-----|---|-----------------------|-------------|
| Yes | 1 | <input type="radio"/> | → GO TO C33 |
| No  | 2 | <input type="radio"/> |             |

---

**C32. Does ... (this child) live with ...**

|                              | Yes                     | No                      |
|------------------------------|-------------------------|-------------------------|
| His/her spouse/partner? .... | 4 <input type="radio"/> | 5 <input type="radio"/> |
| His/her children? .....      | 6 <input type="radio"/> | 7 <input type="radio"/> |
| Someone else? .....          | 8 <input type="radio"/> | 9 <input type="radio"/> |

↓  
**Who?**

(Mark all that apply)

|                       |   |                       |
|-----------------------|---|-----------------------|
| Friend/roommate       | 1 | <input type="radio"/> |
| Child's mother/father | 2 | <input type="radio"/> |
| Other relative        | 3 | <input type="radio"/> |

---

**C33. Does ... (this child) live within ...**

|                                                          |   |                       |
|----------------------------------------------------------|---|-----------------------|
| 10 km (6 miles or 10 minutes by car)?                    | 2 | <input type="radio"/> |
| 50 km (30 miles or 30 minutes by car)?                   | 3 | <input type="radio"/> |
| 100 km (60 miles or 1 hour by car)?                      | 4 | <input type="radio"/> |
| 200 km (120 miles or 2 hours by car)?                    | 5 | <input type="radio"/> |
| 400 km (240 miles or 4 hours by car)?                    | 6 | <input type="radio"/> |
| 1000 km (600 miles or 10 hours by car)?                  | 7 | <input type="radio"/> |
| Beyond 1000 km (more than 600 miles or 10 hours by car)? | 8 | <input type="radio"/> |
| Don't know                                               | 9 | <input type="radio"/> |

---

**C34. During the past 12 months, what best describes ... (this child's) MAIN activity? Was he/she mainly ...**

|                               |   |                       |
|-------------------------------|---|-----------------------|
| Working at a job or business? | 1 | <input type="radio"/> |
| Looking for work?             | 2 | <input type="radio"/> |
| A student?                    | 3 | <input type="radio"/> |
| Keeping house?                | 4 | <input type="radio"/> |
| Other                         | 5 | <input type="radio"/> |

Specify  
↓

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

---

**C35. During the past 12 months, how often did you see ... (this child)? Was it ...**

|                         |   |                       |             |
|-------------------------|---|-----------------------|-------------|
| Daily?                  | 5 | <input type="radio"/> |             |
| At least once a week?   | 6 | <input type="radio"/> |             |
| At least once a month?  | 7 | <input type="radio"/> |             |
| Less than once a month? | 8 | <input type="radio"/> |             |
| Not at all?             | 9 | <input type="radio"/> | → GO TO C37 |

---

**C36. Did you usually see ... (this child) ...**

|                                      |   |                       |
|--------------------------------------|---|-----------------------|
| At your home?                        | 1 | <input type="radio"/> |
| At his/her usual place of residence? | 2 | <input type="radio"/> |
| Somewhere else?                      | 3 | <input type="radio"/> |

Specify  
↓

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

Equally at both residences ..... 4 ☐

---

**C37. Do you see ... (this child) ...**

|                                 |   |                       |
|---------------------------------|---|-----------------------|
| Less often than you would like? | 5 | <input type="radio"/> |
| More often than you would like? | 6 | <input type="radio"/> |
| About the right amount?         | 7 | <input type="radio"/> |

} GO TO C39







## SECTION F: Household help

F

F1. INTERVIEWER CHECK ITEM: Review GSS 5-1.

Single person household ... 1 ☐ → GO TO F7  
 Otherwise ... 2 ☐

F2. The next questions are about people who helped with the work around your house during the past 12 months. Include only household members.

F3. a) Who helps with meal preparation in your household?  
 (Enter Page-Line Number of each household member - review GSS 5-1, Items 40 and 41)

|                      | Less than 1/4            | Less than 1/2            | 1/2 or more              | All?                     |                          |
|----------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="text"/> | 01 <input type="radio"/> | 02 <input type="radio"/> | 03 <input type="radio"/> | 04 <input type="radio"/> | 05 <input type="radio"/> |
| <input type="text"/> | 06 <input type="radio"/> | 07 <input type="radio"/> | 08 <input type="radio"/> | 09 <input type="radio"/> | 10 <input type="radio"/> |
| <input type="text"/> | 11 <input type="radio"/> | 12 <input type="radio"/> | 13 <input type="radio"/> | 14 <input type="radio"/> | 15 <input type="radio"/> |
| <input type="text"/> | 16 <input type="radio"/> | 17 <input type="radio"/> | 18 <input type="radio"/> | 19 <input type="radio"/> | 20 <input type="radio"/> |

Not applicable / no one in household ... 97 ☐ → GO TO F4

c) Who is **PRIMARILY** responsible for meal preparation in your household?  
 (Accept multiple response only if responsibility shared equally)

22 ☐ Someone from outside household

F4. a) Who helps with meal cleanup in your household?  
 (Enter Page-Line Number of each household member - review GSS 5-1, Items 40 and 41)

|                      | Less than 1/4            | Less than 1/2            | 1/2 or more              | All?                     |                          |
|----------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="text"/> | 23 <input type="radio"/> | 24 <input type="radio"/> | 25 <input type="radio"/> | 26 <input type="radio"/> | 27 <input type="radio"/> |
| <input type="text"/> | 28 <input type="radio"/> | 29 <input type="radio"/> | 30 <input type="radio"/> | 31 <input type="radio"/> | 32 <input type="radio"/> |
| <input type="text"/> | 33 <input type="radio"/> | 34 <input type="radio"/> | 35 <input type="radio"/> | 36 <input type="radio"/> | 37 <input type="radio"/> |
| <input type="text"/> | 38 <input type="radio"/> | 39 <input type="radio"/> | 40 <input type="radio"/> | 41 <input type="radio"/> | 42 <input type="radio"/> |

Not applicable / no one in household ... 97 ☐ → GO TO F5

c) Who is **PRIMARILY** responsible for meal cleanup in your household?  
 (Accept multiple response only if responsibility shared equally)

44 ☐ Someone from outside household

F5. a) Who helps with house cleaning and laundry in your household?  
 (Enter Page-Line Number of each household member - review GSS 5-1, Items 40 and 41)

|                      | Less than 1/4            | Less than 1/2            | 1/2 or more              | All?                     |                          |
|----------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="text"/> | 45 <input type="radio"/> | 46 <input type="radio"/> | 47 <input type="radio"/> | 48 <input type="radio"/> | 49 <input type="radio"/> |
| <input type="text"/> | 50 <input type="radio"/> | 51 <input type="radio"/> | 52 <input type="radio"/> | 53 <input type="radio"/> | 54 <input type="radio"/> |
| <input type="text"/> | 55 <input type="radio"/> | 56 <input type="radio"/> | 57 <input type="radio"/> | 58 <input type="radio"/> | 59 <input type="radio"/> |
| <input type="text"/> | 60 <input type="radio"/> | 61 <input type="radio"/> | 62 <input type="radio"/> | 63 <input type="radio"/> | 64 <input type="radio"/> |

Not applicable / no one in household ... 97 ☐ → GO TO F6

c) Who is **PRIMARILY** responsible for house cleaning and laundry in your household?  
 (Accept multiple response only if responsibility shared equally)

66 ☐ Someone from outside household

F6. a) Who helps with house maintenance and outside work such as repairs, painting, carpentry, lawn mowing, shovelling snow?  
 (Enter Page-Line Number of each household member - review GSS 5-1, Items 40 and 41)

|                      | Less than 1/4            | Less than 1/2            | 1/2 or more              | All?                     |                          |
|----------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="text"/> | 67 <input type="radio"/> | 68 <input type="radio"/> | 69 <input type="radio"/> | 70 <input type="radio"/> | 71 <input type="radio"/> |
| <input type="text"/> | 72 <input type="radio"/> | 73 <input type="radio"/> | 74 <input type="radio"/> | 75 <input type="radio"/> | 76 <input type="radio"/> |
| <input type="text"/> | 77 <input type="radio"/> | 78 <input type="radio"/> | 79 <input type="radio"/> | 80 <input type="radio"/> | 81 <input type="radio"/> |
| <input type="text"/> | 82 <input type="radio"/> | 83 <input type="radio"/> | 84 <input type="radio"/> | 85 <input type="radio"/> | 86 <input type="radio"/> |

Not applicable / no one in household ... 97 ☐ → GO TO F7

c) Who is **PRIMARILY** responsible for house maintenance and outside work in your household?  
 (Accept multiple response only if responsibility shared equally)

88 ☐ Someone from outside household

F7. The next few questions are about any unpaid help you have given to others or received from others. Include organizations and people who are not part of your household, such as family, friends, neighbours, etc.









F24. During the past 12 months, have you provided financial support to anyone outside your household?

How often did they provide this help?

|                                                 | No                       | Yes                        | At least<br>once a week  | once a month             | once a month             |
|-------------------------------------------------|--------------------------|----------------------------|--------------------------|--------------------------|--------------------------|
| Meal preparation? . . . . .                     | 01 <input type="radio"/> | 02 <input type="radio"/> → | 03 <input type="radio"/> | 04 <input type="radio"/> | 05 <input type="radio"/> |
| House cleaning or laundry? .                    | 06 <input type="radio"/> | 07 <input type="radio"/> → | 08 <input type="radio"/> | 09 <input type="radio"/> | 10 <input type="radio"/> |
| House maintenance or<br>outside work? . . . . . | 11 <input type="radio"/> | 12 <input type="radio"/> → | 13 <input type="radio"/> | 14 <input type="radio"/> | 15 <input type="radio"/> |
| Transportation for yourself? .                  | 16 <input type="radio"/> | 17 <input type="radio"/> → | 18 <input type="radio"/> | 19 <input type="radio"/> | 20 <input type="radio"/> |
| Grocery shopping? . . . . .                     | 21 <input type="radio"/> | 22 <input type="radio"/> → | 23 <input type="radio"/> | 24 <input type="radio"/> | 25 <input type="radio"/> |

Yes ..... 1 ☐

**How often did you provide this service?**

At least once a week      At least once a month      Less than once a month

2 ☐      3 ☐      4 ☐

No ..... 5 ○

Yes ..... 6 ☐

No ..... 7  $\bigcirc \longrightarrow$  GO TO G1

Yes ..... 8 ☐

No ..... 9   $\longrightarrow$  GO TO G1

(Mark all that apply)

(For each circle marked, ask:)

**Do they live in this household?**

|                                |                            | Yes                      | No                       |
|--------------------------------|----------------------------|--------------------------|--------------------------|
| Spouse . . . . .               | 01 <input type="radio"/> → | 02 <input type="radio"/> | 03 <input type="radio"/> |
| Son . . . . .                  | 04 <input type="radio"/> → | 05 <input type="radio"/> | 06 <input type="radio"/> |
| Daughter . . . . .             | 07 <input type="radio"/> → | 08 <input type="radio"/> | 09 <input type="radio"/> |
| Parent . . . . .               | 10 <input type="radio"/> → | 11 <input type="radio"/> | 12 <input type="radio"/> |
| Brother / sister . . . . .     | 13 <input type="radio"/> → | 14 <input type="radio"/> | 15 <input type="radio"/> |
| Other relative . . . . .       | 16 <input type="radio"/> → | 17 <input type="radio"/> | 18 <input type="radio"/> |
| Friend / neighbour . . . . .   | 19 <input type="radio"/> → | 20 <input type="radio"/> | 21 <input type="radio"/> |
| Organization / other . . . . . | 22 <input type="radio"/> → | 23 <input type="radio"/> | 24 <input type="radio"/> |

### Specify

G2. Suppose you feel just a bit down or depressed, and you wanted to talk about it.

|                                                                                               |    |                       |
|-----------------------------------------------------------------------------------------------|----|-----------------------|
| Spouse/partner .....                                                                          | 01 | <input type="radio"/> |
| Parent .....                                                                                  | 02 | <input type="radio"/> |
| Daughter .....                                                                                | 03 | <input type="radio"/> |
| Son .....                                                                                     | 04 | <input type="radio"/> |
| Sister / brother .....                                                                        | 05 | <input type="radio"/> |
| Other relative including<br>in-laws .....                                                     | 06 | <input type="radio"/> |
| Friend .....                                                                                  | 07 | <input type="radio"/> |
| Neighbour .....                                                                               | 08 | <input type="radio"/> |
| Someone you work with .....                                                                   | 09 | <input type="radio"/> |
| Church / clergy : priest .....                                                                | 10 | <input type="radio"/> |
| God .....                                                                                     | 11 | <input type="radio"/> |
| Family doctor : GP .....                                                                      | 12 | <input type="radio"/> |
| Psychologist / psychiatrist /<br>marriage counsellor : other<br>professional counsellor ..... | 13 | <input type="radio"/> |
| Other .....                                                                                   | 14 | <input type="radio"/> |

\_\_\_\_\_

\_\_\_\_\_

No one ..... 15 ☐

Don't know ..... 16 ☐ } GO TO G3

|                                                                                               |    |                       |
|-----------------------------------------------------------------------------------------------|----|-----------------------|
| Spouse/partner .....                                                                          | 17 | <input type="radio"/> |
| Parent .....                                                                                  | 18 | <input type="radio"/> |
| Daughter .....                                                                                | 19 | <input type="radio"/> |
| Son .....                                                                                     | 20 | <input type="radio"/> |
| Sister / brother .....                                                                        | 21 | <input type="radio"/> |
| Other relative including<br>in-laws .....                                                     | 22 | <input type="radio"/> |
| Friend .....                                                                                  | 23 | <input type="radio"/> |
| Neighbour .....                                                                               | 24 | <input type="radio"/> |
| Someone you work with .....                                                                   | 25 | <input type="radio"/> |
| Church / clergy priest .....                                                                  | 26 | <input type="radio"/> |
| God .....                                                                                     | 27 | <input type="radio"/> |
| Family doctor / GP .....                                                                      | 28 | <input type="radio"/> |
| Psychologist / psychiatrist /<br>marriage counsellor / other<br>professional counsellor ..... | 29 | <input type="radio"/> |
| Other .....                                                                                   | 30 | <input type="radio"/> |

\_\_\_\_\_

\_\_\_\_\_

No one . . . . . 31 ☐

Don't know . . . . . 32 ☐

|                                                                                         |    |                       |
|-----------------------------------------------------------------------------------------|----|-----------------------|
| Parent                                                                                  | 33 | <input type="radio"/> |
| Daughter                                                                                | 34 | <input type="radio"/> |
| Son                                                                                     | 35 | <input type="radio"/> |
| Sister / brother                                                                        | 36 | <input type="radio"/> |
| Other relative including<br>in-laws                                                     | 37 | <input type="radio"/> |
| Friend                                                                                  | 38 | <input type="radio"/> |
| Neighbour                                                                               | 39 | <input type="radio"/> |
| Someone you work with                                                                   | 40 | <input type="radio"/> |
| Church / clergy / priest                                                                | 41 | <input type="radio"/> |
| God                                                                                     | 42 | <input type="radio"/> |
| Family doctor / GP                                                                      | 43 | <input type="radio"/> |
| Psychologist / psychiatrist /<br>marriage counsellor / other<br>professional counsellor | 44 | <input type="radio"/> |
| Other                                                                                   | 45 | <input type="radio"/> |

[illegible]

No one . . . . . 46 ☐

Don't know . . . . . 47 ☐ } GO TO H1

|                                                                                         |    |
|-----------------------------------------------------------------------------------------|----|
| Parent                                                                                  | 48 |
| Daughter                                                                                | 49 |
| Son                                                                                     | 50 |
| Sister / brother                                                                        | 51 |
| Other relative including<br>in-laws                                                     | 52 |
| Friend                                                                                  | 53 |
| Neighbour                                                                               | 54 |
| Someone you work with                                                                   | 55 |
| Church / clergy / priest                                                                | 56 |
| God                                                                                     | 57 |
| Family doctor / GP                                                                      | 58 |
| Psychologist / psychiatrist /<br>marriage counsellor / other<br>professional counsellor | 59 |
| Other                                                                                   | 60 |

No one . . . . . 61 ☐

Don't know . . . . . 62 ☐



| H SECTION H: Marriages                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>H1. The next questions are about marriages and common-law partnerships. Your answers will help us better measure how family relationships are changing.</p>                                                                                     | <p>H14. Is this your first marriage?</p> <p>Yes ..... 5 <input type="radio"/></p> <p>No ..... 6 <input type="radio"/> → GO TO H16</p>                                                                                                                                                                                                                                                                                                                                                                                        |
| <p>H2. Have you ever been a partner in a common-law relationship? By this we mean partners living together as husband and wife without being legally married.</p> <p>Yes ..... 1 <input type="radio"/></p> <p>No ..... 2 <input type="radio"/></p> | <p>H15. INTERVIEWER CHECK ITEM:</p> <p>Review H6.</p> <p>Is the respondent currently separated (H6 = Yes)?</p> <p>Yes ..... 7 <input type="radio"/> → GO TO J1</p> <p>No ..... 8 <input type="radio"/> → GO TO J3</p>                                                                                                                                                                                                                                                                                                        |
| <p>H3. Are you now legally married?</p> <p>Yes ..... 3 <input type="radio"/> → GO TO H5</p> <p>No ..... 4 <input type="radio"/></p>                                                                                                                | <p>H16. What was the date of your first marriage?</p> <p>Month Year</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <p>H4. Have you ever been legally married?</p> <p>Yes ..... 5 <input type="radio"/> → GO TO H16</p> <p>No ..... 6 <input type="radio"/> → GO TO H37</p>                                                                                            | <p>H17. What was your first husband/wife's marital status before entering into that marriage? Was it ...</p> <p>Widowed? ..... 1 <input type="radio"/></p> <p>Divorced? ..... 2 <input type="radio"/></p> <p>Single? ..... 3 <input type="radio"/></p>                                                                                                                                                                                                                                                                       |
| <p>H5. Are you living with your spouse?</p> <p>Yes ..... 7 <input type="radio"/> → GO TO H8</p> <p>No ..... 8 <input type="radio"/></p>                                                                                                            | <p>H18. What was his/her date of birth?</p> <p>Month Year</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <p>H6. Are you separated?</p> <p>Yes ..... 1 <input type="radio"/></p> <p>No ..... 2 <input type="radio"/> → GO TO H8</p>                                                                                                                          | <p>H19. INTERVIEWER CHECK ITEM:</p> <p>Review H2.</p> <p>Has the respondent ever been a partner in a common-law relationship (H2 = Yes)?</p> <p>Yes ..... 4 <input type="radio"/></p> <p>No ..... 5 <input type="radio"/> → GO TO H22</p>                                                                                                                                                                                                                                                                                    |
| <p>H7. When did you separate?</p> <p>Month Year</p>                                                                                                                                                                                                | <p>H20. Did you and your first spouse live common-law before entering into this marriage?</p> <p>Yes ..... 6 <input type="radio"/></p> <p>No ..... 7 <input type="radio"/> → GO TO H22</p>                                                                                                                                                                                                                                                                                                                                   |
| <p>H8. What was the date of your current marriage?</p> <p>Month Year</p>                                                                                                                                                                           | <p>H21. Approximately when did you and your first husband/wife begin to live together?</p> <p>Month Year</p>                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <p>H9. What was your spouse's marital status before entering into this marriage? Was it ...</p> <p>Widowed? ..... 7 <input type="radio"/></p> <p>Divorced? ..... 8 <input type="radio"/></p> <p>Single? ..... 9 <input type="radio"/></p>          | <p>H22. Did your first marriage end in ...</p> <p>(Read categories and record month and year)</p> <p>When?</p> <p>Month Year</p> <p>Separation and then divorce or annulment? ... 1 <input type="radio"/> { sep. 2 <input type="radio"/> 3 <input type="radio"/> div./ann. 4 <input type="radio"/> 5 <input type="radio"/></p> <p>Separation only? ..... 6 <input type="radio"/> → Month Year</p> <p>Death of spouse? ..... 7 <input type="radio"/> → Month Year</p> <p>Other ..... 8 <input type="radio"/> → Month Year</p> |
| <p>H10. What is your spouse's date of birth?</p> <p>Month Year</p>                                                                                                                                                                                 | <p>H23. INTERVIEWER CHECK ITEM:</p> <p>Review H3.</p> <p>Is respondent currently married (H3 = Yes)?</p> <p>Yes ..... 1 <input type="radio"/></p> <p>No ..... 2 <input type="radio"/> → GO TO H26</p>                                                                                                                                                                                                                                                                                                                        |
| <p>H11. INTERVIEWER CHECK ITEM:</p> <p>Review H2.</p> <p>Has the respondent ever been a partner in a common-law relationship (H2 = Yes)?</p> <p>Yes ..... 1 <input type="radio"/></p> <p>No ..... 2 <input type="radio"/> → GO TO H14</p>          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <p>H12. Did you and your spouse live common-law before entering into this marriage?</p> <p>Yes ..... 3 <input type="radio"/></p> <p>No ..... 4 <input type="radio"/> → GO TO H14</p>                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <p>H13. Approximately when did you and your current spouse begin to live together?</p> <p>Month Year</p>                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |





|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                      |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>J7. What is your partner's date of birth?</b></p> <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <div style="border: 1px solid black; width: 30px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 30px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> </div> <p style="text-align: center; margin-top: 5px;">Month    Year</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> <b>SECTION K: Satisfaction</b> <span style="float: right; border: 1px solid black; padding: 2px 5px;">K</span> </div> <p><b>K1. Now, I am going to ask you to rate certain areas of your life.</b></p>                                      |
| <p><b>J8. Have you had a previous common-law relationship that was not followed by marriage?</b></p> <p>Yes ..... 5 <input type="radio"/></p> <p>No ..... 6 <input type="radio"/> → <b>GO TO K1</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <p><b>K2. Would you describe yourself as ...</b></p> <p>Very happy? ..... 1 <input type="radio"/></p> <p>Somewhat happy? ..... 2 <input type="radio"/></p> <p>Somewhat unhappy? ..... 3 <input type="radio"/></p> <p>Very unhappy? ..... 4 <input type="radio"/></p> <p>No opinion ..... 5 <input type="radio"/></p> |
| <p><b>J9. Approximately when did you begin your first common-law relationship that was not followed by marriage?</b></p> <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <div style="border: 1px solid black; width: 30px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 30px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> </div> <p style="text-align: center; margin-top: 5px;">Month    Year</p>                                                                                                                                                                                                                                                                                                                                                                                        | <p><b>K3. How would you describe your state of health? Compared to other persons your age, would you say it is ...</b></p> <p>Excellent? ..... 6 <input type="radio"/></p> <p>Good? ..... 7 <input type="radio"/></p> <p>Fair? ..... 8 <input type="radio"/></p> <p>Poor? ..... 9 <input type="radio"/></p>          |
| <p><b>J10. What was that partner's marital status before entering into that union? Was it ...</b></p> <p>Widowed? ..... 2 <input type="radio"/></p> <p>Separated? ..... 3 <input type="radio"/></p> <p>Divorced? ..... 4 <input type="radio"/></p> <p>Single? ..... 5 <input type="radio"/></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                      |
| <p><b>J11. What was that partner's date of birth?</b></p> <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <div style="border: 1px solid black; width: 30px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 30px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> </div> <p style="text-align: center; margin-top: 5px;">Month    Year</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                      |
| <p><b>J12. Did this partnership end by separation or by the death of your partner?</b></p> <p><i>(Record reason, month and year)</i></p> <div style="text-align: right; margin-top: 10px;"> <b>When?</b><br/> Month    Year </div> <p>Separation ..... 6 <input type="radio"/> → <div style="display: inline-block; border: 1px solid black; width: 30px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 30px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div></p> <p>Death of partner ..... 7 <input type="radio"/> → <div style="display: inline-block; border: 1px solid black; width: 30px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 30px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div></p> |                                                                                                                                                                                                                                                                                                                      |
| <p><b>J13. Have you been a partner in any other common-law relationships that were not followed by marriage?</b></p> <p>Yes ..... 8 <input type="radio"/></p> <p>No ..... 9 <input type="radio"/> → <b>GO TO K1</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                      |
| <p><b>J14. Approximately when did you begin your second common-law relationship that was not followed by marriage?</b></p> <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <div style="border: 1px solid black; width: 30px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 30px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> </div> <p style="text-align: center; margin-top: 5px;">Month    Year</p>                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                      |
| <p><b>J15. What was that partner's marital status before entering into that union? Was it ...</b></p> <p>Widowed? ..... 1 <input type="radio"/></p> <p>Separated? ..... 2 <input type="radio"/></p> <p>Divorced? ..... 3 <input type="radio"/></p> <p>Single? ..... 4 <input type="radio"/></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                      |
| <p><b>J16. What was that partner's date of birth?</b></p> <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <div style="border: 1px solid black; width: 30px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 30px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> </div> <p style="text-align: center; margin-top: 5px;">Month    Year</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                      |
| <p><b>J17. Did this partnership end by separation or by the death of your partner?</b></p> <p><i>(Record reason, month and year)</i></p> <div style="text-align: right; margin-top: 10px;"> <b>When?</b><br/> Month    Year </div> <p>Separation ..... 5 <input type="radio"/> → <div style="display: inline-block; border: 1px solid black; width: 30px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 30px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div></p> <p>Death of partner ..... 6 <input type="radio"/> → <div style="display: inline-block; border: 1px solid black; width: 30px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 30px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div></p> |                                                                                                                                                                                                                                                                                                                      |
| <p><b>J18. In total, how many times have you been a partner in common-law relationships that were not followed by marriage?</b></p> <div style="display: flex; align-items: center; margin-top: 10px;"> <div style="border: 1px solid black; width: 30px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <span style="margin-left: 5px;">times</span> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                      |





| L    | SECTION L: Classification                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| L1.  | Now a few general questions.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| L2.  | How many times did you move in the last 10 years, that is since January 1980?<br><br><div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="margin-right: 5px;">times</div> </div> <div style="display: flex; align-items: center; margin-top: 10px;">           None           <div style="flex-grow: 1; border-bottom: 1px solid black; margin: 0 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; border-radius: 50%; text-align: center; line-height: 20px;">00</div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | L6. In what type of dwelling are you now living? Is it a...<br><br>Single detached house? <div style="float: right;">1 <input type="radio"/></div><br><br>Semi-detached or double (side-by-side)? <div style="float: right;">2 <input type="radio"/></div><br><br>Garden house, town house or row house? <div style="float: right;">3 <input type="radio"/></div><br><br>Duplex (one above the other)? <div style="float: right;">4 <input type="radio"/></div><br><br>Low-rise apartment (less than 5 stories)? <div style="float: right;">5 <input type="radio"/></div><br><br>High-rise apartment (5 or more stories)? <div style="float: right;">6 <input type="radio"/></div><br><br>Mobile home? <div style="float: right;">7 <input type="radio"/></div><br><br>Other <div style="float: right;">8 <input type="radio"/></div><br><div style="text-align: right; margin-top: 5px;">↓<br/>Specify</div> |
| L3.  | When did you move to your present address?<br><br><div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px; text-align: center;">2</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="margin-right: 5px;">Month</div> <div style="margin-right: 10px;">Year</div> </div> Always lived there <div style="margin-left: 10px;">1 <input type="radio"/></div> → GO TO L6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| L4.  | How far away did you last live before moving to your present address? Was it within ...<br><br>10 km (6 miles or 10 minutes by car)? <div style="float: right;">2 <input type="radio"/></div><br>50 km (30 miles or 30 minutes by car)? <div style="float: right;">3 <input type="radio"/></div><br>100 km (60 miles or 1 hour by car)? <div style="float: right;">4 <input type="radio"/></div><br>200 km (120 miles or 2 hours by car)? <div style="float: right;">5 <input type="radio"/></div><br>400 km (240 miles or 4 hours by car)? <div style="float: right;">6 <input type="radio"/></div><br>1000 km (600 miles or 10 hours by car)? <div style="float: right;">7 <input type="radio"/></div><br>Beyond 1000 km (more than 600 miles or 10 hours by car)? <div style="float: right;">8 <input type="radio"/></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <div style="margin-top: 20px;"> <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; width: 100%; height: 20px;"></div> <div style="border: 1px solid black; width: 100%; height: 20px;"></div> </div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| L5.  | What were your reasons for this move?<br>(Mark all that apply)<br><br>Your work <div style="float: right;">01 <input type="radio"/></div><br>Other family member's work <div style="float: right;">02 <input type="radio"/></div><br>To be closer to family <div style="float: right;">03 <input type="radio"/></div><br>To take care of family member <div style="float: right;">04 <input type="radio"/></div><br>Marriage <div style="float: right;">05 <input type="radio"/></div><br>Separation <div style="float: right;">06 <input type="radio"/></div><br>To move to own dwelling/ independence <div style="float: right;">07 <input type="radio"/></div><br>To move to a larger home <div style="float: right;">08 <input type="radio"/></div><br>To move to a smaller home <div style="float: right;">09 <input type="radio"/></div><br>To move to a less expensive home <div style="float: right;">10 <input type="radio"/></div><br>To purchase a home <div style="float: right;">11 <input type="radio"/></div><br>To move to a better neighbourhood/ change in neighbourhood <div style="float: right;">12 <input type="radio"/></div><br>To attend school <div style="float: right;">13 <input type="radio"/></div><br>Financial reasons <div style="float: right;">14 <input type="radio"/></div><br>Other <div style="float: right;">15 <input type="radio"/></div><br><div style="text-align: right; margin-top: 10px;">↓<br/>Specify</div> | L7. Is this dwelling owned by a member of this household?<br><br>Yes <div style="float: right;">1 <input type="radio"/></div><br>No <div style="float: right;">2 <input type="radio"/></div><br><br>L8. What is your postal code?<br><br><div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="margin-right: 5px;">Don't know</div> <div style="border: 1px solid black; width: 20px; height: 20px; border-radius: 50%; text-align: center; line-height: 20px;">3</div> </div>                                                                                                                                                                                                             |
| L9.  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | How many telephones, including extensions, are there in your dwelling?<br><br>One <div style="float: right;">4 <input type="radio"/></div> → GO TO L14<br>Two or more <div style="float: right;">5 <input type="radio"/></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| L10. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Do all the telephones have the same number?<br><br>Yes <div style="float: right;">6 <input type="radio"/></div> → GO TO L14<br>No <div style="float: right;">7 <input type="radio"/></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| L11. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | How many different numbers are there?<br><br><div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 10px; height: 10px;"></div> <div style="border: 1px solid black; width: 10px; height: 10px;"></div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| L12. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Are any of these numbers for business use only?<br><br>Yes <div style="float: right;">8 <input type="radio"/></div><br>No <div style="float: right;">9 <input type="radio"/></div> → GO TO L14                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| L13. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | How many are for business use only?<br><br><div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 10px; height: 10px;"></div> <div style="border: 1px solid black; width: 10px; height: 10px;"></div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |





L22. What is the highest level of education that you have attained?

- Masters or earned doctorate ..... 1 ☐
- Bachelor or undergraduate degree, or teacher's college ..... 2 ☐
- Diploma or certificate from community college, CEGEP or nursing school ..... 3 ☐
- Diploma or certificate from trade, technical or vocational school, or business college ..... 4 ☐
- Some university ..... 5 ☐
- Some community college, CEGEP or nursing school ..... 6 ☐
- Some trade, technical or vocational school, or business college ..... 7 ☐
- Other ..... 8 ☐

Specify

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L23. What, if any, is your religion?

- No religion ..... 01 ☐ → GO TO L25
- Roman Catholic ..... 02 ☐
- United Church ..... 03 ☐
- Anglican ..... 04 ☐
- Presbyterian ..... 05 ☐
- Lutheran ..... 06 ☐
- Baptist ..... 07 ☐
- Eastern Orthodox ..... 08 ☐
- Jewish ..... 09 ☐
- Other ..... 10 ☐

Specify

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L24. Other than on special occasions, such as weddings, funerals or baptisms, how often did you attend services or meetings connected with your religion in the last 12 months?

Was it ...

- At least once a week? ... 1 ☐
- At least once a month? ... 2 ☐
- A few times a year? ... 3 ☐
- At least once a year? ... 4 ☐
- Not at all? ... 5 ☐

L25. To which ethnic or cultural group do you or did your ancestors belong? Would it be ...

(Accept multiple responses)

- English? ..... 02 ☐
- Irish? ..... 03 ☐
- Scottish? ..... 04 ☐
- French? ..... 01 ☐
- German? ..... 05 ☐
- Italian? ..... 06 ☐
- Ukrainian? ..... 07 ☐
- Other ..... 08 ☐

Specify

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- Canadian (Probe) ..... 09 ☐
- Don't know ..... 10 ☐

L26. During the past 12 months, what best describes your MAIN activity? Were you mainly ...

- Working at a job or business? ..... 1 ☐ → GO TO L29
- Looking for work? ..... 2 ☐ → GO TO L28
- A student? ..... 3 ☐
- Keeping house? ..... 4 ☐
- Retired? ..... 5 ☐ } GO TO L28
- Other ..... 6 ☐

Specify

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L27. Were you studying full-time or part-time?

- Full-time ..... 7 ☐
- Part-time ..... 8 ☐

L28. Did you have a job or were you self-employed at any time during the past 12 months?

- Yes ..... 1 ☐
- No ..... 2 ☐ → GO TO L36

L29. Including vacation, illness, strikes, lock-outs and maternity/paternity leave, for how many weeks during the past 12 months did you do any work at a job or business?

[ 3 ] [ ] [ ] weeks

L30. During those weeks, how many hours per week did you usually work?

[ 4 ] [ ] [ ] hours

L31. Did you regularly work evening or night shifts?

- Yes ..... 5 ☐
- No ..... 6 ☐

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| <p><b>L32. Did you regularly work on Saturday or Sunday?</b></p> <p>Yes ..... 7 <input type="radio"/></p> <p>No ..... 8 <input type="radio"/></p>                                                                                                                                                                                                                                                                                                                                                                     | <p><b>L39. Was he/she studying full-time or part-time?</b></p> <p>Full-time ..... 1 <input type="radio"/></p> <p>Part-time ..... 2 <input type="radio"/></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        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| <p><b>L33. For whom did you work for the longest time during the past 12 months?</b></p> <p>(Name of business, government department or agency, or person)</p> <div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div>                        | <p><b>L40. Did your spouse have a job or was he/she self-employed at any time during the past 12 months?</b></p> <p>Yes ..... 3 <input type="radio"/></p> <p>No ..... 4 <input type="radio"/> → GO TO L45</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <p><b>L34. What kind of business, industry or service was this?</b></p> <p>(Give full description: e.g. paper box manufacturing, retail shoe store, municipal board of education)</p> <div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div> | <p><b>L41. Including vacation, illness, strikes, lock-outs and maternity/paternity leave, for how many weeks during the past 12 months did he/she do any work at a job or business?</b></p> <p style="text-align: center;">5    6    7    8    9    10    11    12    13    14    15    16    17    18    19    20    21    22    23    24    25    26    27    28    29    30    31    32    33    34    35    36    37    38    39    40    41    42    43    44    45    46    47    48    49    50    51    52    53    54    55    56    57    58    59    60    61    62    63    64    65    66    67    68    69    70    71    72    73    74    75    76    77    78    79    80    81    82    83    84    85    86    87    88    89    90    91    92    93    94    95    96    97    98    99    100    101    102    103    104    105    106    107    108    109    110    111    112    113    114    115    116    117    118    119    120    121    122    123    124    125    126    127    128    129    130    131    132 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   1492    1493    1494    1495    1496    1497    1498    1499    1500    1501    1502    1503    1504    1505    1506    1507    1508    1509    1510    1511    1512    1513    1514    1515    1516    1517    1518    1519    1520    1521    1522    1523    1524    1525    1526    1527    1528    1529    1530    1531    1532    1533    1534    1535    1536    1537    1538    1539    1540    1541    1542    1543    1544    1545    1546    1547    1548    1549    1550    1551    1552    1553    1554    1555    1556    1557    1558    1559    1560    1561    1562    1563    1564    1565    1566    1567    1568    1569    1570    1571    1572    1573    1574    1575    1576    1577    1578    1579    1580    1581    1582    1583    1584    1585    1586    1587    1588    1589    1590    1591    1592    1593    1594    1595    1596    1597    1598    1599    1600    1601    1602    1603    1604    1605    1606    1607    1608    1609    1610    1611    1612    1613    1614    1615    1616 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L46. During 1989, did you receive income ...

- |                                                                                                                                                | Yes                     | No                      |
|------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|-------------------------|
| a) From wages, salary or self-employment? ....                                                                                                 | 1 <input type="radio"/> | 2 <input type="radio"/> |
| b) From government, such as Family Allowance, Unemployment Insurance, Social Assistance, Canada or Quebec Pension Plan or Old Age Security? .. | 3 <input type="radio"/> | 4 <input type="radio"/> |
| c) From interest, dividends, investments or private pensions? .....                                                                            | 5 <input type="radio"/> | 6 <input type="radio"/> |
| d) From any other sources, such as alimony, scholarships, etc.? ...                                                                            | 7 <input type="radio"/> | 8 <input type="radio"/> |

L47. What is your best estimate of your total personal income in 1989 from all sources, including those just mentioned?

Income ..... 1 ☐ → \$           .00  
 No income ... 2 ☐  
 Don't know ... 3 ☐

L48. Including yourself, how many persons in your household received income from any source, during 1989?

persons

L49. INTERVIEWER CHECK ITEM:

Review L48.

If L48 = 01 ..... 4 ☐ → GO TO M1  
 Otherwise ..... 5 ☐

L50. What is your best estimate of the total income of all household members from all sources in 1989? Was the total household income ...

- |                                              |   |                                              |                                                |
|----------------------------------------------|---|----------------------------------------------|------------------------------------------------|
| Less than \$20,000? 01 <input type="radio"/> | { | Less than \$10,000? 05 <input type="radio"/> | Less than \$5,000? 09 <input type="radio"/>    |
|                                              |   |                                              | \$5,000 and more? 10 <input type="radio"/>     |
|                                              | { | \$10,000 and more? 06 <input type="radio"/>  | Less than \$15,000? 11 <input type="radio"/>   |
|                                              |   |                                              | \$15,000 and more? 12 <input type="radio"/>    |
|                                              | { | Less than \$40,000? 07 <input type="radio"/> | Less than \$30,000? 13 <input type="radio"/>   |
|                                              |   |                                              | \$30,000 and more? 14 <input type="radio"/>    |
| \$20,000 and more? 02 <input type="radio"/>  | { |                                              | Less than \$60,000? 15 <input type="radio"/>   |
|                                              |   | \$40,000 and more? 08 <input type="radio"/>  | \$60,000 to \$79,999? 16 <input type="radio"/> |
|                                              |   |                                              | \$80,000 and more? 17 <input type="radio"/>    |
| No income 03 <input type="radio"/>           |   |                                              |                                                |
| Don't know ... 04 <input type="radio"/>      |   |                                              |                                                |



Refused to provide information ... 60 → GO TO M8

Surname .....

[illegible]

Refused to provide contact ..... 70 → GO TO M8

Surname .....

## Postal code .....| | | | | | | | | |

(Area code)

Thank respondent and end interview.

Female ..... 9 ○

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This image shows a single sheet of white paper with horizontal blue or green ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

## GENERAL SOCIAL SURVEY

### CYCLE 6 QUESTIONNAIRE PACKAGE

This package briefly describes the content, methodology and sample of the sixth cycle of the General Social Survey (GSS). Copies of the questionnaires used in Cycle 6 are attached as appendices.

Three questionnaires were used to conduct the interviews:

| QUESTIONNAIRE            | AGE GROUP                                | TITLE                   |
|--------------------------|------------------------------------------|-------------------------|
| GSS 6-1                  | All                                      | Control Form            |
| GSS6-1B<br>*not included | Age 65 and over<br>(LFS oversample only) | Control Form            |
| GSS6-2                   | Age 15 and over                          | Health<br>Questionnaire |

The GSS 6-1 was completed for each telephone number selected in the sample. It lists all household members and collects basic demographic information, specifically, age, sex, marital status and relation to the household reference person. A respondent, 15 years of age or older was then randomly selected and a GSS6-2 was completed for this person. In cases where the selected respondent was either too ill or did not speak either official language, a proxy interview was conducted when possible. For the oversample of seniors, the GSS6-1B was used to select a respondent from household members age 65 or older.

The sixth cycle of the GSS marks the first repeat of the GSS core subject areas. Most of the Cycle 6 core content repeats that of Cycle 1 (1985) as well as that of the Canada Health Survey (1978/79). Data collection for this cycle will be monthly from January 1991 to December 1991.

The content of the main questionnaire includes:

#### Section

- A. Health status (chronic health problems)
- B. Two week disability
- C. 12 Month Health Care contacts
- D. Flu shots
- E. Health status indicators
- F. Limitations (long term disability)
- G. Physical condition and activity

- H. Sleep
- J. Smoking
- K. Alcohol
- M. Occupation and health
- N. Satisfaction measures
- P. Emotional well-being
- Q. Classification
- R. Contacts for follow-up

### Sample

The Cycle 6 sample includes persons 15 years of age or older selected from the ten provinces. The majority of the sample will be selected through random digit dialing (RDD).

Each computer generated telephone number in the sample is called and an interviewer completes a Control Form. When they contact a private household, all the members of the household are enumerated and then one member age 15 or over is randomly selected and interviewed.

The expected sample size for Cycle 6 is 11,500. This sample includes the standard 10,000 interviews of people age 15 and over and a supplementary sample of 1,500 people age 65 and over sponsored by the Seniors Secretariat, Health and Welfare Canada. The telephone numbers for the elderly oversample will be drawn from households that have recently been part of the Labour Force Survey and are thought to contain at least one individual age 65 or older. In these households, all members are enumerated then one member age 65 or older is selected and interviewed.





|                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>21. Hello, I'm ..... from Statistics Canada. I'm calling you for a survey about the health of Canadians.</p>                                                                                                                                                                          | <p>Bonjour, ici ..... de Statistique Canada. Nous vous appelons concernant une étude au sujet de la santé des Canadiens.</p>                                                                                                                                                                                                     |
| <p>22. I'd like to make sure that I've dialed the right number. Is this ..... (read number)?</p> <p>Yes ..... <input type="radio"/></p> <p>No ..... <input type="radio"/> → Dial again, if still wrong. END</p>                                                                          | <p>J'aimerais m'assurer que j'ai composé le bon numéro. S'agit-il du n° ..... (lire le numéro)?</p> <p>Oui ..... <input type="radio"/></p> <p>Non ..... <input type="radio"/> → Composez de nouveau. S'il s'agit encore d'un mauvais numéro. METTEZ FIN A L'INTERVIEW.</p>                                                       |
| <p>23. All information we collect in this voluntary survey will be kept confidential. Your participation is essential if the survey results are to be accurate.</p>                                                                                                                      | <p>Tous les renseignements que vous fournirez pour cette enquête volontaire resteront confidentiels. Votre participation est essentielle afin que les résultats soient précis.</p>                                                                                                                                               |
| <p>24. Is this the number for a business, an institution or a private home?</p> <p>Private home ..... <input type="radio"/> } → Go to 27</p> <p>Both home and business ..... <input type="radio"/> }</p> <p>Business, institution or other non residence ..... <input type="radio"/></p> | <p>S'agit-il du numéro d'une entreprise, d'un établissement ou d'une maison privée?</p> <p>Maison privée ..... <input type="radio"/> } → Passez à 27</p> <p>Entreprise et maison privée ..... <input type="radio"/></p> <p>Entreprise, établissement ou autre immeuble non résidentiel ..... <input type="radio"/></p>           |
| <p>25. Does anyone use this telephone number as a home phone number?</p> <p>Yes ..... <input type="radio"/></p> <p>No ..... <input type="radio"/> → Thank respondent and END</p>                                                                                                         | <p>Quelqu'un utilise-t-il ce numéro de téléphone comme numéro personnel?</p> <p>Oui ..... <input type="radio"/></p> <p>Non ..... <input type="radio"/> → Remerciez le répondant et METTEZ FIN A L'INTERVIEW.</p>                                                                                                                 |
| <p>26. How many people live or stay at this address and use this number as a home phone number?</p> <p>Less than 15 ..... <input type="radio"/></p> <p>15 or more ..... <input type="radio"/> → Make appointment</p>                                                                     | <p>Combien de personnes vivent ou demeurent à cette adresse et utilisent ce numéro de téléphone comme numéro personnel?</p> <p>Moins de 15 ..... <input type="radio"/></p> <p>15 ou plus ..... <input type="radio"/> → Fixez un rendez-vous</p>                                                                                  |
| <p>27. I need to select one person from your household for an interview. What is the first name and age of each person living or staying there who has no usual place of residence elsewhere? Please start with the oldest.</p> <p>(Enter names and ages in items Z3 and Z5.)</p>        | <p>Je dois choisir une personne de votre ménage pour une interview. Quel est le prénom et l'âge de chaque personne qui vit ou demeure à cet endroit et qui n'a pas d'autre lieu habituel de résidence. Veuillez commencer par la personne la plus âgée du ménage.</p> <p>(Inscrivez le nom et l'âge aux rubriques Z3 et Z5.)</p> |
| <p>28. INTERVIEWER: Complete items Z6 through Z12 for each person recorded in item Z3.</p> <p>Refer to Interviewer Reference Card for instructions and codes.</p> <p>Then go to item 29.</p>                                                                                             | <p>INTERVIEWEUR: Remplissez les rubriques Z6 à Z12 pour chaque personne inscrite à la rubrique Z3.</p> <p>Pour les instructions et les codes, voir la Fiche de référence de l'intervieweur.</p> <p>Puis, passez à la rubrique 29.</p>                                                                                            |

| <p>1: [ ] [ ] [ ] [ ] - [ ] [ ] [ ] [ ] - [ ] [ ] [ ] [ ] 2: [ ] [ ]</p> <p>Telephone Number Numéro de téléphone S</p> <p><b>SELECTION GRID LABEL</b><br/><b>ETIQUETTE GRILLE DE SELECTION</b></p> |             | <p><b>A = Eligible Household Members</b><br/><b>Membres admissibles du ménage</b></p> <p><b>B = Selection Number</b><br/><b>Numéro de sélection</b></p> | <table border="1"> <thead> <tr> <th>Z1.<br/>Page</th> <th>Z2.<br/>Line</th> <th>Z3.<br/>Names of Household Members<br/>Noms des membres du ménage</th> <th>Z4.<br/>Sel. No.<br/>No de Sel.</th> <th>Z5.<br/>Age<br/>Âge</th> </tr> </thead> <tbody> <tr><td></td><td>1</td><td></td><td></td><td></td></tr> <tr><td></td><td>2</td><td></td><td></td><td></td></tr> <tr><td></td><td>3</td><td></td><td></td><td></td></tr> <tr><td></td><td>4</td><td></td><td></td><td></td></tr> <tr><td></td><td>5</td><td></td><td></td><td></td></tr> <tr><td></td><td>6</td><td></td><td></td><td></td></tr> <tr><td></td><td>7</td><td></td><td></td><td></td></tr> <tr><td></td><td>8</td><td></td><td></td><td></td></tr> </tbody> </table> | Z1.<br>Page       | Z2.<br>Line | Z3.<br>Names of Household Members<br>Noms des membres du ménage | Z4.<br>Sel. No.<br>No de Sel. | Z5.<br>Age<br>Âge |  | 1 |  |  |  |  | 2 |  |  |  |  | 3 |  |  |  |  | 4 |  |  |  |  | 5 |  |  |  |  | 6 |  |  |  |  | 7 |  |  |  |  | 8 |  |  |  |
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| Z1.<br>Page                                                                                                                                                                                        | Z2.<br>Line | Z3.<br>Names of Household Members<br>Noms des membres du ménage                                                                                         | Z4.<br>Sel. No.<br>No de Sel.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Z5.<br>Age<br>Âge |             |                                                                 |                               |                   |  |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |   |  |  |  |
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|                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                               |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>29. INTERVIEWER:</b> Enter the Page-Line Number of person giving the preceding information ....</p> <p style="text-align: right;">Page-Line Number of household respondent</p> <p style="text-align: center;">7      </p>                                                                                                  | <p><b>INTERVIEWEUR:</b> Inscrivez le numéro de page-ligne de la personne qui donne les renseignements précédents ...</p> <p style="text-align: right;">Numéro de page-ligne du répondant du ménage</p> <p style="text-align: center;">7      </p>                                                                                                             |
| <p><b>30.</b> Are there any people away from this household attending school, visiting, travelling or in the hospital who USUALLY live there?</p> <p>Yes ..... 1 <input type="radio"/> → Enter names and complete items Z5 through Z12.</p> <p>No ..... 2 <input type="radio"/></p>                                              | <p><b>Y a-t-il d'autres personnes qui sont absentes du ménage parce qu'elles sont aux études, en visite, en voyage ou à l'hôpital mais qui demeurent HABITUELLEMENT là?</b></p> <p>Oui ..... 1 <input type="radio"/> → Inscrivez leur nom et remplissez les rubriques Z5 à Z12.</p> <p>Non ..... 2 <input type="radio"/></p>                                  |
| <p><b>31.</b> Does anyone else live there, such as other relatives, roomers, boarders or employees?</p> <p>Yes ..... 3 <input type="radio"/> → Enter names and complete items Z5 through Z12.</p> <p>No ..... 4 <input type="radio"/></p>                                                                                        | <p><b>Y a-t-il d'autres personnes qui demeurent là, par exemple des personnes apparentées, des chambreurs, des pensionnaires ou des employés?</b></p> <p>Oui ..... 3 <input type="radio"/> → Inscrivez leur nom et remplissez les rubriques Z5 à Z12.</p> <p>Non ..... 4 <input type="radio"/></p>                                                            |
| <p><b>32. INTERVIEWER:</b> In item Z4 number the people 15 years of age and over, in order, from oldest to youngest. Enter number of eligible household members...</p> <p style="text-align: right;">Number of eligible household members</p> <p style="text-align: center;">8      </p>                                         | <p><b>INTERVIEWEUR:</b> A la rubrique Z4, attribuez un numéro aux personnes âgées de 15 ans et plus - de la plus âgée à la plus jeune. Inscrivez le nombre de personnes admissibles du ménage ...</p> <p style="text-align: right;">Nombre de personnes admissibles du ménage</p> <p style="text-align: center;">8      </p>                                  |
| <p><b>33. INTERVIEWER:</b> Determine the selected respondent by referring to the Selection Grid Label. In item Z4 circle the selection number of the selected respondent and enter Page-Line Number ...</p> <p style="text-align: right;">Page-Line Number of selected respondent</p> <p style="text-align: center;">9      </p> | <p><b>INTERVIEWEUR:</b> Déterminez le répondant sélectionné en utilisant l'étiquette grille de sélection. A la rubrique Z4, encerclez le numéro de sélection du répondant sélectionné et inscrivez le numéro de page-ligne ...</p> <p style="text-align: right;">Numéro de page-ligne du répondant sélectionné</p> <p style="text-align: center;">9      </p> |
| <p><b>34.</b> The person I am to interview is ..... (read name). (Is he/she there?)</p> <p>Yes ..... <input type="radio"/> → Go to Form GSS 6-2 and begin interview.</p> <p>No ..... <input type="radio"/> → Set up appointment and enter details in item 16.</p>                                                                | <p><b>La personne que je vais interviewer est ..... (lisez le nom). (Est-elle là?)</b></p> <p>Oui ..... <input type="radio"/> → Passez à la formule ESG 6-2 et commencez l'interview.</p> <p>Non ..... <input type="radio"/> → Fixez un rendez-vous et inscrivez les détails à la rubrique 16.</p>                                                            |

| Z6. Sex               |                       | Z7. What is ... marital status? (refer to form GSS 6-5)                  |                       |                       |                       | Z8. Family Identifier |  | Z9. What is ... 's relationship to ... (the family reference person)?      |                                   | Page-Line Number of: Numéro de page-ligne de: |                                   |  |
|-----------------------|-----------------------|--------------------------------------------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|--|----------------------------------------------------------------------------|-----------------------------------|-----------------------------------------------|-----------------------------------|--|
| Sexe                  |                       | Quel est l'état matrimonial de ...? (Reportez-vous à la formule ESG 6-5) |                       |                       |                       | Code-famille          |  | Quel est le lien de ... avec ... (la personne de référence de la famille)? | Z10. Spouse/Partner               | Z11. Mother                                   | Z12. Father                       |  |
| M                     | F                     | M                                                                        | W/V                   | Div.                  | Single                |                       |  |                                                                            | Conjoint/partenaire               | Mère                                          | Père                              |  |
| 1                     | 2                     | 3                                                                        | 4                     | 5                     | 6                     |                       |  | <input type="checkbox"/> If "0", specify - Si "0", précisez                | 1                                 | 2                                             | 3                                 |  |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/>                                                    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |                       |  |                                                                            | 199 <input type="radio"/> n/a-s/o | 299 <input type="radio"/> n/a-s/o             | 399 <input type="radio"/> n/a-s/o |  |
| 4                     | 5                     | 6                                                                        | 7                     | 8                     | 9                     |                       |  | <input type="checkbox"/> If "0", specify - Si "0", précisez                | 4                                 | 5                                             | 6                                 |  |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/>                                                    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |                       |  |                                                                            | 499 <input type="radio"/> n/a-s/o | 599 <input type="radio"/> n/a-s/o             | 699 <input type="radio"/> n/a-s/o |  |
| 1                     | 2                     | 3                                                                        | 4                     | 5                     | 6                     |                       |  | <input type="checkbox"/> If "0", specify - Si "0", précisez                | 1                                 | 2                                             | 3                                 |  |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/>                                                    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |                       |  |                                                                            | 199 <input type="radio"/> n/a-s/o | 299 <input type="radio"/> n/a-s/o             | 399 <input type="radio"/> n/a-s/o |  |
| 4                     | 5                     | 6                                                                        | 7                     | 8                     | 9                     |                       |  | <input type="checkbox"/> If "0", specify - Si "0", précisez                | 4                                 | 5                                             | 6                                 |  |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/>                                                    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |                       |  |                                                                            | 499 <input type="radio"/> n/a-s/o | 599 <input type="radio"/> n/a-s/o             | 699 <input type="radio"/> n/a-s/o |  |
| 1                     | 2                     | 3                                                                        | 4                     | 5                     | 6                     |                       |  | <input type="checkbox"/> If "0", specify - Si "0", précisez                | 1                                 | 2                                             | 3                                 |  |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/>                                                    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |                       |  |                                                                            | 199 <input type="radio"/> n/a-s/o | 299 <input type="radio"/> n/a-s/o             | 399 <input type="radio"/> n/a-s/o |  |
| 4                     | 5                     | 6                                                                        | 7                     | 8                     | 9                     |                       |  | <input type="checkbox"/> If "0", specify - Si "0", précisez                | 4                                 | 5                                             | 6                                 |  |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/>                                                    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |                       |  |                                                                            | 499 <input type="radio"/> n/a-s/o | 599 <input type="radio"/> n/a-s/o             | 699 <input type="radio"/> n/a-s/o |  |
| 1                     | 2                     | 3                                                                        | 4                     | 5                     | 6                     |                       |  | <input type="checkbox"/> If "0", specify - Si "0", précisez                | 1                                 | 2                                             | 3                                 |  |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/>                                                    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |                       |  |                                                                            | 199 <input type="radio"/> n/a-s/o | 299 <input type="radio"/> n/a-s/o             | 399 <input type="radio"/> n/a-s/o |  |
| 4                     | 5                     | 6                                                                        | 7                     | 8                     | 9                     |                       |  | <input type="checkbox"/> If "0", specify - Si "0", précisez                | 4                                 | 5                                             | 6                                 |  |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/>                                                    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |                       |  |                                                                            | 499 <input type="radio"/> n/a-s/o | 599 <input type="radio"/> n/a-s/o             | 699 <input type="radio"/> n/a-s/o |  |

- 4 -  
RECORD OF CALLS - REGISTRE DES APPELS

| 10 | 11 Date     |               | 12 Start Debut |              | 13 Finish Fin |              | 14 Result | 15 Interviewer s<br>Name<br>Nom de<br>l'intervieweur | 16<br><br>Comments<br>Remarques |
|----|-------------|---------------|----------------|--------------|---------------|--------------|-----------|------------------------------------------------------|---------------------------------|
|    | Day<br>Jour | Month<br>Mois | Hour<br>Heure  | Min.<br>Min. | Hour<br>Heure | Min.<br>Min. | Résultat  |                                                      |                                 |
| 24 |             |               |                |              |               |              |           |                                                      |                                 |
| 25 |             |               |                |              |               |              |           |                                                      |                                 |
| 26 |             |               |                |              |               |              |           |                                                      |                                 |
| 27 |             |               |                |              |               |              |           |                                                      |                                 |
| 28 |             |               |                |              |               |              |           |                                                      |                                 |
| 29 |             |               |                |              |               |              |           |                                                      |                                 |
| 30 |             |               |                |              |               |              |           |                                                      |                                 |
| 31 |             |               |                |              |               |              |           |                                                      |                                 |
| 32 |             |               |                |              |               |              |           |                                                      |                                 |
| 33 |             |               |                |              |               |              |           |                                                      |                                 |
| 34 |             |               |                |              |               |              |           |                                                      |                                 |
| 35 |             |               |                |              |               |              |           |                                                      |                                 |
| 36 |             |               |                |              |               |              |           |                                                      |                                 |
| 37 |             |               |                |              |               |              |           |                                                      |                                 |
| 38 |             |               |                |              |               |              |           |                                                      |                                 |
| 39 |             |               |                |              |               |              |           |                                                      |                                 |
| 40 |             |               |                |              |               |              |           |                                                      |                                 |
| 41 |             |               |                |              |               |              |           |                                                      |                                 |
| 42 |             |               |                |              |               |              |           |                                                      |                                 |
| 43 |             |               |                |              |               |              |           |                                                      |                                 |
| 44 |             |               |                |              |               |              |           |                                                      |                                 |
| 45 |             |               |                |              |               |              |           |                                                      |                                 |
| 46 |             |               |                |              |               |              |           |                                                      |                                 |
| 47 |             |               |                |              |               |              |           |                                                      |                                 |
| 48 |             |               |                |              |               |              |           |                                                      |                                 |
| 49 |             |               |                |              |               |              |           |                                                      |                                 |
| 50 |             |               |                |              |               |              |           |                                                      |                                 |
| 51 |             |               |                |              |               |              |           |                                                      |                                 |
| 52 |             |               |                |              |               |              |           |                                                      |                                 |
| 53 |             |               |                |              |               |              |           |                                                      |                                 |
| 54 |             |               |                |              |               |              |           |                                                      |                                 |
| 55 |             |               |                |              |               |              |           |                                                      |                                 |
| 56 |             |               |                |              |               |              |           |                                                      |                                 |
| 57 |             |               |                |              |               |              |           |                                                      |                                 |
| 58 |             |               |                |              |               |              |           |                                                      |                                 |
| 59 |             |               |                |              |               |              |           |                                                      |                                 |
| 60 |             |               |                |              |               |              |           |                                                      |                                 |

If the last call to the household is recorded on this page, transcribe the information for this call to line 99 on page 1.  
Si le dernier appel effectué pour ce ménage est enregistré sur cette page, veuillez transcrire l'information relative à cet appel à la ligne 99 de la page 1.



## General Social Survey Health Questionnaire

### Ages 15 years and over

Confidential when completed

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

[illegible]

## Section A: Health Status

## A1. INTERVIEWER:

Repeat the introduction below if the selected respondent is different from household respondent.

Hello, I'm ... from Statistics Canada. I'm calling you for a survey on the health of Canadians.

All the information we collect in this voluntary survey will be kept strictly confidential. Your participation is essential if the survey results are to be accurate.

A2. Compared to other people your age, how would you describe your state of health? Would you say it was ...

Excellent? ..... 5○

Very Good? ..... 6○

Good? ..... 7○

Fair? ..... 8○

Poor? ..... 9○

A3. When did you last have your blood pressure checked by a doctor or nurse?

Within the last 6 months ..... 1○

7 to 12 months ago ..... 2○

13 to 24 months ago ..... 3○

More than 2 years ago ..... 4○

Never ..... 5○ → Go to A6

Don't know ..... 6○

Refused ..... 7○ → Go to A6

A4. Have you ever been told by a doctor or nurse that you have high blood pressure? (For women add: except when you were pregnant)

Yes ..... 7○

No ..... 8○

Don't know ..... 9○ } Go to A6

A5. Has any medication or treatment such as a change in diet ever been prescribed for your high blood pressure?

Yes ..... 1○

No ..... 2○

Don't know ..... 3○

A6. Have you ever had trouble with your heart, such as heart attack, angina, heart failure or rheumatic heart disease?

Yes ..... 4○

No ..... 5○

Don't know ..... 6○ } Go to A8

Refused ..... 7○

A7. At what age were you first diagnosed?

years of age

Never diagnosed ..... 96○

Don't know ..... 96○

A8. Do you have diabetes?

Yes ..... 1○

No ..... 2○

Don't know ..... 3○

Refused ..... 4○

} Go to A10

A9. At what age were you first diagnosed?

years of age

Never diagnosed ..... 96○

Don't know ..... 96○

A10. Do you have:

Yes No Don't know

a) Arthritis, rheumatism or bursitis? ..... 01○ 02○ 03○

b) Asthma? ..... 04○ 05○ 06○

c) Emphysema, chronic bronchitis, persistent cough or shortness of breath? ..... 07○ 08○ 09○

d) Hay fever? ..... 10○ 11○ 12○

e) Skin or other allergies? ..... 13○ 14○ 15○

f) Stomach ulcer? ..... 16○ 17○ 18○

g) Other digestive problems? ..... 19○ 20○ 21○

h) Recurring migraine headaches? ..... 22○ 23○ 24○

i) High blood cholesterol? ..... 25○ 26○ 27○

j) Any emotional disorders? ..... 28○ 29○ 30○

## Section B: Two-Week Disability

B1. During the last two weeks, was your main activity working, going to school, keeping house, retired or something else? (Note: If sickness or short-term illness is reported, ask for usual main activity)

Working ..... 4○

Going to school ..... 5○

Keeping house ..... 6○

Retired ..... 7○

Other (vacation, maternity/paternity leave, long term illness, etc.) ..... 8○

(Specify)

B2. During those 14 days, did you stay in bed at all because of your health, including any nights spent as a patient in a hospital?

Yes ..... 1○

No ..... 2○

Refused ..... 3○

} Go to B7

B3. How many days did you stay in bed for all or most of the day?

bed days

Part of a day  96

B4. Interviewer Check Item:



Review B1.

Was the respondent...

Working?  4

Going to school?  5

Keeping house?  6

Retired?  7

Other/Refused  8 } Go to B6

B5. On how many of those days would you normally have...

worked?

gone to school?

done housework?

activity loss-bed days

B6. Not counting days spent in bed, did you cut down on things you normally do during the day because of your health?



Yes  1 → Go to B8

No  2

Refused  3 } Go to B11

B7. (During those 14 days) Did you cut down on things you normally do during the day because of your health?



Yes  4

No  5

Refused  6 } Go to B11

B8. How many days did you cut down for all or most of the day?

cut-down days

Part of a day  96

B9. Interviewer Check Item:



Review B1.

Was the respondent...

Working?  1

Going to school?  2

Keeping house?  3

Retired?  4

Other/Refused  5 } Go to B11

B10. On how many of those days were you not able to...

work?

go to school?

do housework?

activity loss-cut down days

B11. During those 14 days, did you see or talk to a medical doctor about your health?



Yes  6

No  7

Refused  8 } Go to C1

B12. What was the main reason for this contact?

Illness or health problem  1

Medical check-up  2

Shots, inoculations or vaccination  3

Pre or post-natal care  4

Other  5

(Specify)

#### Section C: 12 Month Health Care Contacts

C1. During the past 12 months, how many times did you see or talk to a...

Times None

a) Family doctor or general practitioner about your own health?  1 or 100

What about a...

b) Medical specialist?  2 or 200

c) Dentist?  3 or 300

d) Nurse (excluding making appointments?)  4 or 400

e) Optometrist or optician?  5 or 500

f) Chiropractor?  6 or 600

g) Psychologist, social worker, or counsellor?  7 or 700

h) Physiotherapist?  8 or 800

i) Any other health care professional?  9 or 900

(Specify)

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>C2.</b> Did you spend any nights as a patient in a hospital, nursing home or convalescent home during the last 12 months?</p> <p>Yes .....<sup>1</sup>○ → C2A. How many nights? <span style="border: 1px solid black; display: inline-block; width: 40px; height: 15px; vertical-align: middle;"></span> patient nights</p> <p>No .....<sup>2</sup>○</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <p><b>D4.</b> Why did you not have a flu shot?</p> <p>(Mark all that apply.)</p> <ul style="list-style-type: none"> <li>• My doctor never mentioned it. ....<sup>01</sup>○</li> <li>• My doctor didn't think it was necessary. ....<sup>02</sup>○</li> <li>• I never thought about it. ....<sup>03</sup>○</li> <li>• Flu is not that serious. ....<sup>04</sup>○</li> <li>• I haven't heard about it. ....<sup>05</sup>○</li> <li>• Too busy: never got around to it. ....<sup>06</sup>○</li> <li>• I hardly ever get the flu. ....<sup>07</sup>○</li> <li>• Fear of side effects. ....<sup>08</sup>○</li> <li>• I feel the flu shot doesn't work. ....<sup>09</sup>○</li> <li>• I feel it costs too much. ....<sup>10</sup>○</li> <li>• Other .....<sup>11</sup>○<br/>↓<br/>(Specify)<br/><div style="border: 1px solid black; width: 100%; height: 20px; margin-bottom: 5px;"></div><div style="border: 1px solid black; width: 100%; height: 20px;"></div></li> <li>• Don't know (Probe for a reason) .....<sup>12</sup>○</li> </ul> |
| <p><b>C3.</b> Over the past 12 months, have you experienced any delays in obtaining health care?</p> <p>Yes .....<sup>3</sup>○</p> <p>No .....<sup>4</sup>○</p> <p>Refused .....<sup>5</sup>○ } Go to D1</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| <p><b>C4.</b> For which type of medical service did the delay occur? (Note: if more than one delay, ask about most recent)</p> <p>Hospital emergency room treatment .....<sup>1</sup>○</p> <p>Medical appointment with a general practitioner .....<sup>2</sup>○</p> <p>Medical appointment with a specialist .....<sup>3</sup>○</p> <p>Hospital admission for surgery .....<sup>4</sup>○</p> <p>Hospital admission for other treatment .....<sup>5</sup>○</p> <p>Nursing home or long-term care facility .....<sup>6</sup>○</p> <p>Diagnostic test (eg. blood test, x-rays) .....<sup>7</sup>○</p> <p>Other medical treatment .....<sup>8</sup>○<br/>↓<br/>(Specify)<br/><div style="border: 1px solid black; width: 100%; height: 20px; margin-bottom: 5px;"></div><div style="border: 1px solid black; width: 100%; height: 20px;"></div></p> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| <p><b>C5.</b> How long was this delay?</p> <p><span style="border: 1px solid black; display: inline-block; width: 30px; height: 15px; vertical-align: middle;"></span> <span style="border: 1px solid black; display: inline-block; width: 30px; height: 15px; vertical-align: middle;"></span> <span style="border: 1px solid black; display: inline-block; width: 30px; height: 15px; vertical-align: middle;"></span><br/>Hours Days Weeks</p>                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| <p><b>Section D: Flu Shots</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| <p><b>D1.</b> Did your doctor or nurse recommend that you get a flu shot during the fall or winter of 1990-1991?</p> <p>Yes .....<sup>4</sup>○</p> <p>No .....<sup>5</sup>○</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| <p><b>D2.</b> Comment: This vaccination is usually given in the fall and protects against influenza for about one year.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| <p><b>D3.</b> Did you have a flu shot during the fall or winter of 1990-1991?</p> <p>Yes .....<sup>6</sup>○ → Go to E1</p> <p>No .....<sup>7</sup>○</p> <p>Don't know .....<sup>8</sup>○</p> <p>Refused .....<sup>9</sup>○ } Go to E1</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| <p><b>Section E: Health Status Indicators</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| <p><b>E1.</b> The next set of questions ask about your day to day health. You may feel that some of these questions do not apply to you but it is important that we ask the same questions of everyone.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| <p><b>Vision</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| <p><b>E2.</b> Are you usually able to see well enough to read ordinary newsprint <u>without</u> glasses or contact lenses?</p> <p>Yes .....<sup>1</sup>○ → Go to E5</p> <p>No .....<sup>2</sup>○</p> <p>Refused .....<sup>3</sup>○ → Go to E7</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| <p><b>E3.</b> Can you see well enough to read ordinary newsprint <u>with</u> glasses or contact lenses?</p> <p>Yes .....<sup>4</sup>○ → Go to E5</p> <p>No .....<sup>5</sup>○</p> <p>Don't know (Don't wear glasses or contacts) .....<sup>6</sup>○</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| <p><b>E4.</b> Can you see at all?</p> <p>Yes .....<sup>7</sup>○</p> <p>No .....<sup>8</sup>○ → Go to E7</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| <p><b>E5.</b> Can you see well enough to recognize a friend on the other side of the street <u>without</u> glasses or contact lenses?</p> <p>Yes .....<sup>1</sup>○ → Go to E7</p> <p>No .....<sup>2</sup>○</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |



|                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                         |
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| <p>E6. Can you see well enough to recognize a friend on the other side of the street <u>with</u> glasses or contact lenses?</p> <p>Yes ..... 3○</p> <p>No ..... 4○</p> <p>Don't know (Don't wear glasses or contacts). ..... 5○</p>               | <p>Getting Around</p> <p>E15. INTERVIEWER:</p> <p><i>If a respondent says "sometimes" to any of the following questions, E16-E20 and E22, please prompt with "Is that usually?" If it is not, mark No.</i></p>                                                                                                                                                          |
| <p>Hearing</p> <p>E7. Are you usually able to hear what is said in a group conversation with at least three other people <u>without</u> a hearing aid?</p> <p>Yes ..... 1○ → Go to E11</p> <p>No ..... 2○</p> <p>Refused ..... 3○ → Go to E11</p> | <p>E16. Are you able to walk around the neighbourhood <u>without</u> difficulty and <u>without</u> mechanical support such as braces, a cane or crutches?</p> <p>Yes ..... 5○ → Go to E23</p> <p>No ..... 6○</p> <p>Refused ..... 7○ → Go to E23</p>                                                                                                                    |
| <p>E8. Can you hear what is said in a group conversation with at least three other people <u>with</u> a hearing aid?</p> <p>Yes ..... 4○</p> <p>No ..... 5○</p> <p>Don't know (Don't wear a hearing aid) ..... 6○</p>                             | <p>E17. Can you walk at all?</p> <p>Yes ..... 8○</p> <p>No ..... 9○ → Go to E20</p>                                                                                                                                                                                                                                                                                     |
| <p>E9. Can you hear what is said in a conversation with one other person in a quiet room <u>without</u> a hearing aid?</p> <p>Yes ..... 7○ → Go to E11</p> <p>No ..... 8○</p>                                                                     | <p>E18. Do you require mechanical support such as braces, cane or crutches to walk around the neighbourhood?</p> <p>Yes ..... 1○</p> <p>No ..... 2○</p>                                                                                                                                                                                                                 |
| <p>E10. Can you hear what is said in a conversation with one other person in a quiet room <u>with</u> a hearing aid?</p> <p>Yes ..... 1○</p> <p>No ..... 2○</p> <p>Don't know (Don't wear a hearing aid) ..... 3○</p>                             | <p>E19. Do you require the help of another person to walk?</p> <p>Yes ..... 3○</p> <p>No ..... 4○</p>                                                                                                                                                                                                                                                                   |
| <p>Speech</p> <p>E11. Are you usually able to be understood <u>completely</u> when speaking with strangers in your own language?</p> <p>Yes ..... 4○ → Go to E16</p> <p>No ..... 5○</p> <p>Refused ..... 6○ → Go to E16</p>                       | <p>E20. Do you require a wheelchair to get around?</p> <p>Yes ..... 5○</p> <p>No ..... 6○ → Go to E23</p>                                                                                                                                                                                                                                                               |
| <p>E12. Are you able to be understood <u>partially</u> when speaking with strangers?</p> <p>Yes ..... 7○</p> <p>No ..... 8○</p>                                                                                                                   | <p>E21. How often do you use a wheelchair...</p> <p>Always? ..... 1○</p> <p>Often? ..... 2○</p> <p>Sometimes? ..... 3○</p> <p>Never ..... 4○</p>                                                                                                                                                                                                                        |
| <p>E13. Are you able to be understood <u>completely</u> when speaking with those who know you well?</p> <p>Yes ..... 1○ → Go to E16</p> <p>No ..... 2○</p>                                                                                        | <p>E22. Do you need the help of another person to get around in the wheelchair?</p> <p>Yes ..... 5○</p> <p>No ..... 6○</p>                                                                                                                                                                                                                                              |
| <p>E14. Are you able to be understood <u>partially</u> when speaking with those who know you well?</p> <p>Yes ..... 3○</p> <p>No ..... 4○</p>                                                                                                     | <p>Hands and Fingers</p> <p>E23. Do you usually have the <u>full use</u> of two hands and ten fingers?</p> <p>Yes ..... 7○ → Go to E27</p> <p>No ..... 8○</p> <p>Refused ..... 9○ → Go to E27</p> <p>E24. Do you require the help of another person because of limitations in the use of your hands and fingers?</p> <p>Yes ..... 1○</p> <p>No ..... 2○ → Go to E26</p> |

E25. Do you require the help of another person with ...

Some tasks? ..... 3○

Most tasks? ..... 4○

Almost all tasks? ..... 5○

All tasks? ..... 6○

E26. Do you require special equipment, for example, devices to assist in dressing, because of limitations in the use of your hands or fingers?

Yes ..... 7○

No ..... 8○

#### Feelings

E27. Would you describe yourself as usually ...

Happy and interested in life? ..... 1○

Somewhat happy? ..... 2○

Somewhat unhappy? ..... 3○

Very unhappy? ..... 4○

No opinion ..... 5○

#### Memory

E28. How would you describe your usual ability to remember things...

Able to remember most things? ..... 6○

Somewhat forgetful? ..... 7○

Very forgetful? ..... 8○

Unable to remember anything at all? ..... 9○

#### Thinking

E29. How would you describe your usual ability to think and solve day to day problems...

Able to think clearly and solve problems? ..... 1○

Having a little difficulty? ..... 2○

Having some difficulty? ..... 3○

Having a great deal of difficulty? ..... 4○

Unable to think or solve problems? ..... 5○

#### Pain and Discomfort

E30. In general, do you have any trouble with pain or discomfort?

Yes ..... 6○

No ..... 7○

Refused ..... 8○ } Go to F1

E31. How would you describe your usual intensity of pain or discomfort...

Mild? ..... 1○

Moderate? ..... 2○

Severe? ..... 3○

E32. How many activities does your pain and discomfort prevent...

None? ..... 4○

A few? ..... 5○

Some? ..... 6○

Most? ..... 7○

#### Section F: Limitations

F1. Are you limited in the amount or kind of activity you can do at home, at work or at school because of a long term physical condition or health problem?

Yes ..... 1○

No ..... 2○

Refused ..... 3○ } Go to G1

F2. How are you limited? (Note: record limitation not problem)

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F3. What is the main health problem which caused this limitation?

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#### Section G: Physical Condition and Activity

G1. The next few questions concern your physical condition and physical activity.

G2. How tall are you without your shoes on?

4 Feet or 5 Centimetres

Don't know ..... 9998○

G3. How much do you weigh?

1 Pounds or 2 Kilograms

Don't know ..... 9998○

G4. Do you consider yourself to be...

Overweight? ..... 1○

Underweight? ..... 2○

Just about right? ..... 3○

G5. I am now going to ask you questions about the amount of time you spend on physical activity at work or while doing your daily chores, but not leisure time activity.

A. How many hours per day do you usually spend standing or walking but not carrying or lifting things. Would that be...

- None? ..... 01 ☐
- Less than 15 minutes? ..... 02 ☐
- 15 minutes to less than 2 hours? ..... 03 ☐
- Two to less than 4 hours? ..... 04 ☐
- Four to less than 6 hours? ..... 05 ☐
- Six hours or more? ..... 06 ☐
- Don't know ..... 07 ☐

B. How many hours per day do you usually spend lifting or carrying light loads, climbing stairs or hills? Would that be...

- None? ..... 08 ☐
- Less than 15 minutes? ..... 09 ☐
- 15 minutes to less than 2 hours? ..... 10 ☐
- Two to less than 4 hours? ..... 11 ☐
- Four to less than 6 hours? ..... 12 ☐
- Six hours or more? ..... 13 ☐
- Don't know ..... 14 ☐

C. How many hours per day do you usually spend doing heavy work or carrying very heavy loads? Would that be...

- None? ..... 15 ☐
- Less than 15 minutes? ..... 16 ☐
- 15 minutes to less than 2 hours? ..... 17 ☐
- Two to less than 4 hours? ..... 18 ☐
- Four to less than 6 hours? ..... 19 ☐
- Six hours or more? ..... 20 ☐
- Don't know ..... 21 ☐

G6. I am now going to ask you questions about the amount of time you spent on leisure time physical activity such as walking, sports, gardening or dancing during the last month.

A. Thinking back over the past month, how many hours per week did you spend on light physical activity so that your breathing was only a little faster than normal? Would that be...

- None? ..... 22 ☐
- Less than one hour? ..... 23 ☐
- One hour to less than 2 hours? ..... 24 ☐
- Two hours to less than 3 hours? ..... 25 ☐
- Three hours or more? ..... 26 ☐
- Don't know ..... 27 ☐

B. Thinking back over the past month, how many hours per week did you spend on moderate physical activity where your breathing was a lot faster than normal but talking was still possible? Would that be...

- None? ..... 28 ☐
- Less than one hour? ..... 29 ☐
- One hour to less than 2 hours? ..... 30 ☐
- Two hours to less than 3 hours? ..... 31 ☐
- Three hours or more? ..... 32 ☐
- Don't know ..... 33 ☐

C. Thinking back over the past month, how many hours per week did you spend on vigorous physical activity where your breathing was so fast that talking was very difficult or almost impossible? Would that be...

- None? ..... 34 ☐
- Less than one hour? ..... 35 ☐
- One hour to less than 2 hours? ..... 36 ☐
- Two hours to less than 3 hours? ..... 37 ☐
- Three hours or more? ..... 38 ☐
- Don't know ..... 39 ☐

G7. Overall, do you consider the amount of physical activity you usually get to be...

- Too much? ..... 7 ☐
- Too little? ..... 8 ☐
- The right amount? ..... 9 ☐

#### Section H: Sleep

H1. Comment: Recent studies have shown that the amount of sleep a person gets may be related to their health.

H2. How long do you usually spend sleeping each night? (Do not include time spent resting.)

hours  minutes

Don't know ..... 9998 ☐

H3. Do you regularly have trouble going to sleep or staying asleep?

- Yes ..... 1 ☐
- No ..... 2 ☐

H4. How often do you find your sleep refreshing?

- Most of the time? ..... 3 ☐
- Sometimes? ..... 4 ☐
- Never? ..... 5 ☐

H5. How often do you find it difficult to stay awake when you want to?

- Most of the time? ..... 6 ☐
- Sometimes? ..... 7 ☐
- Never? ..... 8 ☐





|                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>M3. Did you have a job or were you self-employed at any time during the past 12 months?</b></p> <p>Yes ..... 1○ → Go to M12</p> <p>No ..... 2○</p> <p>Refused ..... 3○ → Go to M6</p>                                         | <p><b>M12. Did you do any work at a job or business in the past 12 months?</b></p> <p>Yes ..... 2○ → Go to M16</p> <p>No ..... 3○</p> <p>Refused ..... 4○ → Go to M16</p>                                                                                                                                                                                          |
| <p><b>M4. Did you look for a job in the last four weeks?</b></p> <p>Yes ..... 4○</p> <p>No ..... 5○</p> <p>Refused ..... 6○ } Go to M6</p>                                                                                          | <p><b>M13. Last week, did you have a job to which you expected to return?</b></p> <p>Yes ..... 5○ → Go to M16</p> <p>No ..... 6○</p>                                                                                                                                                                                                                               |
| <p><b>M5. How long have you been looking for a job?</b></p> <p> weeks</p>                                                                                                                                                           | <p><b>M14. Did you look for a job in the last four weeks?</b></p> <p>Yes ..... 7○</p> <p>No ..... 8○</p> <p>Refused ..... 9○ } Go to M16</p>                                                                                                                                                                                                                       |
| <p><b>M6. Have you ever worked at a job, business or been self-employed?</b></p> <p>Yes ..... 7○</p> <p>No ..... 8○</p> <p>Refused ..... 9○ } Go to M40</p>                                                                         | <p><b>M15. How long have you been without a job and looking for one?</b></p> <p> weeks</p>                                                                                                                                                                                                                                                                         |
| <p><b>M7. What kind of work did you do for the longest time?</b><br/>(Give full description: e.g. accounts clerk, dairy farmer, primary school teacher)</p> <p> </p> <p> </p> <p> </p> <p> </p> <p>Refused ..... 1○ → Go to M11</p> | <p><b>M16. For how many weeks during the past 12 months were you employed or self-employed. Include vacation, illness, strikes, lock-outs and maternity/paternity leave.</b></p> <p> 2 weeks</p>                                                                                                                                                                   |
| <p><b>M8. For how many years did you do this kind of work?</b></p> <p> years</p>                                                                                                                                                    | <p><b>M17. During those weeks, how many hours per week did you usually work? (Include all jobs)</b></p> <p> 3 hours</p>                                                                                                                                                                                                                                            |
| <p><b>M9. For whom did you work? (Name of business, government department or agency, or person).</b></p> <p> </p> <p> </p> <p> </p> <p> </p>                                                                                        | <p><b>M18. Which of the following best describes the hours you usually worked...</b></p> <p>Regular day time schedule? ..... 4○</p> <p>Regular afternoon or evening schedule? ..... 5○</p> <p>Regular night shift? ..... 6○</p> <p>Rotating shift? (One that changes periodically)? ..... 7○</p> <p>Other ..... 8○</p> <p style="text-align: right;">Go to M20</p> |
| <p><b>M10. What kind of business, industry or service was this?</b><br/>(Give full description: e.g. paper box manufacturing, retail shoe store, municipal board of education)</p> <p> </p> <p> </p> <p> </p> <p> </p>              | <p><b>M19. How often did you work a night shift? Was it...</b></p> <p>Regularly? ..... 1○</p> <p>Sometimes? ..... 2○</p> <p>Never? ..... 3○</p>                                                                                                                                                                                                                    |
| <p><b>M11. In what year did you last work?</b></p> <p> 1 9 → Go to M40</p>                                                                                                                                                          | <p><b>M20. For whom did you work for the longest time during the past 12 months? (Name of business, government department or agency, or person).</b></p> <p> </p> <p> </p> <p> </p> <p> </p>                                                                                                                                                                       |

M21. What kind of business, industry or service was this?  
(Give full description: e.g. paper box manufacturing, retail shoe store, municipal board of education)

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M22. What kind of work were you doing? (Give full description: e.g. accounts clerk, dairy farmer, primary school teacher)

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M23. In that job, were you a paid worker or self-employed?

- Paid worker ..... 4○
- Self-employed ..... 5○
- Other (e.g. unpaid family worker) 6○ } Go to M27

#### Job Benefits

M24. Comment: These questions refer to the job you just described. Include benefits that are either provided entirely by your employer or that are cost shared between you and the employer.

M25. Does/Did your employer provide you with a ...

a) Retirement pension plan (in addition to the Canada Pension Plan or Quebec Pension Plan contribution required of employers)?

- Yes ..... 7○
- No ..... 8○
- Don't know ..... 9○

b) Disability insurance to replace at least part of your earnings in the event you become disabled (in addition to the disability benefits of the Canada Pension Plan or Quebec Pension Plan)?

- Yes ..... 1○
- No ..... 2○
- Don't know ..... 3○

c) Survivor benefits for your family in the event of your death (in addition to those provided by the Canada Pension Plan or the Quebec Pension Plan)?

- Yes ..... 4○
- No ..... 5○
- Don't know ..... 6○

d) Medical/surgical benefits beyond those provided by your provincial health care system?

- Yes ..... 7○
- No ..... 8○
- Don't know ..... 9○

e) Dental Care Benefits?

- Yes ..... 1○
- No ..... 2○
- Don't know ..... 3○

f) Counselling or referral services for personal problems?

- Yes ..... 4○
- No ..... 5○
- Don't know ..... 6○

g) Paid maternity or paternity leave, in addition to the benefits provided by Unemployment Insurance?

- Yes ..... 7○
- No ..... 8○
- Don't know ..... 9○

M26. Are you a member of a labour union?

- Yes ..... 1○
- No ..... 2○

#### Occupational Health

M27. In the past 12 months, did you ever suffer a workplace injury or illness?

- Yes ..... 3○
- No ..... 4○
- Refused ..... 5○ } Go to M29

M28. How many days of work did you miss as a result?

6 missed work days

M29. In total, during the past 12 months, how many days did you miss from work due to any illness or injury? Exclude vacations, holidays, strikes, lockouts and maternity/paternity leave.

7 missed work days



## M40. Interviewer Check Item:

- ◆ Review GSS 6-1(B), item Z7 for respondent only.
- Is the respondent living with his/her spouse or partner?
- Yes ..... 1○
- No/Refused ..... 2○ → Go to N1

## M41. During the past 12 months, what best describes your spouse's MAIN activity? Was he/she mainly ...

- Working at a job or business? 3○
- Looking for work? ..... 4○
- A student? ..... 5○
- Keeping house? ..... 6○
- Retired? ..... 7○
- Other ..... 8○
- ↓
- (Specify)
- Refused ..... 9○ → Go to N1

## M42. Was he/she working full-time or part-time?

- Full-time ..... 1○
- Part-time ..... 2○

## Section N: Satisfaction

## N1. Now some general questions.

## N2. Are you satisfied or dissatisfied with ...

Is that somewhat or very?

- |                               |              |       | Somewhat | Very |
|-------------------------------|--------------|-------|----------|------|
| a) Your health?               | Satisfied    | 01○ → | 02○      | 03○  |
|                               | Dissatisfied | 04○ → | 05○      | 06○  |
|                               | No opinion   | 07○   |          |      |
| b) Your job or main activity? | Satisfied    | 08○ → | 09○      | 10○  |
|                               | Dissatisfied | 11○ → | 12○      | 13○  |
|                               | No opinion   | 14○   |          |      |
| c) Your life in general?      | Satisfied    | 15○ → | 16○      | 17○  |
|                               | Dissatisfied | 18○ → | 19○      | 20○  |
|                               | No opinion   | 21○   |          |      |

## N3. Would you describe your life as ...

- Very stressful? ..... 3○
- Somewhat stressful? ..... 4○
- Not very stressful? ..... 5○
- Not at all stressful? ..... 6○
- No opinion ..... 7○

## Section P: Emotional Well-Being

## P1. Here is a list that describes some of the ways people feel at different times. During the past few weeks, how often have you felt ...

Often Sometimes Never

- |                                                                      |     |     |     |
|----------------------------------------------------------------------|-----|-----|-----|
| a) On top of the world? Was it                                       | 01○ | 02○ | 03○ |
| b) Very lonely or remote from other people?                          | 04○ | 05○ | 06○ |
| c) Particularly excited or interested in something?                  | 07○ | 08○ | 09○ |
| d) Depressed or very unhappy?                                        | 10○ | 11○ | 12○ |
| e) Pleased about accomplishing something?                            | 13○ | 14○ | 15○ |
| f) Bored?                                                            | 16○ | 17○ | 18○ |
| g) Proud because someone complimented you on something you had done? | 19○ | 20○ | 21○ |
| h) So restless you couldn't sit long in a chair?                     | 22○ | 23○ | 24○ |
| i) That things were going your way?                                  | 25○ | 26○ | 27○ |
| j) Upset because someone criticized you?                             | 28○ | 29○ | 30○ |

## Section Q: Classification

## Q1. In what type of dwelling are you now living?

- Is it a ...
- Single detached house? ..... 1○
- Low-rise apartment of less than 5 stories? ..... 2○
- High-rise apartment of 5 or more stories? ..... 3○
- Other ..... 4○

## Q2. Comment: We ask about mortgages because, as an expense, they are a good indicator of an individual's or family's overall economic situation.

## Q3. Is this dwelling owned by a member of this household?

- Yes ..... 5○ → Q3A. Is there a mortgage on this dwelling?
- No ..... 6○
- Yes ..... 7○
- No ..... 8○
- Don't know ..... 9○

## Q4. What is your postal code? (Note: of residence)

|  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|
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Don't know ..... 1○

## Q5. Do you have more than one telephone in your home?

- Yes ..... 2○
- No ..... 3○ → Go to Q11



| <p><b>Q6. Do all the telephones have the same number?</b></p> <p>Yes ..... <input type="radio"/> <sup>4</sup> → Go to Q11</p> <p>No ..... <input type="radio"/> <sup>5</sup></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <p><b>Q12. In what year did you first immigrate to Canada?</b></p> <p style="text-align: center;"> <input style="width: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; border: 1px solid black;" type="text"/> </p> <p>Canadian citizen by birth ..... <input type="radio"/> <sup>996</sup></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                     |                                     |                                                     |  |  |  |     |    |         |                                           |  |  |        |                                             |                                     |                                     |         |                                             |                                     |                                     |        |                                             |                                     |                                     |           |                                             |                                     |                                     |       |                                             |                                     |                                     |         |                                             |                                     |                                     |           |                                             |                                     |                                     |            |                                             |                                     |                                     |        |                                             |                                     |                                     |       |                                             |                                     |                                     |
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| <p><b>Q7. Comment:</b> Households with more than one telephone number have a greater chance of being selected by the survey. We ask these questions to adjust for this.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <p><b>Q13. What is your date of birth?</b></p> <p> <input style="width: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; border: 1px solid black;" type="text"/> </p> <p>Day      Month      Year</p> <p>Refused ..... <input type="radio"/> <sup>8</sup> → Go to Q15</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                     |                                     |                                                     |  |  |  |     |    |         |                                           |  |  |        |                                             |                                     |                                     |         |                                             |                                     |                                     |        |                                             |                                     |                                     |           |                                             |                                     |                                     |       |                                             |                                     |                                     |         |                                             |                                     |                                     |           |                                             |                                     |                                     |            |                                             |                                     |                                     |        |                                             |                                     |                                     |       |                                             |                                     |                                     |
| <p><b>Q8. How many different numbers are there?</b></p> <p><input style="width: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; border: 1px solid black;" type="text"/></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <p><b>Q14. Interviewer Check Item:</b></p> <p>Review year of birth in Q13.</p> <p>Is year 1940 or earlier?</p> <p>Yes ..... <input type="radio"/> <sup>1</sup></p> <p>No ..... <input type="radio"/> <sup>2</sup> → Go to Q16</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                     |                                     |                                                     |  |  |  |     |    |         |                                           |  |  |        |                                             |                                     |                                     |         |                                             |                                     |                                     |        |                                             |                                     |                                     |           |                                             |                                     |                                     |       |                                             |                                     |                                     |         |                                             |                                     |                                     |           |                                             |                                     |                                     |            |                                             |                                     |                                     |        |                                             |                                     |                                     |       |                                             |                                     |                                     |
| <p><b>Q9. Are any of these numbers for business use only?</b></p> <p>Yes ..... <input type="radio"/> <sup>6</sup></p> <p>No ..... <input type="radio"/> <sup>7</sup> → Go to Q11</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <p><b>Q15. Did you have any war time service in the active military forces of Canada or its allied forces?</b></p> <p>Yes ..... <input type="radio"/> <sup>3</sup> → Q15A. Which conflict or war?<br/>(Mark all that apply)</p> <p>No ..... <input type="radio"/> <sup>4</sup></p> <div style="margin-left: 200px;"> <p>World War I ..... <input type="radio"/> <sup>5</sup></p> <p>World War II ..... <input type="radio"/> <sup>6</sup></p> <p>Korean conflict ..... <input type="radio"/> <sup>7</sup></p> <p>Other ..... <input type="radio"/> <sup>8</sup></p> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                     |                                     |                                                     |  |  |  |     |    |         |                                           |  |  |        |                                             |                                     |                                     |         |                                             |                                     |                                     |        |                                             |                                     |                                     |           |                                             |                                     |                                     |       |                                             |                                     |                                     |         |                                             |                                     |                                     |           |                                             |                                     |                                     |            |                                             |                                     |                                     |        |                                             |                                     |                                     |       |                                             |                                     |                                     |
| <p><b>Q10. How many are for business use only?</b></p> <p><input style="width: 20px; border: 1px solid black;" type="text"/> business numbers</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <p><b>Q16. What language did you first speak in childhood?</b><br/>(Accept multiple responses only if languages were used equally)</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2"></th> <th colspan="2" style="text-align: center;">Do you still understand that/<br/>those language(s)?</th> </tr> <tr> <th colspan="2"></th> <th style="text-align: center;">Yes</th> <th style="text-align: center;">No</th> </tr> </thead> <tbody> <tr> <td>English</td> <td>..... <input type="radio"/> <sup>01</sup></td> <td></td> <td></td> </tr> <tr> <td>French</td> <td>..... <input type="radio"/> <sup>02</sup> →</td> <td><input type="radio"/> <sup>23</sup></td> <td><input type="radio"/> <sup>24</sup></td> </tr> <tr> <td>Italian</td> <td>..... <input type="radio"/> <sup>03</sup> →</td> <td><input type="radio"/> <sup>25</sup></td> <td><input type="radio"/> <sup>26</sup></td> </tr> <tr> <td>German</td> <td>..... <input type="radio"/> <sup>04</sup> →</td> <td><input type="radio"/> <sup>27</sup></td> <td><input type="radio"/> <sup>28</sup></td> </tr> <tr> <td>Ukrainian</td> <td>..... <input type="radio"/> <sup>05</sup> →</td> <td><input type="radio"/> <sup>29</sup></td> <td><input type="radio"/> <sup>30</sup></td> </tr> <tr> <td>Dutch</td> <td>..... <input type="radio"/> <sup>06</sup> →</td> <td><input type="radio"/> <sup>31</sup></td> <td><input type="radio"/> <sup>32</sup></td> </tr> <tr> <td>Chinese</td> <td>..... <input type="radio"/> <sup>07</sup> →</td> <td><input type="radio"/> <sup>33</sup></td> <td><input type="radio"/> <sup>34</sup></td> </tr> <tr> <td>Hungarian</td> <td>..... <input type="radio"/> <sup>08</sup> →</td> <td><input type="radio"/> <sup>35</sup></td> <td><input type="radio"/> <sup>36</sup></td> </tr> <tr> <td>Portuguese</td> <td>..... <input type="radio"/> <sup>09</sup> →</td> <td><input type="radio"/> <sup>37</sup></td> <td><input type="radio"/> <sup>38</sup></td> </tr> <tr> <td>Polish</td> <td>..... <input type="radio"/> <sup>10</sup> →</td> <td><input type="radio"/> <sup>39</sup></td> <td><input type="radio"/> <sup>40</sup></td> </tr> <tr> <td>Other</td> <td>..... <input type="radio"/> <sup>11</sup> →</td> <td><input type="radio"/> <sup>41</sup></td> <td><input type="radio"/> <sup>42</sup></td> </tr> </tbody> </table> |                                                     |                                     | Do you still understand that/<br>those language(s)? |  |  |  | Yes | No | English | ..... <input type="radio"/> <sup>01</sup> |  |  | French | ..... <input type="radio"/> <sup>02</sup> → | <input type="radio"/> <sup>23</sup> | <input type="radio"/> <sup>24</sup> | Italian | ..... <input type="radio"/> <sup>03</sup> → | <input type="radio"/> <sup>25</sup> | <input type="radio"/> <sup>26</sup> | German | ..... <input type="radio"/> <sup>04</sup> → | <input type="radio"/> <sup>27</sup> | <input type="radio"/> <sup>28</sup> | Ukrainian | ..... <input type="radio"/> <sup>05</sup> → | <input type="radio"/> <sup>29</sup> | <input type="radio"/> <sup>30</sup> | Dutch | ..... <input type="radio"/> <sup>06</sup> → | <input type="radio"/> <sup>31</sup> | <input type="radio"/> <sup>32</sup> | Chinese | ..... <input type="radio"/> <sup>07</sup> → | <input type="radio"/> <sup>33</sup> | <input type="radio"/> <sup>34</sup> | Hungarian | ..... <input type="radio"/> <sup>08</sup> → | <input type="radio"/> <sup>35</sup> | <input type="radio"/> <sup>36</sup> | Portuguese | ..... <input type="radio"/> <sup>09</sup> → | <input type="radio"/> <sup>37</sup> | <input type="radio"/> <sup>38</sup> | Polish | ..... <input type="radio"/> <sup>10</sup> → | <input type="radio"/> <sup>39</sup> | <input type="radio"/> <sup>40</sup> | Other | ..... <input type="radio"/> <sup>11</sup> → | <input type="radio"/> <sup>41</sup> | <input type="radio"/> <sup>42</sup> |
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| <p><b>Q11. In what country were you born?</b></p> <p>Canada <input type="radio"/> <sup>1</sup> – In which province or territory?</p> <div style="margin-left: 20px;"> <p>Newfoundland/Labrador ..... <input type="radio"/> <sup>01</sup></p> <p>Prince Edward Island ..... <input type="radio"/> <sup>02</sup></p> <p>Nova Scotia ..... <input type="radio"/> <sup>03</sup></p> <p>New Brunswick ..... <input type="radio"/> <sup>04</sup></p> <p>Quebec ..... <input type="radio"/> <sup>05</sup></p> <p>Ontario ..... <input type="radio"/> <sup>06</sup></p> <p>Manitoba ..... <input type="radio"/> <sup>07</sup></p> <p>Saskatchewan ..... <input type="radio"/> <sup>08</sup></p> <p>Alberta ..... <input type="radio"/> <sup>09</sup></p> <p>British Columbia ..... <input type="radio"/> <sup>10</sup></p> <p>Yukon Territory ..... <input type="radio"/> <sup>11</sup></p> <p>Northwest Territories ..... <input type="radio"/> <sup>12</sup></p> </div> <p style="text-align: right; margin-right: 50px;">Go to<br/>Q13</p> <p>Country outside Canada <input type="radio"/> <sup>2</sup> → Specify</p> <div style="margin-left: 20px;"> <p>England ..... <input type="radio"/> <sup>13</sup></p> <p>United States ..... <input type="radio"/> <sup>14</sup></p> <p>Germany ..... <input type="radio"/> <sup>15</sup></p> <p>Scotland ..... <input type="radio"/> <sup>16</sup></p> <p>Italy ..... <input type="radio"/> <sup>17</sup></p> <p>Poland ..... <input type="radio"/> <sup>18</sup></p> <p>China ..... <input type="radio"/> <sup>19</sup></p> <p>India ..... <input type="radio"/> <sup>20</sup></p> <p>USSR ..... <input type="radio"/> <sup>21</sup></p> <p>Philippines ..... <input type="radio"/> <sup>22</sup></p> <p>Other ..... <input type="radio"/> <sup>23</sup></p> </div> <p style="text-align: right; margin-right: 50px;">↓<br/>(Specify)</p> | <p style="text-align: center;">↓<br/>(Specify)</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                     |                                     |                                                     |  |  |  |     |    |         |                                           |  |  |        |                                             |                                     |                                     |         |                                             |                                     |                                     |        |                                             |                                     |                                     |           |                                             |                                     |                                     |       |                                             |                                     |                                     |         |                                             |                                     |                                     |           |                                             |                                     |                                     |            |                                             |                                     |                                     |        |                                             |                                     |                                     |       |                                             |                                     |                                     |

Q17. What language do you speak most often at home?  
(Accept multiple responses only if languages are spoken equally)

- English ..... 34 ☐
- French ..... 35 ☐
- Italian ..... 36 ☐
- German ..... 37 ☐
- Ukrainian ..... 38 ☐
- Dutch ..... 39 ☐
- Chinese ..... 40 ☐
- Hungarian ..... 41 ☐
- Portuguese ..... 42 ☐
- Polish ..... 43 ☐
- Other ..... 44 ☐

(Specify)

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Q18. Excluding kindergarten, how many years of elementary and high school education have you successfully completed?

- No schooling ..... 45 ☐ → Go to Q22
- One to five years ..... 46 ☐
- Six ..... 47 ☐
- Seven ..... 48 ☐
- Eight ..... 49 ☐
- Nine ..... 50 ☐
- Ten ..... 51 ☐
- Eleven ..... 52 ☐
- Twelve ..... 53 ☐
- Thirteen ..... 54 ☐

Go to Q20

Q19. Have you graduated from high school?

- Yes ..... 1 ☐
- No ..... 2 ☐

Q20. Have you had any further schooling beyond elementary high school?

- Yes ..... 3 ☐
- No ..... 4 ☐ → Go to Q22

Q21. What is the highest level of education that you have attained?

- Masters (M.A., M.Sc., M.Ed.) or earned doctorate (Ph.D., D.Sc., D.Ed.) ..... 1 ☐
- Degree in Medicine, Dentistry, Veterinary Medicine, or Optometry (M.D., D.D.S., D.M.D., D.V.M., D.D.) ..... 2 ☐
- Bachelor or undergraduate degree, or teacher's college (e.g. B.A., B.Sc., B.A.Sc., LL.B.) ..... 3 ☐
- Diploma or certificate from community college, CEGEP or nursing school ..... 4 ☐
- Diploma or certificate from trade, technical or vocational school, or business college ..... 5 ☐
- Some university ..... 6 ☐
- Some community college, CEGEP or nursing school ..... 7 ☐
- Some trade, technical or vocational school, or business college ..... 8 ☐
- Other ..... 9 ☐

(Specify)

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Q22. What, if any, is your religion?

- No religion ..... 01 ☐ → Go to Q24
- Roman Catholic ..... 02 ☐
- United Church ..... 03 ☐
- Anglican ..... 04 ☐
- Presbyterian ..... 05 ☐
- Lutheran ..... 06 ☐
- Baptist ..... 07 ☐
- Eastern Orthodox ..... 08 ☐
- Jewish ..... 09 ☐
- Islam (Muslim) ..... 10 ☐
- Buddhist ..... 11 ☐
- Hindu ..... 12 ☐
- Sikh ..... 13 ☐
- Jehovah's Witnesses ..... 14 ☐
- Other ..... 15 ☐

(Specify)

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Q27. Are you currently receiving any income from a disability pension. (Exclude lump sum payments)

- Yes ☐ 1  
 No ☐ 2  
 Refused ☐ 3

Go to Q30

Q28. Are you receiving...

Yes No

a) A disability pension from Canada Pension Plan or Quebec Pension Plan? ☐ 4 ☐ 5

This benefit is paid by the Federal or Quebec Government to individuals who become disabled and who have applied for a Canada or Quebec Pension Plan Disability Benefit. Beneficiaries must have contributed to the Canada or Quebec Pension Plan. These benefits are increased in January of each year in relation to the cost of living.

b) A disability pension from an employer benefit plan? ☐ 6 ☐ 7

This is a pension paid by a former employer as a result of a disability.

c) A disability pension from some source other than Canada Pension Plan, the Quebec Pension Plan or an employer benefit plan? ☐ 8 ☐ 9

Q29. Comment: Both individual and household income are needed to study the relationship between an individual's overall economic situation and his/her health.

Q30. What is your best estimate of your own income from all sources, before deductions during the past 12 months?

Was your income...

- Less than \$20,000? ☐ 01
- Less than \$10,000? ☐ 06
    - Less than \$5,000? ☐ 10
    - \$5,000 and more? ☐ 11
  - \$10,000 and more? ☐ 07
    - Less than \$15,000? ☐ 12
    - \$15,000 and more? ☐ 13
- \$20,000 and more? ☐ 02
- Less than \$40,000? ☐ 08
    - Less than \$30,000? ☐ 14
    - \$30,000 and more? ☐ 15
  - \$40,000 and more? ☐ 09
    - Less than \$60,000? ☐ 16
    - \$60,000 to less than \$80,000 ☐ 17
    - \$80,000 and more? ☐ 18

No income ☐ 03

Don't know ☐ 04

Refused ☐ 05

Q31. Not including yourself, how many other people in your household received income from any source, during the past 12 months?

people

Q32. Interviewer Check Item

Review Q31.

Is Q31 = 00?

Yes ☐ 1 → Go to R1

No/Refused ☐ 2

Q33. What is your best estimate of the total income of all household members from all sources during the past 12 months? Was the total household income...

- Less than \$20,000? ☐ 19
- Less than \$10,000? ☐ 24
    - Less than \$5,000? ☐ 28
    - \$5,000 and more? ☐ 29
  - \$10,000 and more? ☐ 25
    - Less than \$15,000? ☐ 30
    - \$15,000 and more? ☐ 31
- \$20,000 and more? ☐ 20
- Less than \$40,000? ☐ 26
    - Less than \$30,000? ☐ 32
    - \$30,000 and more? ☐ 33
  - \$40,000 and more? ☐ 27
    - Less than \$60,000? ☐ 34
    - \$60,000 to less than \$80,000 ☐ 35
    - \$80,000 and more? ☐ 36

No income ☐ 21

Don't know ☐ 22

Refused ☐ 23



## Section R: Contacts for follow-up

R1. INTERVIEWER



Read the following section for each person interviewed.

This survey is part of a longer-term project to investigate the relationship between health and other social issues.

For this reason, we may need to contact your household in a year or more from now.

In case you move or change phone numbers, we would like to obtain your complete name and address. This information will be kept strictly confidential and will only be used to maintain contact with you.

Refused to provide information ..... 3 ☐ } Go to R8  
Refused to participate in future surveys ..... 4 ☐ }

## R2. Name of Respondent

[illegible]

Surname \_\_\_\_\_

## R3. Address of Respondent

Street and Number/  
Lot and Concession

City, Town, Village \_\_\_\_\_  
Municipality \_\_\_\_\_

Province/Territory \_\_\_\_\_

Postal Code 

R4. **Would you please give me the name, address and telephone number of someone we could contact if you move, such as a friend, relative or neighbour.** (I want to emphasize that we will contact this person only if you move and then only to obtain your new address or telephone number.)



Refused to provide contact.....<sup>5</sup>○ → Go to R8

## R5. Name of Contact

Given Name | | | | | | | | | | | | | | | | | | | | |

Surname

## R6. Address of Contact

Street and Number/  
Lot and Concession

City, Town, Village  
Municipality

Province/Territory \_\_\_\_\_

Postal Code | | | | | | | |

## R7. Home Telephone of Contact

-    -      
 (Area code)

R8. Interviewer:

Thank the respondent and end interview.

## R9. INTERVIEWER CHECK ITEM:

What is the sex of the respondent?

Male 60

Female ..... 70

[illegible]

## GENERAL SOCIAL SURVEY

### CYCLE SEVEN QUESTIONNAIRE PACKAGE

This package briefly describes the content, methodology and sample of the seventh cycle of the General Social Survey (GSS). Copies of the questionnaires used in Cycle 7 are attached as appendices: the Control Form (GSS 7-1) as Appendix A; and the 'Time Use Questionnaire' (GSS7-2) as Appendix B. The daily activity list can be found in Appendix C.

Two questionnaires are used to conduct the interviews:

| QUESTIONNAIRE | AGE GROUP       | TITLE                     |
|---------------|-----------------|---------------------------|
| GSS 7-1       | All Age groups  | Control Form              |
| GSS 7-2       | Age 15 and over | Time Use<br>Questionnaire |

The GSS 7-1 is completed for each telephone number selected in the sample. It lists all household members and collects basic demographic information, specifically, age, sex, marital status and relation to the household reference person. A respondent, 15 years of age or older, is then randomly selected and a GSS 7-2 is completed for this person.

The seventh cycle of the GSS marks the first repeat of the GSS core subject on Time Use (Cycle 2, 1986). Data collection for this cycle will be monthly from January 1992 to December 1992.

The content of the main questionnaire includes:

| <u>Section of GSS 7-2</u> | <u>Content</u>                                    |
|---------------------------|---------------------------------------------------|
| A.                        | General Questions                                 |
| B.                        | Time Use Diary                                    |
| C.                        | Questions about the Designated Day                |
| D.                        | Paid and Unpaid Help                              |
| E.                        | Perceptions of Time                               |
| F.                        | Educational, Cultural and Recreational Activities |
| G.                        | Organized Sport                                   |
| H.                        | Respondent's Main Activity                        |
| J.                        | Spouse's Main Activity                            |
| K.                        | Classification                                    |
| M.                        | Contacts for Follow-up                            |
| N.                        | Interviewer Check Items                           |

### Sample

The Cycle 7 sample includes persons 15 years of age or older selected from the ten provinces. The sample is selected through random digit dialing (RDD).

Each computer generated telephone number in the sample is called and an interviewer completes a Control Form. When a private household is contacted, all the members of the household are enumerated and then one member age 15 or over is randomly selected and interviewed. No proxy responses to the 7-2 questionnaire are accepted.

The expected sample size for Cycle 7 is 10,000.

April 1992



**APPENDIX A**

**GSS CONTROL FORM 7-1**





|                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>21. Hello, I'm ... from Statistics Canada. I'm calling you for a study on the way Canadians spend their time.</p>                                                                                                                                                                                                                                                                                           | <p>Bonjour, ici ... de Statistique Canada. Nous vous appelons concernant une étude sur la façon dont les Canadiens utilisent leur temps.</p>                                                                                                                                                                                                                                                                                                                         |
| <p>22. I'd like to make sure that I've dialed the right number. Is this ... (read number)?<br/>         Yes <input type="radio"/> .....<br/>         No <input type="radio"/> ..... <i>▶ Dial again, if still wrong, END</i></p>                                                                                                                                                                               | <p>J'aimerais m'assurer que j'ai composé le bon numéro. S'agit-il du no ... (lire le numéro)?<br/>         Oui <input type="radio"/> .....<br/>         Non <input type="radio"/> ..... <i>▶ Composez de nouveau. S'il s'agit encore d'un mauvais numéro, METTEZ FIN. A</i></p>                                                                                                                                                                                      |
| <p>23. All information you provide in this voluntary survey will be kept confidential. Your participation is essential if the survey results are to be accurate.</p>                                                                                                                                                                                                                                           | <p>Tous les renseignements que vous fournirez pour cette enquête volontaire resteront confidentiels. Votre participation est essentielle afin que les résultats soient précis.</p>                                                                                                                                                                                                                                                                                   |
| <p>24. Is this the number for a business, institution, a private home or a vacation home?<br/>         Private home : ..... 4 <input type="radio"/> <i>▶ Go to 27</i><br/>         Both home and business ..... 5 <input type="radio"/> <i>▶ Go to 27</i><br/>         Business, institution or other non residence ..... 6 <input type="radio"/><br/>         Vacation home ..... 7 <input type="radio"/></p> | <p>S'agit-il du numéro d'une entreprise, d'un établissement, d'une maison privée ou d'une résidence secondaire?<br/>         Maison privée ..... 4 <input type="radio"/> <i>▶ Passez à 27</i><br/>         Entreprise et maison privée ..... 5 <input type="radio"/> <i>▶ Passez à 27</i><br/>         Entreprise, établissement ou autre immeuble non résidentiel ..... 6 <input type="radio"/><br/>         Résidence secondaire ..... 7 <input type="radio"/></p> |
| <p>25. Does anyone use this telephone number as a home phone number?<br/>         Yes <input type="radio"/> .....<br/>         No <input type="radio"/> ..... <i>▶ Thank respondent and END</i></p>                                                                                                                                                                                                            | <p>Quelqu'un utilise-t-il ce numéro de téléphone comme numéro personnel?<br/>         Oui <input type="radio"/> .....<br/>         Non <input type="radio"/> ..... <i>▶ Remerciez le répondant et METTEZ FIN A L'INTERVIEW.</i></p>                                                                                                                                                                                                                                  |
| <p>26. How many people live or stay at this address without a usual place of residence elsewhere and use this number as a home phone number?<br/>         None ..... <input type="radio"/> <i>▶ Thank respondent and END</i><br/>         1 to 14 ..... <input type="radio"/><br/>         15 or more ..... <input type="radio"/> <i>▶ Make appointment</i></p>                                                | <p>Combien de personnes utilisant ce numéro de téléphone comme numéro personnel, vivent ou demeurent à cette adresse sans avoir d'autre lieu habituel de résidence?<br/>         Aucune ..... <input type="radio"/> <i>▶ Remerciez le répondant et METTEZ FIN A L'INTERVIEW.</i><br/>         1 à 14 ..... <input type="radio"/><br/>         15 ou plus ..... <input type="radio"/> <i>▶ Fixez un rendez-vous</i></p>                                               |
| <p>27. I need to select one person from your household for an interview. What is the first name and age of each person living or staying there who has no usual place of residence elsewhere? Please start with the oldest.<br/><br/>         (Enter names and ages in items Z3 and Z5.)</p>                                                                                                                   | <p>Je dois choisir une personne de votre ménage pour une interview. Quel est le prénom et l'âge de chaque personne qui vit ou demeure à cet endroit et qui n'a pas d'autre lieu habituel de résidence. Veuillez commencer par la personne la plus âgée du ménage.<br/><br/>         (Inscrivez le nom et l'âge aux rubriques Z3 et Z5.)</p>                                                                                                                          |
| <p>28. INTERVIEWER: Complete items Z6 through Z12 for each person recorded in item Z3.<br/><br/>         Refer to Interviewer Reference Card for instructions and codes.<br/><br/>         Then go to item 29.</p>                                                                                                                                                                                             | <p>INTERVIEWEUR: Remplissez les rubriques Z6 à Z12 pour chaque personne inscrite à la rubrique Z3.<br/><br/>         Pour les instructions et les codes, voir la Fiche de référence de l'intervieweur.<br/><br/>         Puis, passez à la rubrique 29.</p>                                                                                                                                                                                                          |

| <p>1: <table style="display: inline-table; border: 1px solid black; width: 100px; height: 20px; vertical-align: middle;"></table> - <table style="display: inline-table; border: 1px solid black; width: 100px; height: 20px; vertical-align: middle;"></table> - <table style="display: inline-table; border: 1px solid black; width: 100px; height: 20px; vertical-align: middle;"></table>      2: <table style="display: inline-table; border: 1px solid black; width: 40px; height: 20px; vertical-align: middle;"></table><br/>         Telephone Number/Numéro de téléphone      S</p> <p style="text-align: center; font-weight: bold;">SELECTION GRID LABEL/ÉTIQUETTE GRILLE DE SÉLECTION</p> <div style="margin-top: 20px;"> <p>A = Eligible Household Members      Membres admissibles du ménage</p> <p>B = Selection Number      Numéro de sélection</p> </div> | <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">Z1.<br/>Page</th> <th style="width: 10%;">Z2.<br/>Line</th> <th style="width: 30%;">Z3.<br/>Names of Household Members<br/>Noms des membres du ménage</th> <th style="width: 10%;">Z4.<br/>Sel. No.<br/>No de Sél.</th> <th style="width: 10%;">Z5.<br/>Age<br/>Âge</th> </tr> </thead> <tbody> <tr><td> </td><td>1</td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td>2</td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td>3</td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td>4</td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td>5</td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td>6</td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td>7</td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td>8</td><td> </td><td> </td><td> </td></tr> </tbody> </table> | Z1.<br>Page                                                     | Z2.<br>Line                   | Z3.<br>Names of Household Members<br>Noms des membres du ménage | Z4.<br>Sel. No.<br>No de Sél. | Z5.<br>Age<br>Âge |  | 1 |  |  |  |  | 2 |  |  |  |  | 3 |  |  |  |  | 4 |  |  |  |  | 5 |  |  |  |  | 6 |  |  |  |  | 7 |  |  |  |  | 8 |  |  |  |
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| Z1.<br>Page                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Z2.<br>Line                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Z3.<br>Names of Household Members<br>Noms des membres du ménage | Z4.<br>Sel. No.<br>No de Sél. | Z5.<br>Age<br>Âge                                               |                               |                   |  |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |   |  |  |  |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 8                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                 |                               |                                                                 |                               |                   |  |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |   |  |  |  |



|                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>29. INTERVIEWER: Enter the Page-Line Number of person giving the preceding information ...</p> <p style="text-align: right;">Page-Line Number of household respondent</p> <p style="text-align: center;">7</p>                                                                                                   | <p>INTERVIEWEUR: Inscrivez le numéro de page-ligne de la personne qui donne les renseignements précédents ...</p> <p style="text-align: right;">Numéro de page-ligne du répondant du ménage</p> <p style="text-align: center;">7</p>                                                                                                             |
| <p>30. Are there any people away from this household attending school, visiting, travelling or in the hospital who USUALLY live there?</p> <p>Yes ..... 1 <input type="radio"/> Enter names and complete items Z5 through Z12.</p> <p>No ..... 2 <input type="radio"/></p>                                          | <p>Y a-t-il d'autres personnes qui sont absentes du ménage parce qu'elles sont aux études, en visite, en voyage ou à l'hôpital mais qui demeurent HABITUELLEMENT là?</p> <p>Oui ..... 1 <input type="radio"/> Inscrivez leur nom et remplissez les rubriques Z5 à Z12.</p> <p>Non ..... 2 <input type="radio"/></p>                              |
| <p>31. Does anyone else live there, such as other relatives, roomers, boarders or employees?</p> <p>Yes ..... 3 <input type="radio"/> Enter names and complete items Z5 through Z12.</p> <p>No ..... 4 <input type="radio"/></p>                                                                                    | <p>Y a-t-il d'autres personnes qui demeurent là, par exemple des personnes apparentées, des chambreurs, des pensionnaires ou des employés?</p> <p>Oui ..... 3 <input type="radio"/> Inscrivez leur nom et remplissez les rubriques Z5 à Z12.</p> <p>Non ..... 4 <input type="radio"/></p>                                                        |
| <p>32. INTERVIEWER: In item Z4 number the people 15 years of age and over, in order, from oldest to youngest. Enter number of eligible household members...</p> <p style="text-align: right;">Number of eligible household members</p> <p style="text-align: center;">8</p>                                         | <p>INTERVIEWEUR: A la rubrique Z4, attribuez un numéro aux personnes âgées de 15 ans et plus, de la plus âgée à la plus jeune. Inscrivez le nombre de personnes admissibles du ménage ...</p> <p style="text-align: right;">Nombre de personnes admissibles du ménage</p> <p style="text-align: center;">8</p>                                   |
| <p>33. INTERVIEWER: Determine the selected respondent by referring to the Selection Grid Label. In item Z4 circle the selection number of the selected respondent and enter Page-Line Number ...</p> <p style="text-align: right;">Page-Line Number of selected respondent</p> <p style="text-align: center;">9</p> | <p>INTERVIEWEUR: Déterminez le répondant sélectionné en utilisant l'étiquette grille de sélection. À la rubrique Z4, encerclez le numéro de sélection du répondant sélectionné et inscrivez le numéro de page-ligne ...</p> <p style="text-align: right;">Numéro de page-ligne du répondant sélectionné</p> <p style="text-align: center;">9</p> |
| <p>34. The person I am to interview is ... (read name). (Is he/she there?)</p> <p>Yes ..... <input type="radio"/> Go to Form GSS 7-2 and begin interview.</p> <p>No ..... <input type="radio"/> Set up appointment and enter details in item 16.</p>                                                                | <p>La personne que je vais interviewer est ... (lisez le nom). (Est-il/elle là?)</p> <p>Oui ..... <input type="radio"/> Passez à la formule ESG 7-2 et commencez l'interview.</p> <p>Non ..... <input type="radio"/> Fixez un rendez-vous et inscrivez les détails à la rubrique 16.</p>                                                         |

| Z6.  | Z7.                                                                                 | Z8.               | Z9.                                                                           | Page-Line Number of:<br>Numéro de page-ligne de: |               |               |
|------|-------------------------------------------------------------------------------------|-------------------|-------------------------------------------------------------------------------|--------------------------------------------------|---------------|---------------|
| Sex  | Is ...'s marital status ...<br>(refer to form GSS 7-5)                              | Family Identifier | What is ...'s relationship to ...<br>(the family reference person)?           | Z10.                                             | Z11.          | Z12.          |
| Sexe | Quel est l'état matrimonial de ...? Est-ce ... (Reportez-vous à la formule ESG 7-5) | Code-famille      | Quel est le lien de ... avec ...<br>(la personne de référence de la famille)? | Spouse / Partner                                 | Mother        | Father        |
| M F  | M/CL? W? Sep./Div.? Single? M/UL? V? Sep./Div.? Cél.?                               |                   |                                                                               | Conjoint / partenaire                            | Mère          | Père          |
| 1 2  | 3 4 5 6                                                                             |                   | <input type="checkbox"/> If "0", specify - Si "0", précisez                   | 1 2 3                                            | 4 5 6         | 7 8 9         |
| 0 0  | 0 0 0 0                                                                             |                   |                                                                               | 199 0 n/a-s/o                                    | 299 0 n/a-s/o | 399 0 n/a-s/o |
| 4 5  | 6 7 8 9                                                                             |                   | <input type="checkbox"/> If "0", specify - Si "0", précisez                   | 4 5 6                                            | 7 8 9         | 10 11 12      |
| 0 0  | 0 0 0 0                                                                             |                   |                                                                               | 499 0 n/a-s/o                                    | 599 0 n/a-s/o | 699 0 n/a-s/o |
| 1 2  | 3 4 5 6                                                                             |                   | <input type="checkbox"/> If "0", specify - Si "0", précisez                   | 1 2 3                                            | 4 5 6         | 7 8 9         |
| 0 0  | 0 0 0 0                                                                             |                   |                                                                               | 199 0 n/a-s/o                                    | 299 0 n/a-s/o | 399 0 n/a-s/o |
| 4 5  | 6 7 8 9                                                                             |                   | <input type="checkbox"/> If "0", specify - Si "0", précisez                   | 4 5 6                                            | 7 8 9         | 10 11 12      |
| 0 0  | 0 0 0 0                                                                             |                   |                                                                               | 499 0 n/a-s/o                                    | 599 0 n/a-s/o | 699 0 n/a-s/o |
| 1 2  | 3 4 5 6                                                                             |                   | <input type="checkbox"/> If "0", specify - Si "0", précisez                   | 1 2 3                                            | 4 5 6         | 7 8 9         |
| 0 0  | 0 0 0 0                                                                             |                   |                                                                               | 199 0 n/a-s/o                                    | 299 0 n/a-s/o | 399 0 n/a-s/o |
| 4 5  | 6 7 8 9                                                                             |                   | <input type="checkbox"/> If "0", specify - Si "0", précisez                   | 4 5 6                                            | 7 8 9         | 10 11 12      |
| 0 0  | 0 0 0 0                                                                             |                   |                                                                               | 499 0 n/a-s/o                                    | 599 0 n/a-s/o | 699 0 n/a-s/o |

RECORD OF CALLS - REGISTRE DES APPELS

| 10 | 11 Date     |               | 12 Start Début |              | 13 Finish Fin |              | 14 Result | 15 Interviewer's Name<br>Nom de l'intervieweur | 16 Comments<br>Remarques |
|----|-------------|---------------|----------------|--------------|---------------|--------------|-----------|------------------------------------------------|--------------------------|
|    | Day<br>Jour | Month<br>Mois | Hour<br>Heure  | Min.<br>Min. | Hour<br>Heure | Min.<br>Min. | Résultat  |                                                |                          |
| 24 |             |               |                |              |               |              |           |                                                |                          |
| 25 |             |               |                |              |               |              |           |                                                |                          |
| 26 |             |               |                |              |               |              |           |                                                |                          |
| 27 |             |               |                |              |               |              |           |                                                |                          |
| 28 |             |               |                |              |               |              |           |                                                |                          |
| 29 |             |               |                |              |               |              |           |                                                |                          |
| 30 |             |               |                |              |               |              |           |                                                |                          |
| 31 |             |               |                |              |               |              |           |                                                |                          |
| 32 |             |               |                |              |               |              |           |                                                |                          |
| 33 |             |               |                |              |               |              |           |                                                |                          |
| 34 |             |               |                |              |               |              |           |                                                |                          |
| 35 |             |               |                |              |               |              |           |                                                |                          |
| 36 |             |               |                |              |               |              |           |                                                |                          |
| 37 |             |               |                |              |               |              |           |                                                |                          |
| 38 |             |               |                |              |               |              |           |                                                |                          |
| 39 |             |               |                |              |               |              |           |                                                |                          |
| 40 |             |               |                |              |               |              |           |                                                |                          |
| 41 |             |               |                |              |               |              |           |                                                |                          |
| 42 |             |               |                |              |               |              |           |                                                |                          |
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| 44 |             |               |                |              |               |              |           |                                                |                          |
| 45 |             |               |                |              |               |              |           |                                                |                          |
| 46 |             |               |                |              |               |              |           |                                                |                          |
| 47 |             |               |                |              |               |              |           |                                                |                          |
| 48 |             |               |                |              |               |              |           |                                                |                          |
| 49 |             |               |                |              |               |              |           |                                                |                          |
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| 51 |             |               |                |              |               |              |           |                                                |                          |
| 52 |             |               |                |              |               |              |           |                                                |                          |
| 53 |             |               |                |              |               |              |           |                                                |                          |
| 54 |             |               |                |              |               |              |           |                                                |                          |
| 55 |             |               |                |              |               |              |           |                                                |                          |
| 56 |             |               |                |              |               |              |           |                                                |                          |
| 57 |             |               |                |              |               |              |           |                                                |                          |
| 58 |             |               |                |              |               |              |           |                                                |                          |
| 59 |             |               |                |              |               |              |           |                                                |                          |
| 60 |             |               |                |              |               |              |           |                                                |                          |

If the last call to the household is recorded on this page,  
transcribe the information for this call to line 99 on page 1.

Si le dernier appel effectué pour ce ménage est enregistré sur cette page,  
veuillez transcrire l'information relative à cet appel à la ligne 99 de la page 1.





Housing, Family and Social Statistics Division

# General Social Survey Time Use Questionnaire

Ages 15 Years and over

GSS 7-2

Confidential when completed

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

|   |                                                                                                                                                                                                                                                                                                     |                                                                                                                        |
|---|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|
| 1 | <div style="border: 1px solid black; width: 100px; height: 20px; display: inline-block;"></div> - <div style="border: 1px solid black; width: 100px; height: 20px; display: inline-block;"></div> - <div style="border: 1px solid black; width: 100px; height: 20px; display: inline-block;"></div> | Telephone<br>Number                                                                                                    |
| 5 | <div style="border: 1px solid black; width: 100px; height: 20px; display: inline-block;"></div>                                                                                                                                                                                                     | Label Identification<br>Number                                                                                         |
|   | <div style="border: 1px solid black; width: 50px; height: 20px; display: inline-block;"></div>                                                                                                                                                                                                      | Page-line<br>Number                                                                                                    |
| 1 | Type                                                                                                                                                                                                                                                                                                | Name of<br>Interviewer <div style="border: 1px solid black; width: 200px; height: 20px; display: inline-block;"></div> |

| Section A: General Questions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Section B: Time Use Diary                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
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| <p>A1. START TIME: <div style="border: 1px solid black; width: 100px; height: 20px; display: inline-block;"></div></p> <p>A2. INTERVIEWER:<br/><i>Repeat the introduction below if the selected respondent is different from household respondent.</i><br/><b>Hello, I'm ... from Statistics Canada. I'm calling you for a study on the way Canadians spend their time.</b><br/><b>All the information you provide in this voluntary survey will be kept strictly confidential. Your participation is essential if the survey results are to be accurate.</b></p> <p>A3. I will start with a few general questions related to time.</p> <p>A4. How often do you feel rushed? Would you say it is ...<br/>every day? ..... 1 <input type="radio"/><br/>a few times a week? ..... 2 <input type="radio"/><br/>about once a week? ..... 3 <input type="radio"/><br/>about once a month? ..... 4 <input type="radio"/><br/>less than once a month? ..... 5 <input type="radio"/><br/>Never ..... 6 <input type="radio"/></p> <p>A5. Compared to five years ago, do you feel more rushed, about the same or less rushed?<br/>More rushed ..... 7 <input type="radio"/><br/>About the same ..... 8 <input type="radio"/><br/>Less rushed ..... 9 <input type="radio"/></p> <p>A6. How often do you feel you have time on your hands that you don't know what to do with? Would you say it is ...<br/>every day? ..... 1 <input type="radio"/><br/>a few times a week? ..... 2 <input type="radio"/><br/>about once a week? ..... 3 <input type="radio"/><br/>about once a month? ..... 4 <input type="radio"/><br/>less than once a month? ..... 5 <input type="radio"/><br/>Never ..... 6 <input type="radio"/></p> | <p>B1. Interviewer - "X" day to which activities refer</p> <p>Sunday ..... 1 <input type="radio"/><br/>Monday ..... 2 <input type="radio"/><br/>Tuesday ..... 3 <input type="radio"/><br/>Wednesday ..... 4 <input type="radio"/><br/>Thursday ..... 5 <input type="radio"/><br/>Friday ..... 6 <input type="radio"/><br/>Saturday ..... 7 <input type="radio"/></p> <p>The best way to collect accurate information on the way people use their time is to complete a diary listing all of their activities over a 24-hour period. We start our diary at 4:00 in the morning because most of the people are asleep at that time.</p> <p>(Optional):<br/><b>Let me give you an example:</b> (read only the example that is most appropriate for this household)</p> <p>EXAMPLE 1: (Family with children)<br/><b>Yesterday morning I was asleep until 7:15. From 7:15 to 7:30 I got dressed. Then from 7:30 to 7:45 I made breakfast. Then I ate breakfast with my spouse and children until 8:10.</b></p> <p>EXAMPLE 2: (Person living alone)<br/><b>Yesterday morning I was asleep until 8:30. From 8:30 to 8:40 I had a shower and got dressed. Then from 8:40 until 8:55, I made breakfast.</b></p> <p>EXAMPLE 3: (Spouse with no children)<br/><b>Yesterday morning I was asleep until 6:00. From 6:00 to 6:15 I got dressed. Then from 6:15 until 6:25 I made breakfast. From 6:25 to 6:35 I ate breakfast with my spouse.</b></p> |





B2. Let's begin

Do not ask question "e" about sleep, sex or other personal care activities.

1. (a) On (designated day), at 4:00 a.m. what were you doing?

01

(Interviewer: If the respondent's activity was sleep, then ask: What time did you fall asleep?)

9797

\* Not applicable

(b) Time

0 : 4 : 0 : 0

(d) Where were you?/

(e) Who was with you?/

(c) When did this end?

: :

| Place             |            |                     |             | or |  | In Transit   |                 |      |              |         |       |       |                |                             |                      |           |                 |
|-------------------|------------|---------------------|-------------|----|--|--------------|-----------------|------|--------------|---------|-------|-------|----------------|-----------------------------|----------------------|-----------|-----------------|
| Respondent's Home | Work Place | Someone Else's Home | Other Place |    |  | Car (Driver) | Car (Passenger) | Walk | Bus & Subway | Bicycle | Other | Alone | Spouse/Partner | Child(ren) of the Household | Other Family Members | Friend(s) | Other Person(s) |
| 1                 | 2          | 3                   | 4           |    |  | 5            | 6               | 7    | 8            | 9       | 0     | 1     | 2              | 3                           | 4                    | 5         | 6               |

2. (a) And then, what did you do next?

02

(b) When did this start?

: :

(d) Where were you?/  
Were you still ...

(e) Who was with you?/  
Were you still ...

(c) When did this end?

: :

| Place             |            |                     |             | or |  | In Transit   |                 |      |              |         |       |       |                |                             |                      |           |                 |
|-------------------|------------|---------------------|-------------|----|--|--------------|-----------------|------|--------------|---------|-------|-------|----------------|-----------------------------|----------------------|-----------|-----------------|
| Respondent's Home | Work Place | Someone Else's Home | Other Place |    |  | Car (Driver) | Car (Passenger) | Walk | Bus & Subway | Bicycle | Other | Alone | Spouse/Partner | Child(ren) of the Household | Other Family Members | Friend(s) | Other Person(s) |
| 1                 | 2          | 3                   | 4           |    |  | 5            | 6               | 7    | 8            | 9       | 0     | 1     | 2              | 3                           | 4                    | 5         | 6               |

3. (a) And then, what did you do next?

03

(b) When did this start?

: :

(d) Where were you?/  
Were you still ...

(e) Who was with you?/  
Were you still ...

(c) When did this end?

: :

| Place             |            |                     |             | or |  | In Transit   |                 |      |              |         |       |       |                |                             |                      |           |                 |
|-------------------|------------|---------------------|-------------|----|--|--------------|-----------------|------|--------------|---------|-------|-------|----------------|-----------------------------|----------------------|-----------|-----------------|
| Respondent's Home | Work Place | Someone Else's Home | Other Place |    |  | Car (Driver) | Car (Passenger) | Walk | Bus & Subway | Bicycle | Other | Alone | Spouse/Partner | Child(ren) of the Household | Other Family Members | Friend(s) | Other Person(s) |
| 1                 | 2          | 3                   | 4           |    |  | 5            | 6               | 7    | 8            | 9       | 0     | 1     | 2              | 3                           | 4                    | 5         | 6               |



Do not ask question "e" about sleep, sex or other personal care activities.

4. (a) And then, what did you do next?

04

(b) When did this start?

:

(d) Where were you?/  
Were you still ...

(e) Who was with you?/  
Were you still ...

(c) When did this end?

:

| Place             |            |                     |             | or           |                 |      |              |         |       |       | In Transit     |                             |                      |           |                 |  |  |  |  |  |  |  |  |
|-------------------|------------|---------------------|-------------|--------------|-----------------|------|--------------|---------|-------|-------|----------------|-----------------------------|----------------------|-----------|-----------------|--|--|--|--|--|--|--|--|
| Respondent's Home | Work Place | Someone Else's Home | Other Place | Car (Driver) | Car (Passenger) | Walk | Bus & Subway | Bicycle | Other | Alone | Spouse/Partner | Child(ren) of the Household | Other Family Members | Friend(s) | Other Person(s) |  |  |  |  |  |  |  |  |
| 1                 | 2          | 3                   | 4           | 5            | 6               | 7    | 8            | 9       | 0     | 1     | 2              | 3                           | 4                    | 5         | 6               |  |  |  |  |  |  |  |  |

5. (a) And then, what did you do next?

05

(b) When did this start?

:

(d) Where were you?/  
Were you still ...

(e) Who was with you?/  
Were you still ...

(c) When did this end?

:

| Place             |            |                     |             | or           |                 |      |              |         |       |       | In Transit     |                             |                      |           |                 |  |  |  |  |  |  |  |  |
|-------------------|------------|---------------------|-------------|--------------|-----------------|------|--------------|---------|-------|-------|----------------|-----------------------------|----------------------|-----------|-----------------|--|--|--|--|--|--|--|--|
| Respondent's Home | Work Place | Someone Else's Home | Other Place | Car (Driver) | Car (Passenger) | Walk | Bus & Subway | Bicycle | Other | Alone | Spouse/Partner | Child(ren) of the Household | Other Family Members | Friend(s) | Other Person(s) |  |  |  |  |  |  |  |  |
| 1                 | 2          | 3                   | 4           | 5            | 6               | 7    | 8            | 9       | 0     | 1     | 2              | 3                           | 4                    | 5         | 6               |  |  |  |  |  |  |  |  |

6. (a) And then, what did you do next?

06

(b) When did this start?

:

(d) Where were you?/  
Were you still ...

(e) Who was with you?/  
Were you still ...

(c) When did this end?

:

| Place             |            |                     |             | or           |                 |      |              |         |       |       | In Transit     |                             |                      |           |                 |  |  |  |  |  |  |  |  |
|-------------------|------------|---------------------|-------------|--------------|-----------------|------|--------------|---------|-------|-------|----------------|-----------------------------|----------------------|-----------|-----------------|--|--|--|--|--|--|--|--|
| Respondent's Home | Work Place | Someone Else's Home | Other Place | Car (Driver) | Car (Passenger) | Walk | Bus & Subway | Bicycle | Other | Alone | Spouse/Partner | Child(ren) of the Household | Other Family Members | Friend(s) | Other Person(s) |  |  |  |  |  |  |  |  |
| 1                 | 2          | 3                   | 4           | 5            | 6               | 7    | 8            | 9       | 0     | 1     | 2              | 3                           | 4                    | 5         | 6               |  |  |  |  |  |  |  |  |

7. (a) And then, what did you do next?

07

(b) When did this start?

:

(d) Where were you?/  
Were you still ...

(e) Who was with you?/  
Were you still ...

(c) When did this end?

:

| Place             |            |                     |             | or           |                 |      |              |         |       |       | In Transit     |                             |                      |           |                 |  |  |  |  |  |  |  |  |
|-------------------|------------|---------------------|-------------|--------------|-----------------|------|--------------|---------|-------|-------|----------------|-----------------------------|----------------------|-----------|-----------------|--|--|--|--|--|--|--|--|
| Respondent's Home | Work Place | Someone Else's Home | Other Place | Car (Driver) | Car (Passenger) | Walk | Bus & Subway | Bicycle | Other | Alone | Spouse/Partner | Child(ren) of the Household | Other Family Members | Friend(s) | Other Person(s) |  |  |  |  |  |  |  |  |
| 1                 | 2          | 3                   | 4           | 5            | 6               | 7    | 8            | 9       | 0     | 1     | 2              | 3                           | 4                    | 5         | 6               |  |  |  |  |  |  |  |  |

Do not ask question "e" about sleep, sex or other personal care activities.

8. (a) And then, what did you do next?

08

(b) When did this start?

:

(d) Where were you?/  
Were you still ...

(e) Who was with you?/  
Were you still ...

(c) When did this end?

:

| Place             |            |                     |             | or | In Transit   |                 |      |              |         |       |       |                |                           |                      |         |                 |
|-------------------|------------|---------------------|-------------|----|--------------|-----------------|------|--------------|---------|-------|-------|----------------|---------------------------|----------------------|---------|-----------------|
| Respondent's Home | Work Place | Someone Else's Home | Other Place |    | Car (Driver) | Car (Passenger) | Walk | Bus & Subway | Bicycle | Other | Alone | Spouse/Partner | Children of the Household | Other Family Members | Friends | Other Person(s) |
| 1                 | 2          | 3                   | 4           |    | 5            | 6               | 7    | 8            | 9       | 0     | 1     | 2              | 3                         | 4                    | 5       | 6               |

9. (a) And then, what did you do next?

09

(b) When did this start?

:

(d) Where were you?/  
Were you still ...

(e) Who was with you?/  
Were you still ...

(c) When did this end?

:

| Place             |            |                     |             | or | In Transit   |                 |      |              |         |       |       |                |                           |                      |         |                 |
|-------------------|------------|---------------------|-------------|----|--------------|-----------------|------|--------------|---------|-------|-------|----------------|---------------------------|----------------------|---------|-----------------|
| Respondent's Home | Work Place | Someone Else's Home | Other Place |    | Car (Driver) | Car (Passenger) | Walk | Bus & Subway | Bicycle | Other | Alone | Spouse/Partner | Children of the Household | Other Family Members | Friends | Other Person(s) |
| 1                 | 2          | 3                   | 4           |    | 5            | 6               | 7    | 8            | 9       | 0     | 1     | 2              | 3                         | 4                    | 5       | 6               |

10. (a) And then, what did you do next?

10

(b) When did this start?

:

(d) Where were you?/  
Were you still ...

(e) Who was with you?/  
Were you still ...

(c) When did this end?

:

| Place             |            |                     |             | or | In Transit   |                 |      |              |         |       |       |                |                           |                      |         |                 |
|-------------------|------------|---------------------|-------------|----|--------------|-----------------|------|--------------|---------|-------|-------|----------------|---------------------------|----------------------|---------|-----------------|
| Respondent's Home | Work Place | Someone Else's Home | Other Place |    | Car (Driver) | Car (Passenger) | Walk | Bus & Subway | Bicycle | Other | Alone | Spouse/Partner | Children of the Household | Other Family Members | Friends | Other Person(s) |
| 1                 | 2          | 3                   | 4           |    | 5            | 6               | 7    | 8            | 9       | 0     | 1     | 2              | 3                         | 4                    | 5       | 6               |

11. (a) And then, what did you do next?

11

(b) When did this start?

:

(d) Where were you?/  
Were you still ...

(e) Who was with you?/  
Were you still ...

(c) When did this end?

:

| Place             |            |                     |             | or | In Transit   |                 |      |              |         |       |       |                |                           |                      |         |                 |
|-------------------|------------|---------------------|-------------|----|--------------|-----------------|------|--------------|---------|-------|-------|----------------|---------------------------|----------------------|---------|-----------------|
| Respondent's Home | Work Place | Someone Else's Home | Other Place |    | Car (Driver) | Car (Passenger) | Walk | Bus & Subway | Bicycle | Other | Alone | Spouse/Partner | Children of the Household | Other Family Members | Friends | Other Person(s) |
| 1                 | 2          | 3                   | 4           |    | 5            | 6               | 7    | 8            | 9       | 0     | 1     | 2              | 3                         | 4                    | 5       | 6               |

Do not ask question "e" about sleep, sex or other personal care activities.

12. (a) And then, what did you do next?

12

(b) When did this start?

:

(d) Where were you?/  
Were you still ...

(e) Who was with you?/  
Were you still ...

(c) When did this end?

:

| Place             |            |                     |             | or | In Transit   |                 |      |              |         |       |       |                |                             |                      |           |                 |
|-------------------|------------|---------------------|-------------|----|--------------|-----------------|------|--------------|---------|-------|-------|----------------|-----------------------------|----------------------|-----------|-----------------|
| Respondent's Home | Work Place | Someone Else's Home | Other Place |    | Car (Driver) | Car (Passenger) | Walk | Bus & Subway | Bicycle | Other | Alone | Spouse/Partner | Child(ren) of the Household | Other Family Members | Friend(s) | Other Person(s) |
| 1                 | 2          | 3                   | 4           |    | 5            | 6               | 7    | 8            | 9       | 0     | 1     | 2              | 3                           | 4                    | 5         | 6               |

13. (a) And then, what did you do next?

13

(b) When did this start?

:

(d) Where were you?/  
Were you still ...

(e) Who was with you?/  
Were you still ...

(c) When did this end?

:

| Place             |            |                     |             | or | In Transit   |                 |      |              |         |       |       |                |                             |                      |           |                 |
|-------------------|------------|---------------------|-------------|----|--------------|-----------------|------|--------------|---------|-------|-------|----------------|-----------------------------|----------------------|-----------|-----------------|
| Respondent's Home | Work Place | Someone Else's Home | Other Place |    | Car (Driver) | Car (Passenger) | Walk | Bus & Subway | Bicycle | Other | Alone | Spouse/Partner | Child(ren) of the Household | Other Family Members | Friend(s) | Other Person(s) |
| 1                 | 2          | 3                   | 4           |    | 5            | 6               | 7    | 8            | 9       | 0     | 1     | 2              | 3                           | 4                    | 5         | 6               |

14. (a) And then, what did you do next?

14

(b) When did this start?

:

(d) Where were you?/  
Were you still ...

(e) Who was with you?/  
Were you still ...

(c) When did this end?

:

| Place             |            |                     |             | or | In Transit   |                 |      |              |         |       |       |                |                             |                      |           |                 |
|-------------------|------------|---------------------|-------------|----|--------------|-----------------|------|--------------|---------|-------|-------|----------------|-----------------------------|----------------------|-----------|-----------------|
| Respondent's Home | Work Place | Someone Else's Home | Other Place |    | Car (Driver) | Car (Passenger) | Walk | Bus & Subway | Bicycle | Other | Alone | Spouse/Partner | Child(ren) of the Household | Other Family Members | Friend(s) | Other Person(s) |
| 1                 | 2          | 3                   | 4           |    | 5            | 6               | 7    | 8            | 9       | 0     | 1     | 2              | 3                           | 4                    | 5         | 6               |

15. (a) And then, what did you do next?

15

(b) When did this start?

:

(d) Where were you?/  
Were you still ...

(e) Who was with you?/  
Were you still ...

(c) When did this end?

:

| Place             |            |                     |             | or | In Transit   |                 |      |              |         |       |       |                |                             |                      |           |                 |
|-------------------|------------|---------------------|-------------|----|--------------|-----------------|------|--------------|---------|-------|-------|----------------|-----------------------------|----------------------|-----------|-----------------|
| Respondent's Home | Work Place | Someone Else's Home | Other Place |    | Car (Driver) | Car (Passenger) | Walk | Bus & Subway | Bicycle | Other | Alone | Spouse/Partner | Child(ren) of the Household | Other Family Members | Friend(s) | Other Person(s) |
| 1                 | 2          | 3                   | 4           |    | 5            | 6               | 7    | 8            | 9       | 0     | 1     | 2              | 3                           | 4                    | 5         | 6               |



16. (a) And then, what did you do next?

16

(b) When did this start?

:

(d) Where were you?/  
Were you still ...

(e) Who was with you?/  
Were you still ...

(c) When did this end?

:

| Place             |            |                     |             | or | In Transit   |                 |      |              |         |       |       |                |                             |                      |           |                 |
|-------------------|------------|---------------------|-------------|----|--------------|-----------------|------|--------------|---------|-------|-------|----------------|-----------------------------|----------------------|-----------|-----------------|
| Respondent's Home | Work Place | Someone Else's Home | Other Place |    | Car (Driver) | Car (Passenger) | Walk | Bus & Subway | Bicycle | Other | Alone | Spouse/Partner | Child(ren) of the Household | Other Family Members | Friend(s) | Other Person(s) |
| 1                 | 2          | 3                   | 4           |    | 5            | 6               | 7    | 8            | 9       | 0     | 1     | 2              | 3                           | 4                    | 5         | 6               |

17. (a) And then, what did you do next?

17

(b) When did this start?

:

(d) Where were you?/  
Were you still ...

(e) Who was with you?/  
Were you still ...

(c) When did this end?

:

| Place             |            |                     |             | or | In Transit   |                 |      |              |         |       |       |                |                             |                      |           |                 |
|-------------------|------------|---------------------|-------------|----|--------------|-----------------|------|--------------|---------|-------|-------|----------------|-----------------------------|----------------------|-----------|-----------------|
| Respondent's Home | Work Place | Someone Else's Home | Other Place |    | Car (Driver) | Car (Passenger) | Walk | Bus & Subway | Bicycle | Other | Alone | Spouse/Partner | Child(ren) of the Household | Other Family Members | Friend(s) | Other Person(s) |
| 1                 | 2          | 3                   | 4           |    | 5            | 6               | 7    | 8            | 9       | 0     | 1     | 2              | 3                           | 4                    | 5         | 6               |

18. (a) And then, what did you do next?

18

(b) When did this start?

:

(d) Where were you?/  
Were you still ...

(e) Who was with you?/  
Were you still ...

(c) When did this end?

:

| Place             |            |                     |             | or | In Transit   |                 |      |              |         |       |       |                |                             |                      |           |                 |
|-------------------|------------|---------------------|-------------|----|--------------|-----------------|------|--------------|---------|-------|-------|----------------|-----------------------------|----------------------|-----------|-----------------|
| Respondent's Home | Work Place | Someone Else's Home | Other Place |    | Car (Driver) | Car (Passenger) | Walk | Bus & Subway | Bicycle | Other | Alone | Spouse/Partner | Child(ren) of the Household | Other Family Members | Friend(s) | Other Person(s) |
| 1                 | 2          | 3                   | 4           |    | 5            | 6               | 7    | 8            | 9       | 0     | 1     | 2              | 3                           | 4                    | 5         | 6               |

19. (a) And then, what did you do next?

19

(b) When did this start?

:

(d) Where were you?/  
Were you still ...

(e) Who was with you?/  
Were you still ...

(c) When did this end?

:

| Place             |            |                     |             | or | In Transit   |                 |      |              |         |       |       |                |                             |                      |           |                 |
|-------------------|------------|---------------------|-------------|----|--------------|-----------------|------|--------------|---------|-------|-------|----------------|-----------------------------|----------------------|-----------|-----------------|
| Respondent's Home | Work Place | Someone Else's Home | Other Place |    | Car (Driver) | Car (Passenger) | Walk | Bus & Subway | Bicycle | Other | Alone | Spouse/Partner | Child(ren) of the Household | Other Family Members | Friend(s) | Other Person(s) |
| 1                 | 2          | 3                   | 4           |    | 5            | 6               | 7    | 8            | 9       | 0     | 1     | 2              | 3                           | 4                    | 5         | 6               |



Do not ask question "e" about sleep, sex or other personal care activities.

20. (a) And then, what did you do next?

20

(b) When did this start?

:

(d) Where were you?/  
Were you still ...

(e) Who was with you?/  
Were you still ...

(c) When did this end?

:

| Place             |            |                     |             | or           |                 |      |              |         |       |       | In Transit     |                             |                      |           |                 |  |  |  |  |  |  |  |  |
|-------------------|------------|---------------------|-------------|--------------|-----------------|------|--------------|---------|-------|-------|----------------|-----------------------------|----------------------|-----------|-----------------|--|--|--|--|--|--|--|--|
| Respondent's Home | Work Place | Someone Else's Home | Other Place | Car (Driver) | Car (Passenger) | Walk | Bus & Subway | Bicycle | Other | Alone | Spouse/Partner | Child(ren) or the Household | Other Family Members | Friend(s) | Other Person(s) |  |  |  |  |  |  |  |  |
| 1                 | 2          | 3                   | 4           | 5            | 6               | 7    | 8            | 9       | 0     | 1     | 2              | 3                           | 4                    | 5         | 6               |  |  |  |  |  |  |  |  |

21. (a) And then, what did you do next?

21

(b) When did this start?

:

(d) Where were you?/  
Were you still ...

(e) Who was with you?/  
Were you still ...

(c) When did this end?

:

| Place             |            |                     |             | or           |                 |      |              |         |       |       | In Transit     |                             |                      |           |                 |  |  |  |  |  |  |  |  |
|-------------------|------------|---------------------|-------------|--------------|-----------------|------|--------------|---------|-------|-------|----------------|-----------------------------|----------------------|-----------|-----------------|--|--|--|--|--|--|--|--|
| Respondent's Home | Work Place | Someone Else's Home | Other Place | Car (Driver) | Car (Passenger) | Walk | Bus & Subway | Bicycle | Other | Alone | Spouse/Partner | Child(ren) or the Household | Other Family Members | Friend(s) | Other Person(s) |  |  |  |  |  |  |  |  |
| 1                 | 2          | 3                   | 4           | 5            | 6               | 7    | 8            | 9       | 0     | 1     | 2              | 3                           | 4                    | 5         | 6               |  |  |  |  |  |  |  |  |

22. (a) And then, what did you do next?

22

(b) When did this start?

:

(d) Where were you?/  
Were you still ...

(e) Who was with you?/  
Were you still ...

(c) When did this end?

:

| Place             |            |                     |             | or           |                 |      |              |         |       |       | In Transit     |                             |                      |           |                 |  |  |  |  |  |  |  |  |
|-------------------|------------|---------------------|-------------|--------------|-----------------|------|--------------|---------|-------|-------|----------------|-----------------------------|----------------------|-----------|-----------------|--|--|--|--|--|--|--|--|
| Respondent's Home | Work Place | Someone Else's Home | Other Place | Car (Driver) | Car (Passenger) | Walk | Bus & Subway | Bicycle | Other | Alone | Spouse/Partner | Child(ren) or the Household | Other Family Members | Friend(s) | Other Person(s) |  |  |  |  |  |  |  |  |
| 1                 | 2          | 3                   | 4           | 5            | 6               | 7    | 8            | 9       | 0     | 1     | 2              | 3                           | 4                    | 5         | 6               |  |  |  |  |  |  |  |  |

23. (a) And then, what did you do next?

23

(b) When did this start?

:

(d) Where were you?/  
Were you still ...

(e) Who was with you?/  
Were you still ...

(c) When did this end?

:

| Place             |            |                     |             | or           |                 |      |              |         |       |       | In Transit     |                             |                      |           |                 |  |  |  |  |  |  |  |  |
|-------------------|------------|---------------------|-------------|--------------|-----------------|------|--------------|---------|-------|-------|----------------|-----------------------------|----------------------|-----------|-----------------|--|--|--|--|--|--|--|--|
| Respondent's Home | Work Place | Someone Else's Home | Other Place | Car (Driver) | Car (Passenger) | Walk | Bus & Subway | Bicycle | Other | Alone | Spouse/Partner | Child(ren) or the Household | Other Family Members | Friend(s) | Other Person(s) |  |  |  |  |  |  |  |  |
| 1                 | 2          | 3                   | 4           | 5            | 6               | 7    | 8            | 9       | 0     | 1     | 2              | 3                           | 4                    | 5         | 6               |  |  |  |  |  |  |  |  |

Do not ask question "e" about sleep, sex or other personal care activities.

24. (a) And then, what did you do next?

24

(b) When did this start?  :

(c) When did this end?  :

(d) Where were you?/  
Were you still ...

| Place                   |                         |                         |                         | In Transit              |                         |                         |                         |                         |                         |
|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|
| Respondent's Home       | Work Place              | Someone Else's Home     | Other Place             | Car (Driver)            | Car (Passenger)         | Walk                    | Bus & Subway            | Bicycle                 | Other                   |
| 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> | 6 <input type="radio"/> | 7 <input type="radio"/> | 8 <input type="radio"/> | 9 <input type="radio"/> | 0 <input type="radio"/> |

(e) Who was with you?/  
Were you still ...

|                         |                         |                             |                         |                         |                         |
|-------------------------|-------------------------|-----------------------------|-------------------------|-------------------------|-------------------------|
| Alone                   | Spouse/Partner          | Child(ren) of the Household | Other Family Members    | Friend(s)               | Other Person(s)         |
| 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/>     | 4 <input type="radio"/> | 5 <input type="radio"/> | 6 <input type="radio"/> |

25. (a) And then, what did you do next?

25

(b) When did this start?  :

(c) When did this end?  :

(d) Where were you?/  
Were you still ...

| Place                   |                         |                         |                         | In Transit              |                         |                         |                         |                         |                         |
|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|
| Respondent's Home       | Work Place              | Someone Else's Home     | Other Place             | Car (Driver)            | Car (Passenger)         | Walk                    | Bus & Subway            | Bicycle                 | Other                   |
| 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> | 6 <input type="radio"/> | 7 <input type="radio"/> | 8 <input type="radio"/> | 9 <input type="radio"/> | 0 <input type="radio"/> |

(e) Who was with you?/  
Were you still ...

|                         |                         |                             |                         |                         |                         |
|-------------------------|-------------------------|-----------------------------|-------------------------|-------------------------|-------------------------|
| Alone                   | Spouse/Partner          | Child(ren) of the Household | Other Family Members    | Friend(s)               | Other Person(s)         |
| 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/>     | 4 <input type="radio"/> | 5 <input type="radio"/> | 6 <input type="radio"/> |

26. (a) And then, what did you do next?

26

(b) When did this start?  :

(c) When did this end?  :

(d) Where were you?/  
Were you still ...

| Place                   |                         |                         |                         | In Transit              |                         |                         |                         |                         |                         |
|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|
| Respondent's Home       | Work Place              | Someone Else's Home     | Other Place             | Car (Driver)            | Car (Passenger)         | Walk                    | Bus & Subway            | Bicycle                 | Other                   |
| 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> | 6 <input type="radio"/> | 7 <input type="radio"/> | 8 <input type="radio"/> | 9 <input type="radio"/> | 0 <input type="radio"/> |

(e) Who was with you?/  
Were you still ...

|                         |                         |                             |                         |                         |                         |
|-------------------------|-------------------------|-----------------------------|-------------------------|-------------------------|-------------------------|
| Alone                   | Spouse/Partner          | Child(ren) of the Household | Other Family Members    | Friend(s)               | Other Person(s)         |
| 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/>     | 4 <input type="radio"/> | 5 <input type="radio"/> | 6 <input type="radio"/> |

27. (a) And then, what did you do next?

27

(b) When did this start?  :

(c) When did this end?  :

(d) Where were you?/  
Were you still ...

| Place                   |                         |                         |                         | In Transit              |                         |                         |                         |                         |                         |
|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|
| Respondent's Home       | Work Place              | Someone Else's Home     | Other Place             | Car (Driver)            | Car (Passenger)         | Walk                    | Bus & Subway            | Bicycle                 | Other                   |
| 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> | 6 <input type="radio"/> | 7 <input type="radio"/> | 8 <input type="radio"/> | 9 <input type="radio"/> | 0 <input type="radio"/> |

(e) Who was with you?/  
Were you still ...

|                         |                         |                             |                         |                         |                         |
|-------------------------|-------------------------|-----------------------------|-------------------------|-------------------------|-------------------------|
| Alone                   | Spouse/Partner          | Child(ren) of the Household | Other Family Members    | Friend(s)               | Other Person(s)         |
| 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/>     | 4 <input type="radio"/> | 5 <input type="radio"/> | 6 <input type="radio"/> |

Do not ask question "e" about sleep, sex or other personal care activities.

28. (a) And then, what did you do next?

28

(b) When did this start?

:

(d) Where were you?/  
Were you still ...

(e) Who was with you?/  
Were you still ...

(c) When did this end?

:

| Place                   |                         |                         |                         | or | In Transit              |                         |                         |                         |                         |                         |                         |                         |                             |                         |                         |                         |
|-------------------------|-------------------------|-------------------------|-------------------------|----|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-----------------------------|-------------------------|-------------------------|-------------------------|
| Respondent's Home       | Work Place              | Someone Else's Home     | Other Place             |    | Car (Driver)            | Car (Passenger)         | Walk                    | Bus & Subway            | Bicycle                 | Other                   | Alone                   | Spouse/Partner          | Child(ren) of the Household | Other Family Members    | Friend(s)               | Other Person(s)         |
| 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> |    | 5 <input type="radio"/> | 6 <input type="radio"/> | 7 <input type="radio"/> | 8 <input type="radio"/> | 9 <input type="radio"/> | 0 <input type="radio"/> | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/>     | 4 <input type="radio"/> | 5 <input type="radio"/> | 6 <input type="radio"/> |

29. (a) And then, what did you do next?

29

(b) When did this start?

:

(d) Where were you?/  
Were you still ...

(e) Who was with you?/  
Were you still ...

(c) When did this end?

:

| Place                   |                         |                         |                         | or | In Transit              |                         |                         |                         |                         |                         |                         |                         |                             |                         |                         |                         |
|-------------------------|-------------------------|-------------------------|-------------------------|----|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-----------------------------|-------------------------|-------------------------|-------------------------|
| Respondent's Home       | Work Place              | Someone Else's Home     | Other Place             |    | Car (Driver)            | Car (Passenger)         | Walk                    | Bus & Subway            | Bicycle                 | Other                   | Alone                   | Spouse/Partner          | Child(ren) of the Household | Other Family Members    | Friend(s)               | Other Person(s)         |
| 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> |    | 5 <input type="radio"/> | 6 <input type="radio"/> | 7 <input type="radio"/> | 8 <input type="radio"/> | 9 <input type="radio"/> | 0 <input type="radio"/> | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/>     | 4 <input type="radio"/> | 5 <input type="radio"/> | 6 <input type="radio"/> |

30. (a) And then, what did you do next?

30

(b) When did this start?

:

(d) Where were you?/  
Were you still ...

(e) Who was with you?/  
Were you still ...

(c) When did this end?

:

| Place                   |                         |                         |                         | or | In Transit              |                         |                         |                         |                         |                         |                         |                         |                             |                         |                         |                         |
|-------------------------|-------------------------|-------------------------|-------------------------|----|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-----------------------------|-------------------------|-------------------------|-------------------------|
| Respondent's Home       | Work Place              | Someone Else's Home     | Other Place             |    | Car (Driver)            | Car (Passenger)         | Walk                    | Bus & Subway            | Bicycle                 | Other                   | Alone                   | Spouse/Partner          | Child(ren) of the Household | Other Family Members    | Friend(s)               | Other Person(s)         |
| 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> |    | 5 <input type="radio"/> | 6 <input type="radio"/> | 7 <input type="radio"/> | 8 <input type="radio"/> | 9 <input type="radio"/> | 0 <input type="radio"/> | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/>     | 4 <input type="radio"/> | 5 <input type="radio"/> | 6 <input type="radio"/> |

31. (a) And then, what did you do next?

31

(b) When did this start?

:

(d) Where were you?/  
Were you still ...

(e) Who was with you?/  
Were you still ...

(c) When did this end?

:

| Place                   |                         |                         |                         | or | In Transit              |                         |                         |                         |                         |                         |                         |                         |                             |                         |                         |                         |
|-------------------------|-------------------------|-------------------------|-------------------------|----|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-----------------------------|-------------------------|-------------------------|-------------------------|
| Respondent's Home       | Work Place              | Someone Else's Home     | Other Place             |    | Car (Driver)            | Car (Passenger)         | Walk                    | Bus & Subway            | Bicycle                 | Other                   | Alone                   | Spouse/Partner          | Child(ren) of the Household | Other Family Members    | Friend(s)               | Other Person(s)         |
| 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> |    | 5 <input type="radio"/> | 6 <input type="radio"/> | 7 <input type="radio"/> | 8 <input type="radio"/> | 9 <input type="radio"/> | 0 <input type="radio"/> | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/>     | 4 <input type="radio"/> | 5 <input type="radio"/> | 6 <input type="radio"/> |



Do not ask question "e" about sleep, sex or other personal care activities.

32. (a) And then, what did you do next?

32

(b) When did this start?

 : 

(c) When did this end?

 : 

(d) Where were you?/  
Were you still ...

(e) Who was with you?/  
Were you still ...

| Place             |            |                     |             | or | In Transit   |                 |      |              |         |       |  |       |                |                             |                      |           |                 |
|-------------------|------------|---------------------|-------------|----|--------------|-----------------|------|--------------|---------|-------|--|-------|----------------|-----------------------------|----------------------|-----------|-----------------|
| Respondent's Home | Work Place | Someone Else's Home | Other Place |    | Car (Driver) | Car (Passenger) | Walk | Bus & Subway | Bicycle | Other |  | Alone | Spouse/Partner | Child(ren) of the Household | Other Family Members | Friend(s) | Other Person(s) |
| 1                 | 2          | 3                   | 4           |    | 5            | 6               | 7    | 8            | 9       | 0     |  | 1     | 2              | 3                           | 4                    | 5         | 6               |

33. (a) And then, what did you do next?

33

(b) When did this start?

 : 

(c) When did this end?

 : 

(d) Where were you?/  
Were you still ...

(e) Who was with you?/  
Were you still ...

| Place             |            |                     |             | or | In Transit   |                 |      |              |         |       |  |       |                |                             |                      |           |                 |
|-------------------|------------|---------------------|-------------|----|--------------|-----------------|------|--------------|---------|-------|--|-------|----------------|-----------------------------|----------------------|-----------|-----------------|
| Respondent's Home | Work Place | Someone Else's Home | Other Place |    | Car (Driver) | Car (Passenger) | Walk | Bus & Subway | Bicycle | Other |  | Alone | Spouse/Partner | Child(ren) of the Household | Other Family Members | Friend(s) | Other Person(s) |
| 1                 | 2          | 3                   | 4           |    | 5            | 6               | 7    | 8            | 9       | 0     |  | 1     | 2              | 3                           | 4                    | 5         | 6               |

34. (a) And then, what did you do next?

34

(b) When did this start?

 : 

(c) When did this end?

 : 

(d) Where were you?/  
Were you still ...

(e) Who was with you?/  
Were you still ...

| Place             |            |                     |             | or | In Transit   |                 |      |              |         |       |  |       |                |                             |                      |           |                 |
|-------------------|------------|---------------------|-------------|----|--------------|-----------------|------|--------------|---------|-------|--|-------|----------------|-----------------------------|----------------------|-----------|-----------------|
| Respondent's Home | Work Place | Someone Else's Home | Other Place |    | Car (Driver) | Car (Passenger) | Walk | Bus & Subway | Bicycle | Other |  | Alone | Spouse/Partner | Child(ren) of the Household | Other Family Members | Friend(s) | Other Person(s) |
| 1                 | 2          | 3                   | 4           |    | 5            | 6               | 7    | 8            | 9       | 0     |  | 1     | 2              | 3                           | 4                    | 5         | 6               |

35. (a) And then, what did you do next?

35

(b) When did this start?

 : 

(c) When did this end?

 : 

(d) Where were you?/  
Were you still ...

(e) Who was with you?/  
Were you still ...

| Place             |            |                     |             | or | In Transit   |                 |      |              |         |       |  |       |                |                             |                      |           |                 |
|-------------------|------------|---------------------|-------------|----|--------------|-----------------|------|--------------|---------|-------|--|-------|----------------|-----------------------------|----------------------|-----------|-----------------|
| Respondent's Home | Work Place | Someone Else's Home | Other Place |    | Car (Driver) | Car (Passenger) | Walk | Bus & Subway | Bicycle | Other |  | Alone | Spouse/Partner | Child(ren) of the Household | Other Family Members | Friend(s) | Other Person(s) |
| 1                 | 2          | 3                   | 4           |    | 5            | 6               | 7    | 8            | 9       | 0     |  | 1     | 2              | 3                           | 4                    | 5         | 6               |



Do not ask question "e" about sleep, sex or other personal care activities.

36. (a) And then, what did you do next?

36

(b) When did this start?

:

(c) When did this end?

:

(d) Where were you?/  
Were you still ...

(e) Who was with you?/  
Were you still ...

| Place             |            |                     |             | or           |                 |      |              |         |       |       | In Transit     |                             |                      |           |                 |  |  |  |  |  |  |  |  |
|-------------------|------------|---------------------|-------------|--------------|-----------------|------|--------------|---------|-------|-------|----------------|-----------------------------|----------------------|-----------|-----------------|--|--|--|--|--|--|--|--|
| Respondent's Home | Work Place | Someone Else's Home | Other Place | Car (Driver) | Car (Passenger) | Walk | Bus & Subway | Bicycle | Other | Alone | Spouse/Partner | Child(ren) of the Household | Other Family Members | Friend(s) | Other Person(s) |  |  |  |  |  |  |  |  |
| 1                 | 2          | 3                   | 4           | 5            | 6               | 7    | 8            | 9       | 0     | 1     | 2              | 3                           | 4                    | 5         | 6               |  |  |  |  |  |  |  |  |

37. (a) And then, what did you do next?

37

(b) When did this start?

:

(c) When did this end?

:

(d) Where were you?/  
Were you still ...

(e) Who was with you?/  
Were you still ...

| Place             |            |                     |             | or           |                 |      |              |         |       |       | In Transit     |                             |                      |           |                 |  |  |  |  |  |  |  |  |
|-------------------|------------|---------------------|-------------|--------------|-----------------|------|--------------|---------|-------|-------|----------------|-----------------------------|----------------------|-----------|-----------------|--|--|--|--|--|--|--|--|
| Respondent's Home | Work Place | Someone Else's Home | Other Place | Car (Driver) | Car (Passenger) | Walk | Bus & Subway | Bicycle | Other | Alone | Spouse/Partner | Child(ren) of the Household | Other Family Members | Friend(s) | Other Person(s) |  |  |  |  |  |  |  |  |
| 1                 | 2          | 3                   | 4           | 5            | 6               | 7    | 8            | 9       | 0     | 1     | 2              | 3                           | 4                    | 5         | 6               |  |  |  |  |  |  |  |  |

38. (a) And then, what did you do next?

38

(b) When did this start?

:

(c) When did this end?

:

(d) Where were you?/  
Were you still ...

(e) Who was with you?/  
Were you still ...

| Place             |            |                     |             | or           |                 |      |              |         |       |       | In Transit     |                             |                      |           |                 |  |  |  |  |  |  |  |  |
|-------------------|------------|---------------------|-------------|--------------|-----------------|------|--------------|---------|-------|-------|----------------|-----------------------------|----------------------|-----------|-----------------|--|--|--|--|--|--|--|--|
| Respondent's Home | Work Place | Someone Else's Home | Other Place | Car (Driver) | Car (Passenger) | Walk | Bus & Subway | Bicycle | Other | Alone | Spouse/Partner | Child(ren) of the Household | Other Family Members | Friend(s) | Other Person(s) |  |  |  |  |  |  |  |  |
| 1                 | 2          | 3                   | 4           | 5            | 6               | 7    | 8            | 9       | 0     | 1     | 2              | 3                           | 4                    | 5         | 6               |  |  |  |  |  |  |  |  |

39. (a) And then, what did you do next?

39

(b) When did this start?

:

(c) When did this end?

:

(d) Where were you?/  
Were you still ...

(e) Who was with you?/  
Were you still ...

| Place             |            |                     |             | or           |                 |      |              |         |       |       | In Transit     |                             |                      |           |                 |  |  |  |  |  |  |  |  |
|-------------------|------------|---------------------|-------------|--------------|-----------------|------|--------------|---------|-------|-------|----------------|-----------------------------|----------------------|-----------|-----------------|--|--|--|--|--|--|--|--|
| Respondent's Home | Work Place | Someone Else's Home | Other Place | Car (Driver) | Car (Passenger) | Walk | Bus & Subway | Bicycle | Other | Alone | Spouse/Partner | Child(ren) of the Household | Other Family Members | Friend(s) | Other Person(s) |  |  |  |  |  |  |  |  |
| 1                 | 2          | 3                   | 4           | 5            | 6               | 7    | 8            | 9       | 0     | 1     | 2              | 3                           | 4                    | 5         | 6               |  |  |  |  |  |  |  |  |

40. (a) And then, what did you do next?

40

(b) When did this start?

: :

(d) Where were you?/  
Were you still ...

(e) Who was with you?/  
Were you still ...

(c) When did this end?

: :

| Place             |            |                     |             | or | In Transit   |                 |      |              |         |       |      |                |                             |                      |         |                 |
|-------------------|------------|---------------------|-------------|----|--------------|-----------------|------|--------------|---------|-------|------|----------------|-----------------------------|----------------------|---------|-----------------|
| Respondent's Home | Work Place | Someone Else's Home | Other Place |    | Car (Driver) | Car (Passenger) | Walk | Bus & Subway | Bicycle | Other | None | Spouse/Partner | Child(ren) of the Household | Other Family Members | Friends | Other Person(s) |
| 1                 | 2          | 3                   | 4           |    | 5            | 6               | 7    | 8            | 9       | 0     | 1    | 2              | 3                           | 4                    | 5       | 6               |

41. (a) And then, what did you do next?

41

(b) When did this start?

: :

(d) Where were you?/  
Were you still ...

(e) Who was with you?/  
Were you still ...

(c) When did this end?

: :

| Place             |            |                     |             | or | In Transit   |                 |      |              |         |       |      |                |                             |                      |         |                 |
|-------------------|------------|---------------------|-------------|----|--------------|-----------------|------|--------------|---------|-------|------|----------------|-----------------------------|----------------------|---------|-----------------|
| Respondent's Home | Work place | Someone Else's Home | Other Place |    | Car (Driver) | Car (Passenger) | Walk | Bus & Subway | Bicycle | Other | None | Spouse/Partner | Child(ren) of the Household | Other Family Members | Friends | Other Person(s) |
| 1                 | 2          | 3                   | 4           |    | 5            | 6               | 7    | 8            | 9       | 0     | 1    | 2              | 3                           | 4                    | 5       | 6               |

42. (a) And then, what did you do next?

42

(b) When did this start?

: :

(d) Where were you?/  
Were you still ...

(e) Who was with you?/  
Were you still ...

(c) When did this end?

: :

| Place             |            |                     |             | or | In Transit   |                 |      |              |         |       |      |                |                             |                      |         |                 |
|-------------------|------------|---------------------|-------------|----|--------------|-----------------|------|--------------|---------|-------|------|----------------|-----------------------------|----------------------|---------|-----------------|
| Respondent's Home | Work Place | Someone Else's Home | Other Place |    | Car (Driver) | Car (Passenger) | Walk | Bus & Subway | Bicycle | Other | None | Spouse/Partner | Child(ren) of the Household | Other Family Members | Friends | Other Person(s) |
| 1                 | 2          | 3                   | 4           |    | 5            | 6               | 7    | 8            | 9       | 0     | 1    | 2              | 3                           | 4                    | 5       | 6               |

43. (a) And then, what did you do next?

43

(b) When did this start?

: :

(d) Where were you?/  
Were you still ...

(e) Who was with you?/  
Were you still ...

(c) When did this end?

: :

| Place             |            |                     |             | or | In Transit   |                 |      |              |         |       |      |                |                             |                      |         |                 |
|-------------------|------------|---------------------|-------------|----|--------------|-----------------|------|--------------|---------|-------|------|----------------|-----------------------------|----------------------|---------|-----------------|
| Respondent's Home | Work Place | Someone Else's Home | Other Place |    | Car (Driver) | Car (Passenger) | Walk | Bus & Subway | Bicycle | Other | None | Spouse/Partner | Child(ren) of the Household | Other Family Members | Friends | Other Person(s) |
| 1                 | 2          | 3                   | 4           |    | 5            | 6               | 7    | 8            | 9       | 0     | 1    | 2              | 3                           | 4                    | 5       | 6               |

Do not ask question "e" about sleep, sex or other personal care activities.

44. (a) And then, what did you do next?

44

(b) When did this start?

:

(d) Where were you?/  
Were you still ...

(e) Who was with you?/  
Were you still ...

(c) When did this end?

:

| Place                   |                         |                         |                         | or                      |                         |                         |                         |                         |                         |                         | In Transit              |                             |                         |                         |                         |  |  |  |  |  |  |  |  |
|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-----------------------------|-------------------------|-------------------------|-------------------------|--|--|--|--|--|--|--|--|
| Respondent's Home       | Work Place              | Someone Else's Home     | Other Place             | Car (Driver)            | Car (Passenger)         | Walk                    | Bus & Subway            | Bicycle                 | Other                   | None                    | Spouse/Partner          | Child(ren) of the Household | Other Family Members    | Friend(s)               | Other Person(s)         |  |  |  |  |  |  |  |  |
| 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> | 6 <input type="radio"/> | 7 <input type="radio"/> | 8 <input type="radio"/> | 9 <input type="radio"/> | 0 <input type="radio"/> | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/>     | 4 <input type="radio"/> | 5 <input type="radio"/> | 6 <input type="radio"/> |  |  |  |  |  |  |  |  |

45. (a) And then, what did you do next?

45

(b) When did this start?

:

(d) Where were you?/  
Were you still ...

(e) Who was with you?/  
Were you still ...

(c) When did this end?

:

| Place                   |                         |                         |                         | or                      |                         |                         |                         |                         |                         |                         | In Transit              |                             |                         |                         |                         |  |  |  |  |  |  |  |  |
|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-----------------------------|-------------------------|-------------------------|-------------------------|--|--|--|--|--|--|--|--|
| Respondent's Home       | Work Place              | Someone Else's Home     | Other Place             | Car (Driver)            | Car (Passenger)         | Walk                    | Bus & Subway            | Bicycle                 | Other                   | None                    | Spouse/Partner          | Child(ren) of the Household | Other Family Members    | Friend(s)               | Other Person(s)         |  |  |  |  |  |  |  |  |
| 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> | 6 <input type="radio"/> | 7 <input type="radio"/> | 8 <input type="radio"/> | 9 <input type="radio"/> | 0 <input type="radio"/> | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/>     | 4 <input type="radio"/> | 5 <input type="radio"/> | 6 <input type="radio"/> |  |  |  |  |  |  |  |  |

46. (a) And then, what did you do next?

46

(b) When did this start?

:

(d) Where were you?/  
Were you still ...

(e) Who was with you?/  
Were you still ...

(c) When did this end?

:

| Place                   |                         |                         |                         | or                      |                         |                         |                         |                         |                         |                         | In Transit              |                             |                         |                         |                         |  |  |  |  |  |  |  |  |
|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-----------------------------|-------------------------|-------------------------|-------------------------|--|--|--|--|--|--|--|--|
| Respondent's Home       | Work Place              | Someone Else's Home     | Other Place             | Car (Driver)            | Car (Passenger)         | Walk                    | Bus & Subway            | Bicycle                 | Other                   | None                    | Spouse/Partner          | Child(ren) of the Household | Other Family Members    | Friend(s)               | Other Person(s)         |  |  |  |  |  |  |  |  |
| 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> | 6 <input type="radio"/> | 7 <input type="radio"/> | 8 <input type="radio"/> | 9 <input type="radio"/> | 0 <input type="radio"/> | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/>     | 4 <input type="radio"/> | 5 <input type="radio"/> | 6 <input type="radio"/> |  |  |  |  |  |  |  |  |

47. (a) And then, what did you do next?

47

(b) When did this start?

:

(d) Where were you?/  
Were you still ...

(e) Who was with you?/  
Were you still ...

(c) When did this end?

:

| Place                   |                         |                         |                         | or                      |                         |                         |                         |                         |                         |                         | In Transit              |                             |                         |                         |                         |  |  |  |  |  |  |  |  |
|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-----------------------------|-------------------------|-------------------------|-------------------------|--|--|--|--|--|--|--|--|
| Respondent's Home       | Work Place              | Someone Else's Home     | Other Place             | Car (Driver)            | Car (Passenger)         | Walk                    | Bus & Subway            | Bicycle                 | Other                   | None                    | Spouse/Partner          | Child(ren) of the Household | Other Family Members    | Friend(s)               | Other Person(s)         |  |  |  |  |  |  |  |  |
| 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> | 6 <input type="radio"/> | 7 <input type="radio"/> | 8 <input type="radio"/> | 9 <input type="radio"/> | 0 <input type="radio"/> | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/>     | 4 <input type="radio"/> | 5 <input type="radio"/> | 6 <input type="radio"/> |  |  |  |  |  |  |  |  |



Do not ask question "e" about sleep, sex or other personal care activities.

48. (a) And then, what did you do next?

48

(b) When did this start?

 : 

(d) Where were you?/  
Were you still ...

(e) Who was with you?/  
Were you still ...

(c) When did this end?

 : 

| Place             |            |                     |             | or | In Transit   |                 |      |              |         |       |      |                |                             |                      |           |                 |
|-------------------|------------|---------------------|-------------|----|--------------|-----------------|------|--------------|---------|-------|------|----------------|-----------------------------|----------------------|-----------|-----------------|
| Respondent's Home | Work Place | Someone Else's Home | Other Place |    | Car (Driver) | Car (Passenger) | Walk | Bus & Subway | Bicycle | Other | None | Spouse/Partner | Child(ren) of the Household | Other Family Members | Friend(s) | Other Person(s) |
| 1                 | 2          | 3                   | 4           |    | 5            | 6               | 7    | 8            | 9       | 0     | 1    | 2              | 3                           | 4                    | 5         | 6               |

49. (a) And then, what did you do next?

49

(b) When did this start?

 : 

(d) Where were you?/  
Were you still ...

(e) Who was with you?/  
Were you still ...

(c) When did this end?

 : 

| Place             |            |                     |             | or | In Transit   |                 |      |              |         |       |      |                |                             |                      |           |                 |
|-------------------|------------|---------------------|-------------|----|--------------|-----------------|------|--------------|---------|-------|------|----------------|-----------------------------|----------------------|-----------|-----------------|
| Respondent's Home | Work Place | Someone Else's Home | Other Place |    | Car (Driver) | Car (Passenger) | Walk | Bus & Subway | Bicycle | Other | None | Spouse/Partner | Child(ren) of the Household | Other Family Members | Friend(s) | Other Person(s) |
| 1                 | 2          | 3                   | 4           |    | 5            | 6               | 7    | 8            | 9       | 0     | 1    | 2              | 3                           | 4                    | 5         | 6               |

50. (a) And then, what did you do next?

50

(b) When did this start?

 : 

(d) Where were you?/  
Were you still ...

(e) Who was with you?/  
Were you still ...

(c) When did this end?

 : 

| Place             |            |                     |             | or | In Transit   |                 |      |              |         |       |      |                |                             |                      |           |                 |
|-------------------|------------|---------------------|-------------|----|--------------|-----------------|------|--------------|---------|-------|------|----------------|-----------------------------|----------------------|-----------|-----------------|
| Respondent's Home | Work Place | Someone Else's Home | Other Place |    | Car (Driver) | Car (Passenger) | Walk | Bus & Subway | Bicycle | Other | None | Spouse/Partner | Child(ren) of the Household | Other Family Members | Friend(s) | Other Person(s) |
| 1                 | 2          | 3                   | 4           |    | 5            | 6               | 7    | 8            | 9       | 0     | 1    | 2              | 3                           | 4                    | 5         | 6               |

INTERVIEWER:

Number of episodes

To record additional activities, use another GSS 7-2, transcribe telephone label information on front of form and indicate the number of 7-2 forms used.

Number of forms



## Section C: Questions about the Designated Day

## Section D: Paid and Unpaid Help

C1. Of the activities that you just reported, which one did you enjoy the most?

(Record the episode number from B2.)

None ☐ 95

All ☐ (INTERVIEWER: Probe the respondent for the most enjoyable activity.)

(Record the episode number from B2.)

C2. INTERVIEWER CHECK ITEM

Does the respondent have a child(ren) less than 15 years old living in the household? (Review Z5 of GSS 7-1.)

Yes ☐ 1

No ☐ 2 ► Go to D1

Refused ☐ 3 ► Go to D1

C3. I'd like to quickly go back over your day and find out when you were looking after your children.

Looking after children is an activity that places many demands on our time, but which is often missed by the kind of diary we've just completed because we often do something else at the same time such as preparing meals or watching TV.

C4. When did your child/children wake up on (designated day)?

(INTERVIEWER: Record the time of the child who woke up first.)

:

C5. When did your child/children go to sleep on (designated day)?

(INTERVIEWER: Record the time of the child who went to sleep last.)

:

C6. On (designated day), at what times were you looking after your child/children?

|     | Start                                       | End                                         |
|-----|---------------------------------------------|---------------------------------------------|
| 1)  | <input type="text"/> : <input type="text"/> | <input type="text"/> : <input type="text"/> |
| 2)  | <input type="text"/> : <input type="text"/> | <input type="text"/> : <input type="text"/> |
| 3)  | <input type="text"/> : <input type="text"/> | <input type="text"/> : <input type="text"/> |
| 4)  | <input type="text"/> : <input type="text"/> | <input type="text"/> : <input type="text"/> |
| 5)  | <input type="text"/> : <input type="text"/> | <input type="text"/> : <input type="text"/> |
| 6)  | <input type="text"/> : <input type="text"/> | <input type="text"/> : <input type="text"/> |
| 7)  | <input type="text"/> : <input type="text"/> | <input type="text"/> : <input type="text"/> |
| 8)  | <input type="text"/> : <input type="text"/> | <input type="text"/> : <input type="text"/> |
| 9)  | <input type="text"/> : <input type="text"/> | <input type="text"/> : <input type="text"/> |
| 10) | <input type="text"/> : <input type="text"/> | <input type="text"/> : <input type="text"/> |

D1. INTERVIEWER CHECK ITEM

Is there anyone less than 15 years old living in the household? (Review Z5 of GSS 7-1.)

Yes ☐ 1

No ☐ 2 ► Go to D3

Refused ☐ 3 ► Go to D3

D2. Last week, how many hours did you spend looking after children who live in your household?

.  hours

D3. Last week, did you spend any time doing housework including cooking, cleaning, grocery shopping and laundry for your household?

Yes ☐ 5 ► D3A. For how many hours?

.  hours

No ☐ 6

D4. Last week, did you do any unpaid work to maintain or improve your house, yard or automobile?

Yes ☐ 8 ► D4A. For how many hours?

.  hours

No ☐ 1

D5. Do you pay anyone, on a regular basis, to help out with cleaning your house?

Yes ☐ 2

No ☐ 3 ► Go to D7

Refused ☐ 4 ► Go to D7

D6. How often do you use this service?

Every day ☐ 5

Every week ☐ 6

Every second week ☐ 7

Once a month ☐ 8

Less than once a month ☐ 9

D7. Now let's talk about unpaid help you may have given to friends, neighbours or relatives who did not live with you.

D8. Last month, ...

No

Yes ►

D8A.

For how many hours? (last month)

a) did you help someone else with housework, including cooking, cleaning, grocery shopping and laundry? .....

01 ☐

02 ☐ ►

1 .  hours

b) did you help someone else with repairs or maintenance on a house, yard or automobile? .....

03 ☐

04 ☐ ►

2 .  hours

c) did you look after another person's child? .....

05 ☐

06 ☐ ►

3 .  hours

D9. Now, I would like to ask about other types of unpaid help that you gave to organizations or persons including to other household members.

D10. Last month, ...

No

Yes ►

D10A.

For how many hours? (last month)

a) did you help someone else with transportation, shopping or getting around outdoors? .....

07 ☐

08 ☐ ►

4 .  hours

b) did you provide personal care to someone who was disabled or ill? .....

09 ☐

10 ☐ ►

5 .  hours

c) did you help anyone to write letters, solve problems, find information or fill out forms? .....

11 ☐

12 ☐ ►

6 .  hours

d) did you help anyone with carrying on a business or with farming? .....

13 ☐

14 ☐ ►

7 .  hours

D11. Last month, ...

No

Yes ►

D11A.

For how many hours? (last month)

a) did you do any volunteer work that I have not mentioned so far for an organization? .....

15 ☐

16 ☐ ►

8 .  hours

b) did you help anyone in a way that I have not mentioned so far? .....

20 ☐

21 ☐ ►

9 .  hours

### Section E: Perceptions of Time

E1. Now I would like to ask you some questions on your outlook towards your use of time.

|                                                                                                        | Yes                      | No                       | Don't know               |
|--------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|
| a) Do you plan to slow down in the coming year?                                                        | 01 <input type="radio"/> | 02 <input type="radio"/> | 03 <input type="radio"/> |
| b) Do you consider yourself a workaholic?                                                              | 04 <input type="radio"/> | 05 <input type="radio"/> | 06 <input type="radio"/> |
| c) When you need more time, do you tend to cut back on your sleep?                                     | 07 <input type="radio"/> | 08 <input type="radio"/> | 09 <input type="radio"/> |
| d) At the end of the day, do you often feel that you have not accomplished what you had set out to do? | 10 <input type="radio"/> | 11 <input type="radio"/> | 12 <input type="radio"/> |
| e) Do you worry that you don't spend enough time with your family or friends?                          | 13 <input type="radio"/> | 14 <input type="radio"/> | 15 <input type="radio"/> |
| f) Do you feel that you're constantly under stress trying to accomplish more than you can handle?      | 16 <input type="radio"/> | 17 <input type="radio"/> | 18 <input type="radio"/> |
| g) Do you feel trapped in a daily routine?                                                             | 19 <input type="radio"/> | 20 <input type="radio"/> | 21 <input type="radio"/> |
| h) Do you feel that you just don't have time for fun any more?                                         | 22 <input type="radio"/> | 23 <input type="radio"/> | 24 <input type="radio"/> |
| i) Do you often feel under stress when you don't have enough time?                                     | 25 <input type="radio"/> | 26 <input type="radio"/> | 27 <input type="radio"/> |
| j) Would you like to spend more time alone?                                                            | 28 <input type="radio"/> | 29 <input type="radio"/> | 30 <input type="radio"/> |

### Section F: Educational, Cultural and Recreational Activities

F1. Last month, did you attend any courses or training sessions?

Yes ☐ 1  
No ☐ 2 ▶ Go to F3

F2. Were these courses ...

No Yes

a) credit courses? ☐ 3 ☐ 4 ▶ F2A. For how many hours? (last month)  hours

b) non-credit courses? ☐ 6 ☐ 7 ▶ F2B. For how many hours? (last month)  hours

F3. Now, I would like to ask you about your leisure activities.

F4. During the past 12 months, as a leisure activity (not for work or studies) did you read a ...

No

Yes

F4A. Was this during the past month?

a) newspaper? ☐ 01 ☐ 02

No

Yes

F4B. What this during the past week?

No

Yes

05 ☐

06 ☐

b) magazine? ☐ 07 ☐ 08 ▶

09 ☐

10 ☐

11 ☐

12 ☐

c) book? ☐ 13 ☐ 14 ▶

15 ☐

16 ☐

17 ☐

18 ☐

INTERVIEWER: If No or Refused ▶ Go to F6.

**F5. Was the last book you read fiction or non-fiction?**

Fiction

19

F5A. Was it a novel, poetry, a play or something else?

A novel

21

Poetry

22

A play

23

Other

24

Go to F6

Non-fiction

20

F5B. Was it a biography, an autobiography, history, self-help or something else?

Biography or autobiography

25

History

26

Self-help

27

Other

28

**F6. During the past 12 months did you ...**

a) borrow a book from a library (for self or family)?

No

Yes

29

30

F6A. Was this during the past month?

No

Yes

31

32

F6B. What this during the past week?

No

Yes

33

34

b) listen to records, cassettes or CDs?

35

36

37

38

39

40

c) view a film, rented or purchased, on VCR (or videodisc player) at home or at a friend's home?

41

42

43

44

45

46

**F7. During the past 12 months did you attend any popular musical performance by professional artists?**

Yes

47

F7A. What type of musical performance? Was it ...

i) pop/rock music?

No

Yes

49

50

F7B. Was this during the past month?

No

Yes

51

52

F7C. What this during the past week?

No

Yes

53

54

ii) jazz/blues?

55

56

57

58

59

60

iii) folk music?

61

62

63

64

65

66

iv) country and western music?

67

68

69

70

71

72

No

48

**F8. During the past 12 months did you attend a concert or performance by professional artists such as music, dance, theatre or opera?**

Yes

1

No

2

Go to F12

Refused

3

Go to F12



**F9. Did you attend a dance performance?**

Yes

01 ☐

F9A. Was it ...

i) ballet?

No

Yes

F9B.

Was this during the past month?

No

Yes

F9C.

What this during the past week?

No

Yes

03 ☐

04 ☐

05 ☐

06 ☐

07 ☐

08 ☐

ii) contemporary dance?

09 ☐

10 ☐

11 ☐

12 ☐

13 ☐

14 ☐

No

02 ☐

**F10. Did you attend a symphonic or classical musical performance?**

Yes

15 ☐

F10A. Was it ...

i) symphonic music?

No

Yes

F10B.

Was this during the past month?

No

Yes

F10C.

What this during the past week?

No

Yes

17 ☐

18 ☐

19 ☐

20 ☐

21 ☐

22 ☐

ii) symphonic "pops" concerts?

23 ☐

24 ☐

25 ☐

26 ☐

27 ☐

28 ☐

iii) contemporary classical music?

29 ☐

30 ☐

31 ☐

32 ☐

33 ☐

34 ☐

iv) chamber music and classical soloists?

35 ☐

36 ☐

37 ☐

38 ☐

39 ☐

40 ☐

v) opera?

41 ☐

42 ☐

43 ☐

44 ☐

45 ☐

46 ☐

vi) choral music?

47 ☐

48 ☐

49 ☐

50 ☐

51 ☐

52 ☐

No

16 ☐

**F11. Did you attend a theatrical or stage performance?**

Yes

53 ☐

F11A. What type of theatrical performance? Was it ...

i) drama?

No

Yes

F11B.

Was this during the past month?

No

Yes

F11C.

What this during the past week?

No

Yes

55 ☐

56 ☐

57 ☐

58 ☐

59 ☐

60 ☐

ii) comedy?

61 ☐

62 ☐

63 ☐

64 ☐

65 ☐

66 ☐

iii) avant-garde theatre?

67 ☐

68 ☐

69 ☐

70 ☐

71 ☐

72 ☐

iv) a musical?

73 ☐

74 ☐

75 ☐

76 ☐

77 ☐

78 ☐

v) stand-up comedy?

79 ☐

80 ☐

81 ☐

82 ☐

83 ☐

84 ☐

No

54 ☐

F12. During the past 12 months did you attend any ...

|                                                                                      |                                |                                   |                                                                         |                                   |                                                                         |                                 |
|--------------------------------------------------------------------------------------|--------------------------------|-----------------------------------|-------------------------------------------------------------------------|-----------------------------------|-------------------------------------------------------------------------|---------------------------------|
| a) performance of children's music, theatre and dance by professional artists? ..... | No<br>01 <input type="radio"/> | Yes ►<br>02 <input type="radio"/> | F12A. Was this during the past month?<br>No<br>03 <input type="radio"/> | Yes ►<br>04 <input type="radio"/> | F12B. What this during the past week?<br>No<br>05 <input type="radio"/> | Yes<br>06 <input type="radio"/> |
| <hr/>                                                                                |                                |                                   |                                                                         |                                   |                                                                         |                                 |
| b) performance of ethnic and heritage dance/music? .....                             | 07 <input type="radio"/>       | 08 <input type="radio"/> ►        | 09 <input type="radio"/>                                                | 10 <input type="radio"/> ►        | 11 <input type="radio"/>                                                | 12 <input type="radio"/>        |

F13. During the past 12 months did you attend any professional sporting event?

|                                |                                   |                                                                         |                                   |                                                                         |                                 |
|--------------------------------|-----------------------------------|-------------------------------------------------------------------------|-----------------------------------|-------------------------------------------------------------------------|---------------------------------|
| No<br>13 <input type="radio"/> | Yes ►<br>14 <input type="radio"/> | F13A. Was this during the past month?<br>No<br>15 <input type="radio"/> | Yes ►<br>16 <input type="radio"/> | F13B. What this during the past week?<br>No<br>17 <input type="radio"/> | Yes<br>18 <input type="radio"/> |
|--------------------------------|-----------------------------------|-------------------------------------------------------------------------|-----------------------------------|-------------------------------------------------------------------------|---------------------------------|

F14. During the past 12 months did you go to a movie (commercial theatre)?

|                                |                                   |                                                                         |                                   |                                                                         |                                 |
|--------------------------------|-----------------------------------|-------------------------------------------------------------------------|-----------------------------------|-------------------------------------------------------------------------|---------------------------------|
| No<br>19 <input type="radio"/> | Yes ►<br>20 <input type="radio"/> | F14A. Was this during the past month?<br>No<br>21 <input type="radio"/> | Yes ►<br>22 <input type="radio"/> | F14B. What this during the past week?<br>No<br>23 <input type="radio"/> | Yes<br>24 <input type="radio"/> |
|--------------------------------|-----------------------------------|-------------------------------------------------------------------------|-----------------------------------|-------------------------------------------------------------------------|---------------------------------|

F15. During the past 12 months did you go to a museum or an art gallery?

Yes ..... 1 ☐

No ..... 2 ☐ ► Go to F17

Refused ..... 3 ☐ ► Go to F17

F16. Did you go to ...

|                                                             |                                |                                   |                                                                         |                                   |                                                                         |                                 |
|-------------------------------------------------------------|--------------------------------|-----------------------------------|-------------------------------------------------------------------------|-----------------------------------|-------------------------------------------------------------------------|---------------------------------|
| a) a public art gallery or art museum? .....                | No<br>01 <input type="radio"/> | Yes ►<br>02 <input type="radio"/> | F16A. Was this during the past month?<br>No<br>03 <input type="radio"/> | Yes ►<br>04 <input type="radio"/> | F16B. What this during the past week?<br>No<br>05 <input type="radio"/> | Yes<br>06 <input type="radio"/> |
| <hr/>                                                       |                                |                                   |                                                                         |                                   |                                                                         |                                 |
| b) a commercial art gallery? .....                          | 07 <input type="radio"/>       | 08 <input type="radio"/> ►        | 09 <input type="radio"/>                                                | 10 <input type="radio"/> ►        | 11 <input type="radio"/>                                                | 12 <input type="radio"/>        |
| <hr/>                                                       |                                |                                   |                                                                         |                                   |                                                                         |                                 |
| c) a science centre or science and technology museum? ..... | 13 <input type="radio"/>       | 14 <input type="radio"/> ►        | 15 <input type="radio"/>                                                | 16 <input type="radio"/> ►        | 17 <input type="radio"/>                                                | 18 <input type="radio"/>        |
| <hr/>                                                       |                                |                                   |                                                                         |                                   |                                                                         |                                 |
| d) a natural history or natural science museum? .....       | 19 <input type="radio"/>       | 20 <input type="radio"/> ►        | 21 <input type="radio"/>                                                | 22 <input type="radio"/> ►        | 23 <input type="radio"/>                                                | 24 <input type="radio"/>        |
| <hr/>                                                       |                                |                                   |                                                                         |                                   |                                                                         |                                 |
| e) a general or a human history museum? .....               | 25 <input type="radio"/>       | 26 <input type="radio"/> ►        | 27 <input type="radio"/>                                                | 28 <input type="radio"/> ►        | 29 <input type="radio"/>                                                | 30 <input type="radio"/>        |
| <hr/>                                                       |                                |                                   |                                                                         |                                   |                                                                         |                                 |
| f) a community museum? .....                                | 31 <input type="radio"/>       | 32 <input type="radio"/> ►        | 33 <input type="radio"/>                                                | 34 <input type="radio"/> ►        | 35 <input type="radio"/>                                                | 36 <input type="radio"/>        |

F17. During the past 12 months did you go to a(n) ...

|                                                                       | No   | Yes ▶  | F17A. Was this during the past month? | No   | Yes ▶  | F17B. What this during the past week? | No   | Yes  |
|-----------------------------------------------------------------------|------|--------|---------------------------------------|------|--------|---------------------------------------|------|------|
| a) archaeological site? .....                                         | 37 ○ | 38 ○   |                                       | 39 ○ | 40 ○   |                                       | 41 ○ | 42 ○ |
| b) historic site? .....                                               | 43 ○ | 44 ○ ▶ |                                       | 45 ○ | 46 ○ ▶ |                                       | 47 ○ | 48 ○ |
| c) zoo, aquarium, botanical garden, planetarium or observatory? ..... | 49 ○ | 50 ○ ▶ |                                       | 51 ○ | 52 ○ ▶ |                                       | 53 ○ | 54 ○ |
| d) conservation area or nature park? .....                            | 55 ○ | 56 ○ ▶ |                                       | 57 ○ | 58 ○ ▶ |                                       | 59 ○ | 60 ○ |

F18. During the past 12 months did you go to any ...

|                                                                            | No   | Yes ▶  | F18A. Was this during the past month? | No   | Yes ▶  | F18B. What this during the past week? | No   | Yes  |
|----------------------------------------------------------------------------|------|--------|---------------------------------------|------|--------|---------------------------------------|------|------|
| a) festivals, fairs or exhibitions? .....                                  | 61 ○ | 62 ○   |                                       | 63 ○ | 64 ○   |                                       | 65 ○ | 66 ○ |
| b) other popular stage performance such as a circus, ice show, etc.? ..... | 67 ○ | 68 ○ ▶ |                                       | 69 ○ | 70 ○ ▶ |                                       | 71 ○ | 72 ○ |

F19. During the past 12 months did you ...

|                                                                                    | No   | Yes ▶  | F19A. Was this during the past month? | No   | Yes ▶  | F19B. What this during the past week? | No   | Yes  |
|------------------------------------------------------------------------------------|------|--------|---------------------------------------|------|--------|---------------------------------------|------|------|
| a) do any individual art activities such as painting or sculpturing? .....         | 01 ○ | 02 ○   |                                       | 03 ○ | 04 ○   |                                       | 05 ○ | 06 ○ |
| b) do any crafts such as woodcarving, knitting, pottery, jewelry making, etc. .... | 07 ○ | 08 ○ ▶ |                                       | 09 ○ | 10 ○ ▶ |                                       | 11 ○ | 12 ○ |
| c) play or practise a musical instrument? .....                                    | 13 ○ | 14 ○ ▶ |                                       | 15 ○ | 16 ○ ▶ |                                       | 17 ○ | 18 ○ |
| d) engage in artistic photography? .....                                           | 19 ○ | 20 ○ ▶ |                                       | 21 ○ | 22 ○ ▶ |                                       | 23 ○ | 24 ○ |

F20. During the past 12 months did you take any courses or lessons for pleasure (not for work or studies)?

Yes ..... 4 ○

No ..... 5 ○ ▶ Go to F22

Refused ..... 6 ○ ▶ Go to F22

**F21. What type of courses or lessons were these?**  
(Mark all that apply.)

**F21A. Was this during the past month?**

No Yes  
02 ☐ 03 ☐

**F21B. Was this during the past week?**

No Yes  
04 ☐ 05 ☐

a) Music ..... 01 ☐

b) Singing ..... 06 ☐

c) Ballet or other dance ..... 11 ☐

d) Fine arts ..... 16 ☐

e) Crafts ..... 21 ☐

f) Acting or other theatre activities ..... 26 ☐

g) Writing ..... 31 ☐

h) Television, radio broadcasting or recording ..... 36 ☐

i) Photography ..... 41 ☐

j) Other ..... 46 ☐  
(Specify)




k) Other ..... 51 ☐  
(Specify)




l) Other ..... 56 ☐  
(Specify)




**F22. How many hours did you watch CBC (Radio-Canada) television last week? Was it ...**

- none at all? ..... 01 ☐
- 1 to 2 hours? ..... 02 ☐
- 3 to 4 hours? ..... 03 ☐
- 5 to 9 hours? ..... 04 ☐
- 10 or more hours? ..... 05 ☐
- Don't know ..... 06 ☐

**F23. How many hours did you listen to CBC radio last week? Was it ...**

- none at all? ..... 07 ☐
- 1 to 2 hours? ..... 08 ☐
- 3 to 4 hours? ..... 09 ☐
- 5 to 9 hours? ..... 10 ☐
- 10 or more hours? ..... 11 ☐
- Don't know ..... 12 ☐





**G6. INTERVIEWER CHECK ITEM**

*Is this a single-person household? (Review Z3 of GSS 7-1.)*

Yes ..... 1 ☐ ► Go to G9

No ..... 2 ☐

Refused ..... 3 ☐ ► Go to G9

**G7. During the past 12 months, did anyone else in your household participate regularly in any sports?**

Yes ..... 4 ☐

No ..... 5 ☐ ► Go to G9

Refused ..... 6 ☐ ► Go to G9

**G8. Which members participated?**

**G8A. For which sports?**

| Page-line            | (Sport code)         | (Sport code)         |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
|                      | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
|                      | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
|                      | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
|                      | <input type="text"/> | <input type="text"/> |

**G9. Do you belong to a sport club or a local, provincial or national sport organization?**

Yes ..... 7 ☐

No ..... 8 ☐

**G10. During the past 12 months have you or any member of your household been involved in amateur sport as a ...**

No Yes ► **G10A. Which members of your household?**

(Page-line)

(Page-line)

|                                                                                        |                      |                      |                      |                      |
|----------------------------------------------------------------------------------------|----------------------|----------------------|----------------------|----------------------|
| a) coach? ..... 1 <input type="radio"/> 2 <input type="radio"/> ►                      | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| b) referee or umpire? ..... 3 <input type="radio"/> 4 <input type="radio"/> ►          | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| c) volunteer helper as needed? ..... 5 <input type="radio"/> 6 <input type="radio"/> ► | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| d) spectator at competitions? ..... 7 <input type="radio"/> 8 <input type="radio"/> ►  | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |



**H10. What kind of work were you doing? (Give full description: e.g. office clerk, factory worker, forestry technician.)**





**H11. In that work, what were your most important activities or duties? (Give full description: e.g. filing documents, drying vegetables, forestry examiner.)**





**H12. INTERVIEWER: Go to J1.**

**H13. For how many weeks during the past 12 months were you employed? (Include vacation, illness, strikes, lock-outs and maternity/paternity leave.)**

 weeks

**H14. Were you a paid worker or self-employed?**

Paid worker ..... ☐ **1** ► Go to H17

Self-employed ..... ☐ **2**

Other ..... ☐ **3** ► Go to H17

Refused ..... ☐ **4** ► Go to H17

**H15. Did you have any paid employees?**

Yes ..... ☐ **5**

No ..... ☐ **6** ► Go to H18

Refused ..... ☐ **7** ► Go to H18

**H16. About how many employees did you have?**

(if range given, enter maximum.)

 employees ► Go to H18

**H17. For whom did you work last week? (Name of business, government department or agency, or person.)**





**H18. What kind of business, industry or service was this? (Give full description: e.g. federal government, canning industry, forestry services.)**





**H19. What kind of work were you doing? (Give full description: e.g. office clerk, factory worker, forestry technician.)**





**H20. In that work, what were your most important activities or duties? (Give full description: e.g. filing documents, drying vegetables, forestry examiner.)**



H21. Are you a union member or covered by a union contract or collective agreement in this job?

Yes ..... <sup>1</sup>○  
No ..... <sup>2</sup>○

H22. Did you have more than one paid job last week?

Yes ..... <sup>3</sup>○  
No ..... <sup>4</sup>○

H23. How many hours a week do you usually work at your ...

(main) job? .....  .  hours  
other jobs? .....  .  hours  
(Only if H22 = Yes.)

H24. INTERVIEWER: Is total in H23 30 or more hours?

Yes ..... <sup>7</sup>○ ► Go to H26  
No ..... <sup>8</sup>○  
Refused ..... <sup>9</sup>○ ► Go to H26

H25. Why do you usually work less than 30 hours a week? (Mark all that apply.)

Own illness or disability ..... <sup>1</sup>○  
Child care responsibilities ..... <sup>2</sup>○  
Elderly care responsibilities ..... <sup>3</sup>○  
Other personal or family responsibilities ..... <sup>4</sup>○  
Going to school ..... <sup>5</sup>○  
Could only find part-time work ..... <sup>6</sup>○  
Did not want full-time work ..... <sup>7</sup>○  
Full-time work under 30 hours per week ..... <sup>8</sup>○  
Other ..... <sup>9</sup>○

(Specify)



H26. Which of the following best describes the hours you usually work at this job? (For respondent's main job.)

A regular daytime schedule or shift? ..... <sup>1</sup>○

A regular evening shift? ..... <sup>2</sup>○

A regular night shift? ..... <sup>3</sup>○

A rotating shift? (one that changes periodically from days to evenings to/or nights) ..... <sup>4</sup>○

A split shift? (one consisting of two or more distinct periods each day) ..... <sup>5</sup>○

Other? ..... <sup>6</sup>○

(Specify)



H27. Do you have a flexible schedule that allows you to choose the time you begin and end your work day?

Yes ..... <sup>7</sup>○  
No ..... <sup>8</sup>○  
Don't know ..... <sup>9</sup>○

H28. Excluding overtime, do you usually work any of your scheduled hours at home?

Yes ..... <sup>1</sup>○  
No ..... <sup>2</sup>○

H29. Do you ...

Yes No

a) have a compressed work week? ..... <sup>3</sup>○ <sup>4</sup>○

b) do on call work? ..... <sup>5</sup>○ <sup>6</sup>○

**Section J: Spouse's Main Activity****J1. INTERVIEWER CHECK ITEM**

Is the respondent living with his/her spouse or partner?  
(Review Z7 of GSS 7-1.)

Yes ☐ 7

No ☐ 8 ► Go to K1

Refused ☐ 9 ► Go to K1

**J2. Last week, was your spouse's/partner's main activity working at a job or business, looking for work, going to school, keeping house, retired or something else?**

(Note: If sickness or short-term illness is reported, ask for usual major activity.)

Working at a job or business ☐ 01 ► Go to J5

Vacation (from self-employment or paid work) ☐ 02 ► Go to J4

Looking for work ☐ 03 ► Go to J4

Going to school ☐ 04

Keeping house ☐ 05 ► Go to J4

Retired ☐ 06 ► Go to J4

Something else:

Maternity/paternity leave ☐ 07 ► Go to J4

Long term illness ☐ 08 ► Go to J4

Other ☐ 09 ► Go to J4

(Specify)





Refused ☐ 10 ► Go to J4

**J3. Was he/she studying full-time or part-time?**

Full-time ☐ 1

Part-time ☐ 2

**J4. Did he/she have a job or were they self-employed at any time last week?**

Yes ☐ 3

No ☐ 4 ► Go to J8

Refused ☐ 5 ► Go to J8

**J5. How many hours did he/she work? (Include all jobs.)**

.  hours

**J6. Did he/she work on (designated day)?**

Yes ☐ 6

No ☐ 7 ► Go to J8

Refused ☐ 8 ► Go to J8

**J7. What hours did he/she work?**

Start time  1 :

Finish time  2 :

If he/she works a split shift:

2<sup>nd</sup> Start time  3 :

2<sup>nd</sup> Finish time  4 :

**J8. Last week, did he/she spend any time doing housework including cooking, cleaning, grocery shopping and laundry for your household?**

Yes ☐ 1 J8A. For how many hours?

No ☐ 2  3 .  hours

**J9. Last week, did he/she do any unpaid work to maintain or improve your house, yard or automobile?**

Yes ☐ 4 J9A. For how many hours?

No ☐ 5  6 .  hours

**J10 INTERVIEWER CHECK ITEM**

is there anyone less than 15 years old living in the household? (Review Z5 of GSS 7-1)

- Yes ☐ 10
- No ☐ 11 ► Go to J12
- Refused ☐ 12 ► Go to J12

**J11. Last week, how many hours did he/she spend looking after children who live in your household?**

.  hours

**J12. What is the highest level of education that he/she has attained?**

Masters (M.A., M.Sc., M.Ed.) or earned doctorate (Ph.D., D.Sc., D.Ed.) ☐ 01

Degree in Medicine, Dentistry, Veterinary Medicine, or Optometry (M.D., D.D.S., D.M.D., D.V.M., D.D.) ☐ 02

Bachelor or undergraduate degree, or teacher's college (e.g. B.A., B.Sc., B.A.Sc., LL.B.) ☐ 03

Diploma or certificate from community college, CEGEP or nursing school ☐ 04

Diploma or certificate from trade, technical or vocational school, or business college ☐ 05

Some university ☐ 06

Some community college, CEGEP or nursing school ☐ 07

Some trade, technical or vocational school, or business college ☐ 08

High School diploma ☐ 09

Some High School ☐ 10

Elementary School diploma ☐ 11

Some Elementary ☐ 12

No schooling ☐ 13

Other ☐ 14

(Specify)



**Section K: Classification**

**K1. Now a few general questions.**

**K2. Is this dwelling owned by a member of this household?**

Yes ☐ 1

No ☐ 2

**K3. What is your postal code (for this residence)?**

Don't know ☐ 3

**K4. Do you have more than one telephone in your home?**

Yes ☐ 4

No ☐ 5 ► Go to K10

**K5. Do all the telephones have the same number?**

Yes ☐ 6 ► Go to K10

No ☐ 7

**K6. Households with more than one telephone number have a greater chance of being selected by the survey. We ask these questions to adjust for this.**

**K7. How many different numbers are there?**

**K8. Are any of these numbers for business use only?**

Yes ☐ 8

No ☐ 9 ► Go to K10

**K9. How many are for business use only?**

Business numbers

**K10. In what country were you born?**

Canada ..... 1 ☐ ► In which province or territory?

- Newfoundland/  
Labrador ..... 01 ☐
- Prince Edward Island ..... 02 ☐
- Nova Scotia ..... 03 ☐
- New Brunswick ..... 04 ☐
- Quebec ..... 05 ☐
- Ontario ..... 06 ☐
- Manitoba ..... 07 ☐
- Saskatchewan ..... 08 ☐
- Alberta ..... 09 ☐
- British Columbia ..... 10 ☐
- Yukon Territory ..... 11 ☐
- Northwest  
Territories ..... 12 ☐

Go to K12

Country outside  
Canada ..... 2 ☐

(Specify)

- China ..... 15 ☐
- England ..... 13 ☐
- France ..... 18 ☐
- Germany ..... 14 ☐
- Haiti ..... 19 ☐
- Holland ..... 20 ☐
- India ..... 21 ☐
- Ireland ..... 22 ☐
- Italy ..... 23 ☐
- Jamaica ..... 24 ☐
- Philippines ..... 25 ☐
- Poland ..... 26 ☐
- Portugal ..... 27 ☐
- Scotland ..... 16 ☐
- United States ..... 17 ☐
- USSR ..... 28 ☐
- Other ..... 29 ☐

(Specify)





Refused ..... 3 ☐ ► Go to K12

**K11. In what year did you first immigrate to Canada?**

Canadian citizen by birth ..... 4 ☐

**K12. What is your date of birth?**

Day

Month

Year

Refused ..... 5 ☐

**K13. What language did you first speak in childhood?**  
(Accept multiple responses only if languages were used equally.)

**K13A. Do you still understand that/those language(s)?**

Yes No

English ..... 02 ☐

French ..... 01 ☐ ► 12 ☐ 13 ☐

Italian ..... 03 ☐ ► 16 ☐ 17 ☐

German ..... 04 ☐ ► 18 ☐ 19 ☐

Ukrainian ..... 05 ☐ ► 20 ☐ 21 ☐

Dutch ..... 06 ☐ ► 22 ☐ 23 ☐

Chinese ..... 07 ☐ ► 24 ☐ 25 ☐

Hungarian ..... 08 ☐ ► 26 ☐ 27 ☐

Portuguese ..... 09 ☐ ► 28 ☐ 29 ☐

Polish ..... 10 ☐ ► 30 ☐ 31 ☐

Other ..... 11 ☐ ► 32 ☐ 33 ☐

(Specify)





**K14. What language do you speak most often at home?**  
(Accept multiple responses only if languages are spoken equally.)

- |            |    |
|------------|----|
| English    | 33 |
| French     | 32 |
| Italian    | 34 |
| German     | 35 |
| Ukrainian  | 36 |
| Dutch      | 37 |
| Chinese    | 38 |
| Hungarian  | 39 |
| Portuguese | 40 |
| Polish     | 41 |
| Other      | 42 |

(Specify)

[illegible][illegible]

K15. Excluding kindergarten, how many years of elementary and high school education have you successfully completed?

- |                             |    |   |           |
|-----------------------------|----|---|-----------|
| No schooling . . . . .      | 43 | } | Go to K19 |
| One to five years . . . . . | 44 |   |           |
| Six . . . . .               | 45 |   |           |
| Seven . . . . .             | 48 | } | Go to K17 |
| Eight . . . . .             | 47 |   |           |
| Nine . . . . .              | 48 |   |           |
| Ten . . . . .               | 49 |   |           |
| Eleven . . . . .            | 50 |   |           |
| Twelve . . . . .            | 51 |   |           |
| Thirteen . . . . .          | 52 |   |           |

**K16. Have you graduated from high school?**

- Yes ..... 1 ☐
- No ..... 2 ☐

**K17. Have you had any further schooling beyond elementary/  
high school?**

- Yes ..... 3 ☐
- No ..... 4 ☐ ► Go to K19

K18. What is the highest level of education that you have attained?

- |                                                                                                       |   |                       |
|-------------------------------------------------------------------------------------------------------|---|-----------------------|
| Masters (M.A., M.Sc., M.Ed.) or earned doctorate (Ph.D., D.Sc., D.Ed.)                                | 1 | <input type="radio"/> |
| Degree in Medicine, Dentistry, Veterinary Medicine, or Optometry (M.D., D.D.S., D.M.D., D.V.M., D.D.) | 2 | <input type="radio"/> |
| Bachelor or undergraduate degree, or teacher's college (e.g. B.A., B.Sc., B.A.Sc., LL.B.)             | 3 | <input type="radio"/> |
| Diploma or certificate from community college, CEGEP or nursing school                                | 4 | <input type="radio"/> |
| Diploma or certificate from trade, technical or vocational school, or business college                | 5 | <input type="radio"/> |
| Some university                                                                                       | 6 | <input type="radio"/> |
| Some community college, CEGEP or nursing school                                                       | 7 | <input type="radio"/> |
| Some trade, technical or vocational school, or business college                                       | 8 | <input type="radio"/> |
| Other                                                                                                 | 9 | <input type="radio"/> |

(Specify)

[illegible]

**K19. What, if any, is your religion?**

- No religion . . . . . 01 ☐ ► *Go to K21*
- Roman Catholic . . . . . 02 ☐
- United Church . . . . . 03 ☐
- Anglican . . . . . 04 ☐
- Presbyterian . . . . . 05 ☐
- Lutheran . . . . . 06 ☐
- Baptist . . . . . 07 ☐
- Eastern Orthodox . . . . . 08 ☐
- Jewish . . . . . 09 ☐
- Islam (Muslim) . . . . . 10 ☐
- Buddhist . . . . . 11 ☐
- Hindu . . . . . 12 ☐
- Sikh . . . . . 13 ☐
- Jehovah's Witnesses . . . . . 14 ☐
- Other . . . . . 15 ☐

(Specify)

[illegible]

- Refused ..... 16 ☐  Go to K21



K27. Various measures of income are needed to study the relationship between an individual's overall economic situation and their use of time.

**K30. What is your best estimate of your own income before deductions from all sources during the past 12 months? Was your income . . .**

## K28. INTERVIEWER CHECK ITEM

Review H14

If H14 = Paid worker  Go to K29

If H14 = Self-employed 20 ► Go to K30

If H14 = Other 3  Go to K29

If H14 is blank  Go to K30

If H14 = Refused  Go to K30

**K29. At your (main) job, what is your usual wage or salary before taxes and other deductions?**

\$

Hourly ..... 10

Daily ..... 20

Weekly  30

Every two weeks ..... 4○

Twice a month ..... 5 ☐Monthly 6 ☐

Yearly ..... 70

Other ..... 8 ☐

(Specify)

▼

Not included in total

11/10/2010 1:58:23 PM

less than \$5,000? <sup>10</sup> ☐

less than \$10,000? 06 ☐

**less than  
\$20,000?**

**\$5,000 and more?** ☐

less than \$15,000? 12. ☐

**\$10,000 and more?** 07 ☐

**\$15,000 and more?** <sup>13</sup> ☐

less than \$30,000? 14 ☐

less than \$40,000? 08 ☐

**\$30,000 and more?** <sup>15</sup> ☐

**\$20,000  
and more?**

less than \$50,000? 16 ☐

**\$50,000 to less than \$60,000?** 17 ☐

**\$40,000** <sup>09</sup> ☐

**and more?**

**\$60,000 to less than \$80,000?** <sup>18</sup> ☐

**\$80,000  
and more?** <sup>19</sup> ☐

No income 03 ☐

Don't know . 04 ○

Refused . . . 05 ○

**K31. INTERVIEWER CHECK ITEM**

Is this a single-person household? (Review Z3 of GSS 7-1.)

Yes ☐ 1 **Go to M1**

No ☐ 2

Refused ☐ 3

**K32. Not including yourself, how many other people in your household received income from any source, during the past 12 months?**

people

**K33. INTERVIEWER CHECK ITEM**

Review K32: Is K32 = 00?

Yes ☐ 4 **Go to M1**

No ☐ 5

Refused ☐ 6

**K34. What is your best estimate of the total income of all household members from all sources during the past 12 months? Was the total household income ...**

less than \$20,000? ☐ 01

less than \$10,000? ☐ 06

less than \$5,000? ☐ 10

\$5,000 and more? ☐ 11

less than \$15,000? ☐ 12

\$15,000 and more? ☐ 13

less than \$30,000? ☐ 14

\$30,000 and more? ☐ 15

less than \$50,000? ☐ 16

\$50,000 to less than \$60,000? ☐ 17

\$60,000 to less than \$80,000? ☐ 18

\$80,000 and more? ☐ 19

\$20,000 and more? ☐ 02

less than \$40,000? ☐ 08

\$40,000 and more? ☐ 09

No income ☐ 03

Don't know ☐ 04

Refused ☐ 05

**Section M: Contacts for follow-up**

**M1. INTERVIEWER:**

Read the following section for each person interviewed.

**This survey is part of a longer-term project to investigate the relationship between time use and other social issues. For this reason, we may need to contact your household in a year or more from now.**

**In case you move or change phone numbers, we would like to obtain your complete name and address. This information will be kept strictly confidential and will only be used to maintain contact with you.**

Refused to provide information ☐ 7 **Go to N1**

Refused to participate in future surveys ☐ 8 **Go to N1**

**M2. Name of Respondent**

Given Name

Surname



**M3. Address of Respondent**

Street and Number/Lot and Concession ▼

City, Town, Village Municipality ▼

Province, Territory ▼

Postal Code ▼

**M4. Would you please give me the name, address and telephone number of someone we could contact if you move, such as a friend, relative or neighbour. (I want to emphasize that we will contact this person only if you move and then only to obtain your new address or telephone number.)**

Unable to provide contact ..... 10 ► Go to N1

**M5. Name of Contact**

Given Name ►

Surname ►

**M6. Address of Contact**

Street and Number/ Lot and Concession ▼

City, Town, Village Municipality ▼

Province, Territory ▼

Postal Code ▼

**M7. Home Telephone of Contact**

(Area code)

Thank the respondent and end interview.

What is the sex of the respondent?

10

•

10

## 99. Comments

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

APPENDIX C  
ACTIVITY CODE LIST





## DAILY ACTIVITY CODE LIST

**Employed Work**

## Work for Pay

- 011 Work for Pay at Main Job
- 012 Work for Pay at Other Job(s)
- 021 Overtime Work
- 022 Looking for Work
- 023 Unpaid Work in a Family Business or Farm
- 030 Travel During Work
- 040 Waiting/Delays at Work
- 050 Meals/Snacks at Work
- 060 Idle Time Before/After Work
- 070 Coffee/Other Breaks
- 080 Other Work Activity
- 090 Travel: To/From Work

**Domestic Work**

## Food Preparation

- 101 Meal Preparation
- 102 Baking, Preserving Food, Home Brewing, etc.
- 110 Food (or Meal) Cleanup
- 120 Indoor Cleaning
- 130 Outdoor Cleaning
- 140 Laundry, Ironing, Folding

## Sewing and Mending

- 151 Mending/Shoe Care
- 152 Dressmaking and Sewing

## Repair and Improvement

- 161 Interior Maintenance and Repair
- 162 Exterior Maintenance and Repair
- 163 Vehicle Maintenance
- 164 Other Home Improvements

## Gardening and Pet Care

- 171 Gardening/Grounds Maintenance
- 172 Pet Care
- 173 Care of House Plants

## Other Domestic Work

- 181 Household Administration, e.g. Paying Bills, Menu Planning, etc.
- 182 Stacking and Cutting Firewood
- 183 Other Domestic Work (not specified above)
- 190 Travel: Domestic

**Care Giving for Household Members**

- 200 Baby Care - Household Child
- 210 Child Care - Household Child
- 220 Helping/Teaching/Reprimanding
- 230 Reading/Talking/Conversation with Child
- 240 Play with Children
- 250 Medical Care - Household Child
- 260 Unpaid Babysitting

## Help and Personal Care for Adults

- 271 Personal Care - Household Adults
- 272 Medical Care - Household Adults
- 280 Other Child Care

## Travel: Household Members

- 291 Travel: Household Child
- 292 Travel: Household Adults

**Shopping and Services**

## Everyday Shopping

- 301 Groceries
- 302 Clothing, Gas, etc.
- 303 Take-out Food

## Shopping for Durable Household Goods

- 310 Shopping for Durable Household Goods

## Personal Care Services (e.g. Haircut)

- 320 Personal Care Services (e.g. Haircut)

## Government and Financial Services

- 331 Financial Services (e.g. banking)
- 332 Government Services (e.g. UIC)

## Adult Medical and Dental Care

- 340 Adult Medical and Dental Care

## Other Professional Services

- 350 Other Professional Services

## Maintenance and Repair Services

- 361 Automobile Maintenance and Repair

## Other Repair Services (T.V., Appliance)

- 362 Other Repair Services (T.V., Appliance)

## Waiting for Purchases or Services

- 370 Waiting for Purchases or Services

## Other Shopping and Services

- 380 Other Shopping and Services

## Travel: Goods/Services

- 390 Travel: Goods/Services

**Personal Care**

## Washing, Dressing

- 400 Washing, Dressing

## Personal Medical Care (Home)

- 410 Personal Medical Care (Home)

## Meals at Home/Snacks/Coffee

- 430 Meals at Home/Snacks/Coffee

## Restaurant Meals

- 440 Restaurant Meals

## Night Sleep/Essential Sleep

- 450 Night Sleep/Essential Sleep

## Incidental Sleep, Naps

- 460 Incidental Sleep, Naps

## Relaxing, Thinking, Resting

- 470 Relaxing, Thinking, Resting

## Other Personal Care or Private Activities

- 480 Other Personal Care or Private Activities

## Travel: Personal

- 490 Travel: Personal

**School and Education**

## Full-Time Classes

- 500 Full-Time Classes

## Part-Time Classes

- 511 Other Classes (Part-Time)

## Credit Courses on Television

- 512 Credit Courses on Television

## Special Lectures: Occasional

- 520 Special Lectures: Occasional

## Homework: Course, Career/Self-Development

- 530 Homework: Course, Career/Self-Development

## Meals/Snacks/Coffee at School

- 540 Meals/Snacks/Coffee at School

## Breaks/Waiting for Class

- 550 Breaks/Waiting for Class

## Leisure and Special Interest Classes

- 560 Leisure and Special Interest Classes

## Other Study

- 580 Other Study

## Travel: Education

- 590 Travel: Education

**Organizational, Voluntary and Religious Activity**

## Professional, Union, General

- 600 Professional, Union, General

## Political, Civic Activity

- 610 Political, Civic Activity

## Child, Youth, Family Organization

- 620 Child, Youth, Family Organization

## Religious Meetings, Organizations

- 630 Religious Meetings, Organizations

## Religious Services/Prayer/Bible Readings

- 640 Religious Services/Prayer/Bible Readings

## Social Organizations and Support Groups

- 650 Social Organizations and Support Groups

## Fraternal and Social Organizations (e.g. Lions' Club)

- 651 Fraternal and Social Organizations (e.g. Lions' Club)

## Support Groups (e.g. Al-Anon, AA)

- 652 Support Groups (e.g. Al-Anon, AA)

## Volunteer Work, (Organizations)

- 660 Volunteer Work, (Organizations)

## Assistance to Member of Another Household

- 670 Assistance to Member of Another Household

## Housework and Cooking Assistance

- 671 Housework and Cooking Assistance

## House Maintenance and Repair Assistance

- 672 House Maintenance and Repair Assistance

## Unpaid Babysitting

- 673 Unpaid Babysitting

## Transportation Assistance

- 674 Transportation Assistance

## Care for Disabled or Ill

- 675 Care for Disabled or Ill

## Correspondence Assistance

- 676 Correspondence Assistance

## Unpaid Help for a Business or Farm

- 677 Unpaid Help for a Business or Farm

## Other unpaid help

- 678 Other unpaid help

## Other Organizational, Voluntary and Religious Activity

- 680 Other Organizational, Voluntary and Religious Activity

## Travel: Organisations, Voluntary or Religious activities

- 690 Travel: Organisations, Voluntary or Religious activities

## DAILY ACTIVITY CODE LIST

**Entertainment (Attending)****Sports Events**

- 701 Professional
- 702 Amateur

**Pop Music, Fairs, Concerts**

- 711 Pop Music, Concerts
- 712 Fairs
- 713 Zoos

**720 Movies, Films****730 Opera, Ballet, Theatre****Museums, Art Galleries and Heritage Sites**

- 741 Museums
- 742 Art Galleries
- 743 Heritage Sites

**Socializing with Friends, Relatives, Others (Private Residence)**

- 751 Socializing (No Meal)
- 752 Socializing (w/Meal, Excl. Restaurants)
- 760 Socializing at Bars, Clubs (no meal)
- 780 Other Social Gatherings (Weddings, Wakes)
- 790 Travel: Entertainment

**Sports and Hobbies (Participation)****800 Coaching****Sports, Physical Exercise, Outdoors Activities**

- 801 Football, Baseball, Hockey, etc.
- 802 Tennis, Squash, Racquetball, etc.
- 803 Golf, Miniature Golf
- 804 Swimming, Waterskiing
- 805 Skiing, Ice Skating, etc.
- 806 Bowling, Pool, etc.
- 807 Exercises, Yoga, Weight Lifting
- 808 Judo, Boxing, Wrestling, Fencing
- 809 Rowing, Canoeing, Kayaking and Sailing
- 810 Other Sports, e.g. Frisbee, Catch
- 811 Hunting
- 812 Fishing
- 813 Boating
- 814 Camping
- 815 Horseback Riding, Rodeo, Jumping, Dressage
- 816 Other Outdoor Activities - Excursions

**Walking, Hiking, Biking**

- 821 Walking, Hiking
- 822 Biking

**Hobbies**

- 831 Hobbies Done Mainly for Pleasure
- 832 Hobbies Done For Sale or Exchange of Items

**Domestic Home Crafts**

- 841 Domestic Home Crafts Done Mainly for Pleasure
- 842 Domestic Home Crafts Done For Sale or Exchange of Items

**850 Music, Theatre, Dance****Games, Cards, Arcade, Video games**

- 861 Games, Cards, Arcade
- 862 Video Games/Computer Games
- 863 General Computer Use (Not Games)

**Pleasure Drives, Sightseeing**

- 871 Pleasure Drives as a Driver
- 872 Pleasure Drives as a Passenger in a Car
- 873 Other Pleasure Drives (e.g. bus tour)

**880 Other Sport or Active Leisure****890 Travel: Sports, Hobbies****Media and Communication****900 Listening to the Radio****Television, Rented Movies**

- 911 Watching Television (regular scheduled television)
- 912 Watching Television (time-shifted television)
- 913 Watching Rented or Purchased Movies
- 914 Other Television Viewing (home recorded movies)

**920 CD's, Tapes, Records, Listening****Reading Books, Magazines**

- 931 Reading Books
- 932 Reading Magazines

**940 Reading Newspapers****950 Talking, Conversation, Phone Letters and Mail**

- 961 Reading Mail
- 962 Other (Writing letters)

**980 Other Media or Communication****990 Travel: Media or Communication****Problem Activities**

- 000 Activity not coded
- 001 Missing Gap in Time
- 002 Refused Information



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