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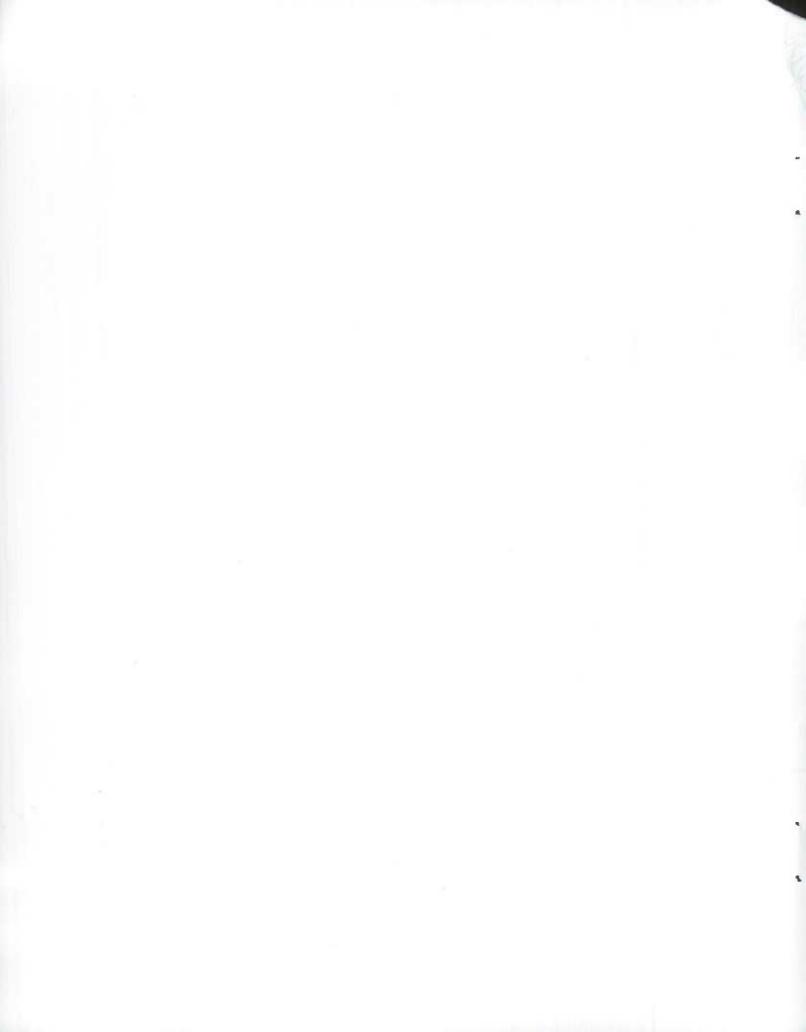
General Social Survey

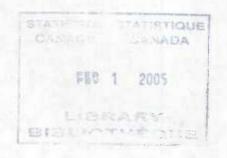
GENERAL SOCIAL SURVEYS

QUESTIONNAIRE PACKAGES

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







GENERAL SOCIAL SURVEYS

QUESTIONNAIRE PACKAGES

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

Aussi disponsible en français

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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:

Α.	Health Problems	Q.s	1	_	10
B.	Two Week Disability	0.5	11	-	19
C.	Health Care Services	Q.s	20	-	26
	Long Term Disability	0.5	27	-	37
	Height and Weight	Q.s	38	-	40
F.	Physical Activity	Q.s	41	-	52
G.	Smoking	0.5	53	-	62

Н.	Alcohol Use		63		
I.	Sleeping	0.5	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		84		
N.	Support Network		104		
0.	Background Characteristics	0.5	129	-	168

The <u>GSS-4</u> questionnaire is identical to the <u>GSS-3</u> 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 $\underline{GSS-2}$ 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

		Telepho	ne Number (Item	1. GSS-1)			
Page-Lis	не No. (Item 40-41, GSS-	-1)					
Age (its	em 44, GSS-1)						
							GS
					CON	FIDENTIAL	when com
	GF	ENERAL	SOCIA	AL SUI	RVEY		
		LTH AN	D SOC	IAL SU	UPPO		
		LTH AN QUE		IAL SUNAIRE	UPPO		
		LTH AN QUE	D SOC	IAL SUNAIRE	UPPO		
		LTH AN QUE	D SOC	IAL SUNAIRE	UPPO		
		LTH AN QUE	D SOC	IAL SUNAIRE	UPPO		
		LTH AN QUE	D SOC	IAL SUNAIRE	UPPO		
		LTH AN QUE	D SOC	IAL SUNAIRE	UPPO		
		LTH AN QUE	D SOC	IAL SUNAIRE	UPPO		

SECTION A	7. Do you have diabetes?
I would now like to ask you some questions relyour health. Most of the questions are about shealth concerns but the first question is about in general. 1. How would you describe your state of health concerns the state of the	lated to specific 1 O Yes 1 O No 1 O Don't know Co to 9
Compared to other persons your age, wou say it was	8. At what age were you first diagnosed?
O Excellent	and the state you hast diagnosed?
² O Good	
¹O Fair. or	"O Never diagnosed
O Poor?	™ O Don't know
2. Now I'd like to ask you some questions your blood pressure. How long ago did yo have your blood pressure checked?	about ou last Do you have any respiratory problems such as asthma, emphysema, chronic bronchitis, persistent cough or shortness of breath?
1 O Within last 6 months	¹ O Yes
² O 7 to 12 months ago	O No
³ O 13 to 24 months ago	³ O Don't know
O More than 2 years ago	
O Never	10. Do you have arthritis, rheumatism or bursitis?
O Don't know	O Yes
	2 O No
3. Have you ever been told by a doctor or	
that you have high blood pressure?	Don't know
*O No	SECTION B
O Don't know Go to 5	11. It is important in the next few questions for you to refer to the 14 day period from Sunday
Note: Women should exclude high blood pressure due to pregnancy.	During those two weeks, was your main activity working, going to school, keeping house or something else?
Has any medication or treatment such	** *
change in diet ever been prescribed for high blood pressure?	your Going to school
¹ O Yes	*O Keeping house
10 No	Other (specify)
² O Don't know	Note: If sickness or illness is reported, ask for usual major activity.
The next few questions refer to certain of health problems. Have you ever had trowith your heart, such as a heart attack, an heart failure or rheumatic heart disease? 'O Yes 'O No Go to 7	ouble because of your bealth is a life
	13. How many days did you stay in bed for all or most of the day?
At what age were you first diagnosed?	
³⁷ ○ Never diagnosed	14. Interviewer:
26 O Don't know	If code 4.5 or 6 in Q 11. C Go to 15
	Otherwise. C Go to 16
	0 0000

15.	On how many of those days would you normally (worked?) agone to school? (done housework?)	23.	you see of health?	
	(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? 1 Yes 1 No Go to 20	24.		e last 12 months, how many times did talk to a dentist?
14.	How many days did you cut down for all or most of the day?	25.	you see o	te last 12 months, how many times did or talk to a nurse about your health, making appointments?
18.	Interviewer:		TO Non	e
	If code 4, 5 or 6 in Q. 11, Go to 19		™ O Don	't know
19.	Otherwise, 2 Go to 20 On how many of those days were you not able to { work? go to school? { do housework?}	26.	hospital, during the	spend any nights as a patient in a nursing home or convalescent home e last 12 months? How many nights?
		SE	CTION D	
SEC 20.	During those 14 days, did you see or talk to a medical doctor about your health? JO Yes One Go to 22	you term	normally porary diff regnancy o	like to ask you some questions about do on an average day, with any aids if use them. Please exclude any iculties you might be experiencing due in jury. Lave any trouble walking 400 metres esting; that's about 3 city blocks?
21.	What was the main reason for this contact?		¹O Yes	Are you completely unable to do this?
	5 O Illness or health problem		² O No	³O Yes
	⁶ ○ Medical check-up			*O No
	 O Shots, inoculations or vaccination ○ Pre or post-natal care 	28.	Do you ha flight of st	ve any trouble walking up and down a airs?
	⁹ O Other (specify)		5 O Yes	Are you completely unable to do this?
-114			O No	[₹] O Yes
22.	Now I'd like to ask you about your contacts during the last 12 months with the health care system.			O No
		29.		we any trouble carrying an object of 5
	During the last 12 months, how many times did you see or talk to a general practitioner about your health?			10 metres; that's like carrying a 12 g of groceries about 30 feet?
	you see or talk to a general practitioner about		pound ba	
	you see or talk to a general practitioner about		pound ba	g of groceries about 30 feet? Are you completely unable to do

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30.	periods of	ave any trouble standing for long time; for example, waiting in line at a minutes or more?	The next few questions concern your physics
	³O Yes⊸	Are you completely unable to do	condition and physical activity. 38. What is your height?
	*O No		The state of the s
	-O No	O Yes	
		*O No	feet inches or centimetres
31.	Do you bending do floor?	nave any trouble, when standing, own to pick up an object from the	³ O Don't know
	O Yes	Are you completely unable to do	39. What is your weight?
			3
	² O No	³O Yes	
		4 O No	lbs. or kilograms
32.	Do you ha	ive any trouble cutting your own	O Don't know
		Are you completely unable to do	40. Do you consider yourself to be
		this?	Overweight
	40 No	⁷ O Yes	
		O No	O Underweight
33.	Do you have or handle?	e trouble using your fingers to grasp	* About the proper weight?
	¹O Yes→	Are you completely unable to do	SECTION F
	2 O No	³O Yes	41. Thinking back over the last 3 months did you participate in active physical exercise, that is
	.40	O No	exercise which made you perspire or breather more heavily than normal?
34.	Do you have head?	any trouble reaching above your	O Yes
	°O Yes→	Are you completely unable to do	*O No Go to 50
	O No	O Yes	42. Whet did you do? Anything else? (Mark all that
	0 140		apply.)
		*O No	O Running or jogging
35.	Do you bave	e any trouble seeing well enough to	O Bicycling
	normally we	ry newsprint, with glasses if you ar them?	³ O Tennis
	10 2		
	∪ tes →	Are you completely unable to do this?	O Exercise in a class or at home
	2 O No	3 O Yes	³ O Swimming
			* O Raquetball or squash
		4 O No	Other (specify)
36.	Do you have	any trouble hearing what is said in	Other (specify)
	with a bearing	iversation with at least two persons, ing aid if you normally use one?	* O Other (specify)
	O Yes	Are you completely unable to do this?	43. Over the last 3 months which did you do most frequently?
	* O No	O Yes	
		O No	1 O Running or jogging
			² O Bicycling
7.	Are you limit	ted in the kind or amount of activity	³ O Tennis
	of a long t	t home, at work or at school because erm physical condition or health	O Exercise in a class or at home
	problem?		
	1 O Yes	How are you limited?	⁵ O Swimming
		How are you minited:	* O Raquetball or squash

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. 4

44.	How frequently did you participate in this activity?	50. Which of the following best describes the level of physical effort in your work or daily activities?
	1 times per week	Light - such as office work, driving,
	OR	sitting
	2 times per month	Moderate – such as vacuuming, carpentry, walking
	6 O Less than once a month	Heavy - such as pushing or carrying
	O Don't know	heavy objects
		* O Don't know
45.	About how much time did you spend on each occasion?	
	³ O More than one hour	51. Over the past 3 months how frequently did you
	⁴○ 46 minutes to one hour	participate in light physical exercise or recreation such as walking, dancing, golfing,
	³ O 31 minutes to 45 minutes	gardening, baseball, etc.?
	⁶ ○ 16 minutes to 30 minutes	1 times a week
	⁷ O 15 minutes or less	OR
	O Don't know	2 times a month
	O Don t know	SO Less than once a month
46.	Interviewer:	O Don't know
40.		
	If only one circle marked in Q. 42 O Go to 50	52. Overall, do you consider the amount of physical activity you usually get to be
	Otherwise, ² O Go to 47	O Too much
		O Too little
47.	Which was the next most frequent exercise you	O The right amount?
41.	participated in during the last 3 months?	
	3 O Running or jogging	SECTION G
	O Bicycling	The next questions are about smoking.
	O Tennis	the next questions are about smoking.
		53. At the present time do you smoke cigarettes daily, occasionally or not at all?
	© Exercise in a class or at home	
	O Swimming	O Daily
	® Raquetball or squash	Co to 57
	Other (specify)	3 O Not at all
		54. At what age did you start smoking cigarettes
48.	How frequently did you do this activity?	daily?
	1 times a week	
	OR	⁹⁰ ○ Don't know
	2 times a month	
	⁸ O Less than once a month	55. About how many cigarettes do you smoke each day?
	O Don't know	
49.	About how much time did you spend on each	56. What brand of cigarettes do you usually smoke?
	occasion?	-Go to 62
	¹ O More than one hour	
	4 O 46 minutes to one hour	(code from brand chart)
	⁵ O 31 minutes to 45 minutes	
	6 ○ 16 minutes to 30 minutes	57. Do you smoke pipes, cigars, or cigarillos daily?
	O 15 minutes or less	⁵ O Yes
	O Don't know	60 No
	O DON CRIMO	-

58. Have you ever smoked cigarettes daily?	The next question concerns drinking in the last 7 days. By a drink we mean:
O No Go to 62	- One pint bottle of heer - One small glass of wine - 1 1/2 ounces of liquor
59. At what age did you start smoking daily?	66. (a) Thinking back over the last 7 days, on how many of these days did you have any alcoholic drinks? 60. None Go to 67
60. At what age did you last stop smoking daily?	(b) On how many of these days did you have 2 or more drinks? 6 None Go to 67 (c) On how many of these days did you have 4 or
61. About how many cigarettes did you usually smoke daily?	more drinks? □ O None Go to 67 (d) On how many of these days did you have 8 or more drinks?
62. How many people in your household, excluding yourself, smoke daily? ** O Don't know	© None Go to 67 (e) On how many of these days did you have 12 or more drinks?
SECTION H	⁸ ○ None
The following questions are about drinking wine, beer or liquor all kinds of alcoholic beverages. 63. In the last 12 months have you taken a drink of beer, wine, liquor or other alcoholic beverage? 1 O Yes 2 O No Go to 68	67. Compared to this time last year are you now drinking 1 More 2 About the same 3 Less 68. Did you ever drink alcoholic beverages? 4 Yes
64. How often did you take a drink? Was it	³ ○ No Go to 70
Geveryday Consider the second of the second	69. Why did you stop? 6 Health 7 Other (specify) SECTION I Recent studies have shown that the amount of sleep a person gets may be related to their health.
65. At what age did you start drinking alcoholic beverages? Don't know	70. Within a 24-hour period, how much time do you usually spend in bed resting, reading and sleeping? hours minutes

2/0

71.	Of this time, how long do you sleeping?	ou usually spend					
	sieeping.						
	hours minutes						
	O Don't know						
72.	Do you consider that you get						
	1 O Too much sleep						
	² O Too little sleep						
	3 About the right amount?						
SEC	TION J						
73.	The next questions ask you to	rate vour feelings	about a	reas of your	life and	History condition	
	you are very satisfied, somewh rate your feelings about each of	at satisfied, some	what dis	ssatisfied or	very di	ssatisfied. Hov	w would you
			omewha			Very	No
			Satisfied		stied	Dissatisfied	Opinion
	(a) Your health (b) Your job or	01 0	20	αO		04 ()	u5 🔾
	major activity	06 0	70	000		09 (100
	(c) Your finances	11 ()	20	13 🔘		14 ()	:,0
	(d) Your housing			18 0		19 0	20
	(e) Family relations (f) Friendships		70	23 ()		29 0	30 0
74.	Using the same scale, how do you life as a whole	ou feel about your	76(b)	In the last	month	how many ti	mes did you
	1O Very satisfied					Go to 76(c)	
	20 Somewhat satisfied					hom did you tra	avel?
	3 Somewhat dissatisfied		B			ill that apply)	aver.
	O Very dissatisfied?				10 Al	one	
	SO No opinion				² O Sp	ouse/Partner	
75.	Would you describe yourself as				3 O So	n/Daughter	
					40 Ot	her Relative	
	¹O Very happy				10 Fr	iend	
	² O Somewhat happy				6 O O	her (specify)	
	Somewhat unhappy						
	O Very unhappy?		76(c)	Go to senio	rcentre	s or clubs?	
CEC	SO No opinion		75		97 O N	Tawa-	
						ever	
70.(a	The next questions concern In the last month, how many to public places such as mor theatre or sports events?	times did you go	76(d)	Go out to accards, or to		such as bingo, p courses?	olaying
				"O Never		→ Go to 76(e)	
	Never Go to			→	With w	hom did you go	?
	With whom did you (Mark all that apply				1 O Al		
	¹ O Alone					ouse/Partner	
	² O Spouse/Partne						
	3 O Son/Daughter					n/Daughter	
						her Relative	
	Other relative				,O Ei		
	³ O Friend				6 Ot	her (specify)	
	6O Other (specify		701	A 44	41	alaska sissi	- 41
			76(e)	Attend mee	ungs of	clubs or organi	zations?
			-		97 O N	ever	

you have This inclusuch as hother volugiven to fr 77. In the	few questions are about any unpaid help given to others during the last 6 months. udes volunteer work through organizations acospitals, churches, sport associations and unteer organizations as well as unpaid help riends, neighbours or acquaintances. The last 6 months have you done any unpaid ework outside your home such as cooking, and or cleaning?	20	3 ○ Son/Daughter 4 ○ Parent 5 ○ Other relative 6 ○ Friend, neighbour, etc. 7 ○ Organization (specify) In the last 6 months have you provided personal care, things such as help bathing or dressing, to anyone outside your home? Yes ➤ For which person or for which organization? (Mark all that apply) Son/Daughter
			OParent Other relative Friend, neighbour, etc.
trans	he last 6 months have you provided portation such as driving a person to a or, a hospital or to stores?	82	Organization (specify)
¹O Yes ²O No	For which person or for which organization? (Mark all that apply) Son/Daughter Parent Other relative Friend, neighbour, etc. Organization (specify)		unpaid volunteer work for organizations such as teaching, fundraising or office work? Yes > For which person or for which organization? (Mark all that apply) 3 O Son/Daughter 4 O Parent 5 O Other relative
79. In t	the last 6 months have you done any		• O Friend, neighbour, etc. • O Organization (specify)
main	tenance or yard work such as repairs, ting, carpentry or lawn mowing?		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? Yes > For which person or for which organization? (Mark all that apply) 3 O Son/Daughter 4 O Parent 5 Other relative 6 Friend, neighbour, etc. 7 Organization (specify)
84. Interv	questions are about household activities and voiewer: Ask if not known: ou live in an apartment? Yes ———— Go to 88	vho tai	

	done by								
	Yourself alone —								
6 (Yourself and some	one else							
	Someone else								
86. Wh	o (besides yourself) d	oes the yard work?	For each circle m How often is	arked ask: involved doing	the yard work				
			Once or more per week	Once or more per month	Less than once a mont				
01 C	Spouse		02 🔘	02 O	04 (
05 🔾	Daughter		o∉ ○	er ()	∞O				
09	Son		:0 🔘	11 🔾	12 🔾				
13 🔾	Other relative		14 🔘	15 🔾	:4 🔾				
17 C	Friend or neighbour		:6 🔘	29 🔾	30 🔾				
21 C	House maintenance se	ervice	20	3 O	24 🔾				
25 C	Lawn/garden mainten	ance service	36 🔘	27 🔾	28 🔾				
29 🔾	Senior centre or club		30 🔾	31 🔾	32 🔾				
33 🔾	Landlord or agent		34 🔘	25 🔾	36 🔾				
37 🔾	Condominium corpora	ition	36 🔘	39 🔾	40 🔾				
41 0	Other (specify)		42 🔾	43 ()	40				
		household usually done	by						
s C	Yourself alone — Yourself and some	→ Go to 92	by						
5 C	Yourself alone — Yourself and some Someone else	Go to 92		arked ask					
5 C	Yourself alone — Yourself and some	Go to 92	For each circle m	arked ask: involved doing t	he housework				
5 C	Yourself alone — Yourself and some Someone else	Go to 92	For each circle m How often is		Less than				
5 (6 (7 (89. Wh	Yourself alone — Yourself and some Someone else	Go to 92	For each circle m How often is Once or more	involved doing t Once or more	Less than				
5 (6 (7 (89. Wh	Yourself alone Yourself and some Someone else o (besides yourself) de	Go to 92	For each circle m How often is — Once or more per week	Once or more per month	Less than once a mont				
5 (6 (7 (7 (7 (7 (7 (7 (7 (7 (7	Yourself alone Yourself and some Someone else O(besides yourself) do Spouse Daughter	Go to 92	For each circle m How often is Once or more per week	Once or more per month	Less than once a mont				
5 (6 (7 (7 (7 (7 (7 (7 (7 (7 (7	Yourself alone Yourself and some Someone else o(besides yourself) de Spouse Daughter Son	Go to 92	For each circle m How often is — Once or more per week	Once or more per month	Less than once a mont				
59. Wh	Yourself alone Yourself and some Someone else O(besides yourself) de Spouse Daughter Son Other relative	Go to 92	For each circle m How often is Once or more per week 07 () 08 () 10 ()	Once or more per month	Less than once a mont				
5 (6 (7 (7 (7 (7 (7 (7 (7 (7 (7	Yourself alone Yourself and some Someone else O(besides yourself) de Spouse Daughter Son Other relative Friend or neighber	Go to 92	For each circle m How often is Once or more per week 02 06 14	Once or more per month	Less than once a mont				
5 (6 (7 (7 (7 (7 (7 (7 (7 (7 (7	Yourself alone Yourself and some Someone else O(besides yourself) do Spouse Daughter Son Other relative Friend or neighber Homemaker service	Go to 92 one else oes the housework?	For each circle m How often is Once or more per week 02 06 :0 :4 :8	Once or more per month	Less than once a mont				
5 (6 (7 (7 (7 (7 (7 (7 (7 (7 (7	Yourself alone Yourself and some Someone else O(besides yourself) do Spouse Daughter Son Other relative Friend or neighber Homemaker service Friendly visitor serv	Go to 92 one else oes the housework?	For each circle m How often is Once or more per week 02 06 14 18 22	Once or more per month	Less than once a mont				
5 (6 (7 (7 (7 (7 (7 (7 (7 (7 (7	Yourself alone Yourself and some Someone else O(besides yourself) do Spouse Daughter Son Other relative Friend or neighber Homemaker service Friendly visitor serv	Go to 92 one else oes the housework?	For each circle m How often is Once or more per week 02 06 14 18 22 28	Once or more per month	Less than once a mont 104 () 108 () 12 () 14 () 20 () 24 () 28 ()				
5 (6 () 7 () 89. Wh	Yourself alone Yourself and some Someone else O(besides yourself) do Spouse Daughter Son Other relative Friend or neighber Homemaker service Friendly visitor serv Senior centre or club Other (specify)	Go to 92 one else oes the housework?	For each circle m How often is Once or more per week 07 \ 08 \ 14 \ 18 \ 22 \ 28 \ 30 \ 34 \	Once or more per month Once or more per m	Less than once a mont Once a m				
5 (6 (7 (7 (7 (7 (7 (7 (7 (7 (7	Yourself alone Yourself and some Someone else O(besides yourself) do Spouse Daughter Son Other relative Friend or neighber Homemaker service Friendly visitor serv Senior centre or club Other (specify)	Go to 92 one else oes the housework?	For each circle m How often is Once or more per week 07 \ 08 \ 14 \ 18 \ 22 \ 28 \ 30 \ 34 \	Once or more per month Once or more per more	Less than once a mont Once a m				
5 (6 (7 (7 (7 (7 (7 (7 (7 (7 (7	Yourself alone Yourself and some Someone else O(besides yourself) do Spouse Daughter Son Other relative Friend or neighber Homemaker service Friendly visitor serv Senior centre or club Other (specify) ou had to, could you d	Go to 92 one else oes the housework?	For each circle m How often is Once or more per week 00 10 14 18 22 28 30 34 as washing floors an	Once or more per month Once or more per m	Less than once a mont Once a m				

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39

	¹O Yes		Are you completely unable to do light housework?						
	20 No								
		O No							
92.	Are the meals in you	r household usually prepar	ed by						
	5 Yourself aione	— → Go to 95							
	O Yourself and s	omeone else							
	O Someone else								
3.	Who (hesides yourse	if makes the meals?	For each circle m How often is	arked ask: involved in	making meals				
			Once or more per week	Once or more per month	Less than once a month				
	o¹ ○ Spouse		02 🔘	∞ ()	04 🔘				
	[∞] ○ Daughter		os ()	67 🔾	06				
	∞ O Son		10 🔘	:: 0	:2 🔘				
	²³ O Other relative		14 🔘	:5 🔾	:6 🔾				
	O Friend or neight	DOUL	:0	:9 🔘	20 🔘				
	21 O Homemaker ser	vice	20	20	24 🔘				
	SO Friendly visited	service	26 (27 ()	31 ()				
	²⁹ O Senior centre or		20 🔾	31 🔘	32 🔘				
	²³ O Other (specify)		24 ()	25 🔘	36 🔘				
	20 No	O Yes							
	² O No								
5.	Is the grocery sho _t p	4 O No	lly done by						
5.	Is the grocery sho; pi	ing in your household usua. Go to 98	lly done by						
5.	Is the grocery sho _t p	ing in your household usua. Go to 98	lly done by						
95.	Is the grocery sho; pi	ing in your household usua. Go to 98	lly done by						
	Is the grocery shot ping. O Yourself aione O Yourself and so O Someone else	ing in your household usua. Go to 98	For each circle ma	arked ask: involved in	grocery				
	Is the grocery shot ping. O Yourself aione O Yourself and so O Someone else	ing in your household usua. Go to 98 omeone else	For each circle ms How often is		Less than				
	Is the grocery shot ping. O Yourself aione O Yourself and so O Someone else	ing in your household usua. Go to 98 omeone else	For each circle may How often is — shopping?	Once or more	Less than				
	Is the grocery sho; pi O Yourself aione O Yourself and so O Someone else Who (besides yourself	ing in your household usua. Go to 98 omeone else	For each circle may How often is shopping? Once or more per week	Once or more per month	Less than once a month				
	Is the grocery sho; pi 3 Yourself alone 4 Yourself and so 7 Someone else Who (besides yourself 10 Spouse	ing in your household usua. Go to 98 omeone else	For each circle ms How often is — shopping? Once or more per week	Once or more per month	Less than once a month				
	Is the grocery sho; pi O Yourself aione O Yourself and so O Someone else Who (besides yourself Spouse Daughter	ing in your household usua. Go to 98 omeone else	For each circle may How often is — shopping? Once or more per week	Once or more per month	Less than once a month				
	Is the grocery shot pi O Yourself alone O Yourself and so O Someone else Who (besides yourself O Spouse O Daughter O Son	Go to 98 omeone else	For each circle may How often is — shopping? Once or more per week	Once or more per month	Less than once a month				
	Is the grocery sho; pi 5 Yourself alone 6 Yourself and so 7 Someone else Who (besides yoursel 90 Spouse 6 Daughter 6 Son 13 Other relative	Go to 98 omeone else If shops for groceries?	For each circle may How often is — shopping? Once or more per week	Once or more per month	Less than once a month				
	Is the grocery shot pit Sourself aione Sourself and so Someone else Who (besides yoursel Daughter Son Cher relative Friend or neighbors	Go to 98 omeone else If shops for groceries?	For each circle ma How often is—shopping? Once or more per week	Once or more per month	Less than once a month of O is O is O 20 O				
	Is the grocery sho; pi 3 Yourself alone 4 Yourself and so 7 Someone else Who (besides yoursel 10 Spouse 11 Other relative 11 Friend or neighb 12 Homemaker serve	Go to 98 omeone else Off shops for groceries?	For each circle ms How often is — shopping? Once or more per week	Once or more per month	Less than once a month 12 0 15 0 20 0 24 0				

97. If	you na					
	O Yes	5	Are you completely	unable to do shopping?		
2	O .No	-	3O Yes			
			10 No			
8. Do	o vou u	sually get help w	with managing your m	oney such as keeping tra	ick of expenses and	naving hills?
	O Yes			one, paon ao morping no	ich of Capenoos and	a paying bins.
	O No		Co. 40 101			- Y
	0 .40		Go to 101			
9. W	ho usua	ally helps you?		For each circle ma How often does	arked ask: belp?	,
				Once or more per week	Once or more per month	Less than once a mont.
01	O Spo	use		03 🔾	na 🔾	04 ()
05 (O Dat	ughter		06 🔘	07 🔾	06 🔘
09 (O Son			10 🔾	11 🔘	12 🔾
:3 (O Oth	er relative		:4 🔾	15 🔾	16 🔾
17	O Frie	end or neighbour		14 🔘	19	20 🔾
n		inselling service		22 🔾	30	24 🔘
25 (al/accounting ser	vice	26 🔾	27 ()	28 🔾
29 (ior centre or club		30 🔘	31 🔘	32 🔾
00. If	you had		nanage your money w		35 🔾	36
00. If	you had	d to, could you m		ithout he p?		36
00. If	you had	d to, could you m	Are you completely t	ithout he p?		36 🔾
00. If y	you had	d to, could you m	Are you completely to Yes	ithout he p?	35 🔾	
00. If ;	you had	d to, could you m	Are you completely to a second care such	ithout heip? unable to do it?	35 🔾	
00. If ;	you had	d to, could you m	Are you completely to Yes	ithout heip? unable to do it?	35 🔾	
00. If 3	you had O Yes O No O You us O Yes O No	d to, could you m	Are you completely to a second care such	ithout he p? unable to do it? h as dressing, feeding or For each circle ma	aking medication	?
00. If 3	you had O Yes O No O You us O Yes O No	d to, could you m	Are you completely to a second care such	ithout he p? unable to do it? h as dressing, feeding or For each circle ma	taking medication	?
00. If 3	you had O Yes O No O You us O Yes O No	d to, could you m	Are you completely to a second care such	ithout heip? unable to do it? h as dressing, feeding or For each circle ma How often does Once or more	taking medication rked ask: help? Once or more	
00. If ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;	you had O Yes O No O You us O Yes O No ho usua	d to, could you m	Are you completely to a second care such	ithout heip? unable to do it? h as dressing, feeding or For each circle ma How often does Once or more per week	taking medication rked ask: help? Once or more per month	Less than once a month
00. If 1	you had O Yes O No O You us O Yes O No ho usua	d to, could you me sually get help we dily helps you?	Are you completely to a second care such	ithout heip? unable to do it? h as dressing, feeding or For each circle ma How often does Once or more per week	rked ask: help? Once or more per month	Less than once a month
00. If 1	you had O Yes O No O You us O Yes O No ho usua	d to, could you me sually get help we dily helps you?	Are you completely to a second care such	For each circle ma How often does Once or more per week	taking medication rked ask: help? Once or more per month	Less than once a month
00. If 1	you had O Yes O No O You us O Yes O No ho usua	d to, could you me sually get help we willy helps you?	Are you completely to a second care such	For each circle ma How often does Once or more per week	taking medication rked ask: help? Once or more per month	Less than once a month
00. If 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	you had O Yes O No O You us O Yes O No ho usua	d to, could you me sually get help we will helps you?	Are you completely to a second care such	For each circle ma How often does Once or more per week	taking medication rked ask: help? Once or more per month or O :1 O :5 O	Less than once a month
00. If 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	you had O Yes O No O You us O Yes O No ho usua O Spon O Dau O Son O Othe O Nur	d to, could you me sually get help we will helps you?	Are you completely to 3° Yes 4° No ith personal care suc.	For each circle ma How often does Once or more per week 22 () 36 () 10 () 14 () 18 ()	once or more per month	Less than once a month
00. If 1	you had O Yes O No O Yes O No ho usua O Spoil O Dau O Son O Other O Nur O Frie	d to, could you me sually get help we willy helps you? use each or neighbour sing service	Are you completely to 3° Yes 4° No ith personal care suc.	For each circle ma How often does Once or more per week 22 10 14 13 22 22	taking medication rked ask: help? Once or more per month or O :1 O :5 O :9 O 23 O	Less than once a month

3-5103-136

Yes Are you completely una	ble to care for yourself?
² O No	
O No	
SECTION N	109. Interviewer: Ask if not known:
The following questions are about contact with your family and friends.	Is your father still living?
104. Interviewer: Ask if not known:	¹O Yes
	2O No Go to 114
Is your mother still living?	³ O Don't know
¹O Yes	
O No Go to 109	
O Don't know	110. How old is your father?
	™O Don't know
105. How old is your mother?	
Don't know	111. Does he live in this household?
Dontknow	Yes Go to 114
	*O No
106. Does she live in this household?	
¹ O Yes ———— Go to 109 ² O No	112. How often do you see your father?
.0 .50	
	O Daily O At least once a week
107. How often do you see your mother?	O At least once a month
3 O Daily	Less than once a month
O At least once a week	O Never
O At least once a month	O vesel
C Less than once a month	
O Never	
	I13. How often do you have contact by letter or telephone with him?
	O Daily
108. How often do you have contact by letter or	² O At least once a week
telephone with her?	3 O At least once a month
1 O Daily	4 C Less than once a month
² O At least once a week	3O Never
3 At least once a month	
*O Less than once a month	
O Never	
	114. Do you have any children?
	O Yes How many?
	_2 O No Go to 119

8-5103-136 1

7

115. Do all of them live in this household?	122. How often do you have contact by letter or telephone with them?
°O Yes Go to 118	
O No	O Daily
	At least once a week
The next questions concern your children not living in this household.	³ At least once a month
	*O Less than once a month
116. How often do you see them?	³ O Never
³ O Daily	
*O At least once a week	123. About how many other relatives have you had
⁷ O At least once a month	contact with in the last 3 months? Include aunts, uncles, cousins, nieces, nephews, in-laws.
⁸ O Less than once a month	ditcles, cousins, meces, nepnews, milaws.
°O Never	
	97 O None Go to 126
117. How often do you have contact by letter or telephone with them?	
O Daily	124. How often do you see your relatives?
² O At least once a week	O Daily
3 At least once a month	² O At least once a week
*O Less than once a month	O At least once a month
⁵ O Never	
	*O Less than once a month
	⁵ O Never
118. Do you have any grandchildren?	
6 O Yes — How many?	
'O No	125. How often do you have contact by letter or telephone with them?
	O Daily
119. Do you have any sisters or brothers?	² O At least once a week
4O Yes How many?	3 O At least once a month
O No Go to 123	C Less than once a month
Go to 123	³ O Never
120. Do all of them live in this household?	
O Yes	126. Other than relatives, how many people do you consider close friends? That is, friends you feel
² O No	close to and can confide in.
O .10	
	97 ○ None — Go to 129
The next questions concern your brothers and sisters not living in this household.	
121. How often do you see your brothers and sisters?	
¹O Daily	107 U
O At least once a week	127. How often do you see your close friends?
O At least once a month	Daily
*O Less than once a month	² O At least once a week
	3 At least once a month
O Never	⁴ O Less than once a month
	⁵ O Never

8-5103-1361

- - - ;

28. How often do you have co	ontact by letter or 133. Wh	nat is your date of birth?
O Daily		
² O At least once a week	D	ay Month Year
3 O At least once a month		
O Less than once a month	134. Wh	tere were you born?
3 O Never		Newfoundland
	92 (
ECTION O		The same is in the same is a same in the same is a same in the same is a same in the same in the same is a same in the same in the same is a same in the same in t
29. Now, I'd like to ask you for so	me background	Debeta
information. How many year secondary education have yo		
⁰¹ O No schooling \	o. C	
02 One		00 (0 136
∞ O Two	0°C	
™O Three	∞ C	January 11
∞O Four	°°C	
	to 131	
%O Six		
012		Northwest Territories /
	"° C	Country outside Canada (specify)
	135 In a	what year did you first immigrate to Canada?
11 O Ten	100. 111	- Maryear did you in strining rate to Canada:
12 O Eleven	1	9
¹³ O Twelve	97 (Canadian citizen by birth
14O Thirteen		Canadian crozen by birth
15 O Don't know	126 Wh.	at language did you first speak in childhood?
0. Have you graduated from sec		English
		French
O Yes		Italian
² O No		German
1. Have you had any further		Ukrainian
elementary/secondary school?	schooling beyond	Other (specify)
O Yes		
°O No — Go t	o 133 137. Do y	you still understand that language?
) Yes
2. What is the highest level? response)	(accept multiple) No
O Some community college, school		at language do you speak at home now? (If e than one language, which is spoken most often).
Diploma or certificate from CEGEP, or nursing school	community college,	English
³ O Some university		French
O Bachelor or undergraduate	e degree or teacher's	Italian
	40	Chinese
college		
Master's or earned doctora Other (specify)	te 50	German

139. What, if any, is your religion?	144. Is this dwelling owned or being rented by a
³¹ ○ No religion — Go to 141	member of this household?
¹² O Roman Catholic	Owned
33 O United Church	² O Rented
	145. Who is the person (or one of the persons) that
Anglican Presbyterian	lives here and is responsible for paying the rent.
	or mortgage, or taxes, electricity, etc. for this dwelling?
*O Lutheran	(enter page-line number)
Baptist	The same same same same same same same sam
© Eastern Orthodox	97 O Person lives elsewhere
Jewish	
Other (specify)	. 146. How many telephones, counting extensions, are there in your dwelling?
140. Other than on special occasions such as	One Go to 151
weddings, funerals or baptisms, how often do you attend services or meetings connected with	
your religion?	O Two or more
1 O At least once a week	147 Do all the telephones have the
² O At least once a month	147. Do all the telephones have the same number?
3 At least once a year	60 No
O Less than once a year	→ Go to 151
5 O Never	
6 O Don't know	148. How many different numbers are there?
141. To which ethnic or cultural group do you or did	
your ancestors belong? (accept multiple response).	149. Are any of these numbers for business use only?
¹ ○ French	*O No ——— Go to 151
² O English	°O Yes
³ O Irish	O res
O Scottish	
³ German	150 How many are for business use only?
6 O Italian	
O Ukrainian	
8 O Don't know	187 Food much did not for the
⁹ Other (specify)	151. Last week, did you do any work at a job or business? (not counting work around the house)
	○ Yes — Go to 162
142. In what type of dwelling are you now living?	² O No
: O Single detached house	3 O Permanently
² O Semi-detached or double (side-by-side)	unable to work — Go to 165
³ O Garden house, town-house or row house	
O Duplex (one above the other)	
5 C Low-rise apartment (less than 5 stories)	152. During that week did you have a job or business at which you did not work?
*O High-rise apartment (5 or more stories)	O Yes Go to 154
Other (specify)	O 168 G0 to 154
	153. Last week, did you have a job to start in the next
143. What is the Postal Code for this dwelling?	4 weeks?
	O Yes Go to 155
O Don't know	_ O No

45

154.	Why were you absent from work last week? O New job to start	160. Were you enrolled as a full-time or part-time student?
	in the future Go to 162	O Full-time
	² O Own illness or disability	² O Part-time ——— Go to 165
	³ O Personal or family responsibilities	
	O Bad weather	161. Did you have a job at anytime during the last 5
	⁵ O Labour dispute (strike or lockout)	years?
	O Layoff, expects to return	³O Yes
	(Paid workers only)	4O No Go to 165
	O Vacation	162. For whom do/did you work?
	Seasonal business (Exclude paid workers)	
	Other (specify)	
155 1	in the past 4 weeks, have you looked for work?	163. What kind of business, industry or service is was
	¹O Yes	this?
	2 O No Go to 161	
	Go to 161	
	n the past 4 weeks, what have you done to find	164. What kind of work do/did you do?
4	work? (accept multiple response)	
	O Public employment agency	
	SO Private employment agency	
	O Union	165. What was your income before taxes from wages,
	Other (specify)	salaries and self-employment during 1984?
	O other (special)	
		\$
		⁵ O No income or loss
57. A	Are you looking for a full-time or part-time job?	⁴ ○ Don't know
	O Full-time	166. What was your income from government sources
	(30 or more hours per week)	such as Family Allowance, U.I.C., Social
	*O Part-time	Assistance, Canada or Quebec Pension Plan or Old Age Security?
	(Less than 30 hours per week)	
		\$
		O No income
	Vas there any reason why you could not take a oblast week?	Don't know
	Yes - Own illness or disability	
	² O Yes - Personal or family responsibilities	167. What was your income from interest, dividends or private pensions?
	O Yes - Going to school	or provide productions.
	O Yes - Already has a job	\$.00
	Other (specify)	1O No income or loss
	*O No - (Was available for work)	² O Don't know
	O .10 - (Wasavaliable for Work)	168. What was the total income of all household
		members from all sources during 1984?
	ast week, did you attend a school, college or niversity?	
	·O Yes	\$ 00
	O No Go to 165	³ O No income
	OO to 103	O Don't know

Confidential when completed

General social survey Selection control form

1:	4:	

RECORD OF CALLS										
10	11 D	ate	12 S	tart			h 14 Result	14 Decut	15 Interviewer's Name	18 Comments
	Day	Month	Hr.	Min.	Hr.	Min.		alterviewer 3 regile	Containents	
01	1		1			1	1			
02							1			
03	-		1_1_			,				
04	1									
05	1				-					
06	1									
07				1		1				
08	1									
09			,	1						
10	1									
11			1							
12										
13	1									
14			1		1					
15			1							

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
	Oyes
	○ No → Dial again. If still wrong, END
22.	is this number for a business, an institution or a private home?
	O Private home
	O 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?
	Oyes

○ Less than 15 -> Go to 30

○ 15 or more → Complete form GSS-1A

31.	I need to select one person from your person living or staying here who ha	rview. Starting wi	ith the oldest, what is the	first na	me an	d a	ge	of ea	ech		
				and ages in 42 a							
-									_		-
32.	this household attending school, visiting, travelling or in the hespital	40 41	42			43	44	5		47 4 F	18 4 R
	whe USUALLY live here?	Palu	Names of hous	ahold members		SEL	AGE	E	M	0 1	Ю
	OYes → Enter names and ages in		Given Name		194	+		1		7	+
	42 800 44	1	Sumame			-					
	ONo	-		111111	111111	+-	1				+
		2	Given Name			-					
13.	Does anyone else live at this address,	+	Sumame			+	1	+			+
	such as other relatives, roomers, boarders or employees?	3	Given Name	11111							
	OYes → Enter names and ages in		Surname			11		+			+
	42 and 44	4	Given Name	11111	11111111						
	ONo		Surname			1	1				1
	0.0	5	Given Name		1111111						
	INTERVIÈWER:		Surname	11111							
м.	MI ENVIEWER:	6	Given Name								
	 Enter answers for 44 through 48 for each person recorded in 42. 		Surname			1					
	teal person recorded at 42,	7	Given Neme	! 1 1 1 1 1						T	T
	• Then go to 50.		Surneme	11111			,				
			Given Name							1	T
		8	Surname								
50.	Now I'm going to use a selection pro whom to interview. This will just take			Selection Gnd L							
84	INTERVIEWER:			B = Select #	USEN DIC MAINDERS						
	in Rem 43, number the persons 15 order from oldest to youngest.	to 64	years of age in								
	Determine the selected person by re- Selection Grid.	letrang	to the								
	• in item 43, circle the number of the	select	ed person.								
52.	The person I am to interview is		d name)	60. Final Status	61. Number of Eligible Household Members	62.	interv	(Brant	er h	iumi	ber
	Is he/she there?					14	1			-	
	○Yes → Go to 70			83. Notes Item No				T			
	○No → Set up appointment and go to 70					1 E				!	
53.	Best time to contact selected person.			1 1		- m					
		11.									
			3					_		_	_
					ected person is		O cor			GSS	\$.5
				aged 15			J CO1	TTD/4	rt#	9 55	1-2
				• # the sec	ected person is) Cor	nou	rie	G53	5. 7

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

Α.	Social Mobility		
	For respondent up to age 15	0.5	1-8
B.	Social Mobility	2.0	
	For respondent's Father	0.5	1-13
	For respondent's Mother	~	14-29
		8.0	22 43

D	De i le 2 de leule le 1		
D.	Daily Activities	Q.s	1-59
E.	Well-being	Q.s	1-3
F.	Language knowledge and use		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	0.5	1-5
P.	Social Mobility		
	Respondent's education and work	Q.s	1-14
Q.	Language and Background Characteristics	Q.s	1-17
R./		2.5	1-17
	Contact with federal gov't	0.5	1-14
S./		0.5	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%.

8-4500-33 1

67	What kind of work was he doing? (Give a full description e.g., posting invoices, selling shoes.	813	What was the first language he learned in childhood? (Accept multiple response only if languages learned at same tim
	teaching primary school)		1 O English
			² OFrench
			3 Other (specify)
	3 O Don't know		4 ODon't know
ВВ	In total, how many years of elementary or secondary		
	98 No schooling Go to 817	814	The next questions ask about your mother. When you were years old, did you live with your own mother? (Include adoptive mother)
	Lil years		1 Oyes - Go to 817
	99 Oon'tknow		2 O No
89	Did he have any further schooling beyond elementary/secondary school?	B15	Why was this? Was it because
	3 O Yes		3 O Your mother died
			Parents were divorced or separated
	5 Don't know Go to 811		5 O You or your mother were temporarily living
			away from home —— Go to 817
8:0	What was the highest level he attained? (Accept one response only)		6 Other (specify)
	Some community college, CEGEP or nursing school Diploma or certificate from community college, CEGEP or		
	nursing school Some university		
	Bachelor or undergraduate degree or teacher's college		
	Master's or earned doctorate	816	During that time, was there a female who took the role of
	6 Other (specify)		your mother?
			⁷ O Yes
			® ○NO → Go to 821
	ODon't know	817	Which of the following best describes your mother's (or
8:1	In what country was he born?		mother substitute's) main activity when you were 15 years old? (Accept one response only)
	C1 Canada In which province or territory?		
	02 Newfoundland		1 ○ Working at a job or business. → In this job was she mainly
	03 Prince Edward Island 04 Nova Scotia		
	DS New Brunswick		6 An employee working for
	06 Québec		someone else Go to 81
	07 ○ Ontario 08 ○ Manitoba		⁷ Self-employed → Go to 81
	69 O Saskatchewan		Sen employed 4 do to a
	10 Alberta 11 O British Columbia		© Keeping house → Go to B21
	12 O Yukon Territory		3 ○ A student → Go to 821
	II O Northwest Tourishing		→ Go to 821
	13 O Northwest Territories		
	Northwest Territories 14 ○ Country outside Canada (specify)		© Retired → Go to 821
312:	14 O Country outside Canada (specify)		Go to B21 Other (specify)
312:	To which ethnic or cultural group did he belong? (Accept multiple response)		© Retired → Go to 821
31 <i>2</i> :	To which ethnic or cultural group did he belong?		Go to B21 Other (specify)
31 <i>2</i> 1	To which ethnic or cultural group did he belong? (Accept multiple response) Captish Captish Captish		Go to 821 Other (specify) Go to 82
31.21	To which ethnic or cultural group did he belong? (Accept multiple response) C English C French C Scottish	818	Go to 821 Other (specify) Go to 82 For whom did she work?
31 <i>2</i> :	To which ethnic or cultural group did he belong? (Accept multiple response) Cenglish Cengli	818	Go to 821 Other (specify) Go to 82
	To which ethnic or cultural group did he belong? (Accept multiple response) English French Irish German Catalian Ukrainian	818	Go to 821 Other (specify) Go to 82 For whom did she work?
	To which ethnic or cultural group did he belong? (Accept multiple response) Cenglish Cengli	818	© Retired → Go to 821 ○ Other (specify) ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
	To which ethnic or cultural group did he belong? (Accept multiple response) English French Irish German Catalian Ukrainian	818	Go to 821 Other (specify) Go to 82: For whom did she work? Name of business, government department or agency or person)

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010 110	
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).	B25 To which ethnic or cultural group did she belong? (Accept multiple response)
	1 English
	? O French
) O trish
	4 O Scortish
	5 O German
	6 O Ralian 9 O Ukrainian
2 O Don't know	Other (specify)
O DON'T KNOW	
B20 What kind of work was she doing? (Give a full description: e.g., posting invoices, selling shoes,	
teaching primary school)	
	9 O Don't know
	27. 10. 11. 11. 11. 11. 11. 11. 11. 11. 11
	B26 What was the first language she learned in childhood? (Accept multiple response only if languages learned at same time)
	1 O English
	² O French
3 O Don't know	3 Other (specify)
821 In total, how many years of elementary or secondary	
education did your mother (or mother substitute) complete?	
•••	4 O Don't know
No schooling → Go to 824	
years years	827 What language did you yourself first speak in childhood?
99 O Don't know	(Accept multiple response only if languages were spoken equally)
TO DON (KNOW	5 O English
	6 O French
B22 Did she have any further schooling beyond elementary/secondary school?	
3 O yes	Other (specify)
4 UNO 5 ○ Don't know ← Go to B24	
5 Opon't know	828 How many brothers have you ever had?
	(Include step-, half- and adopted brothers and those no longer
What was the highest level she attained?	living)
(Accept one response only)	brothers
O Same community college, CEGEP or nursing school	
2 O Diploma or certificate from community college, CEGEP or nursing school	829 How many sisters have you ever had?
3 O Some university	(Include step-, half- and adopted sisters and those no longer
Bachelor or undergraduate degree or teacher's college	living)
5 O Master's or earned doctorate	sisters
6 Other (specify)	
⁷ O Don't know	
Obolitknow	
24 In what country was she born?	
01 Canada In which province or territory?	
02 Newfoundland	
03 O Prince Edward island	
04 O Nova Scotia	
05 New Brunswick	
06 Québec	
07 Ontario	
98 ○ Manitoba 99 ○ Saskatchewan	
Saskatchewan 10 Alberta	
11 O British Columbia	
12 Yukon Territory	
13 O Northwest Territories	
14 Country outside Canada (specify)	

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.

1. a. First of all, starting at 4:00 a.m. what were you doing?	end?	Vhere were you?// Vere you still Place or In Tr. St 10t 80t 80t 80t 80 80t 80 80 80 80 80 80 80 80 80 80 80 80 80	ot sciete out of the production
2. a. And then, what did b. When did this start?	end? W		a sice of contrast
3. a. And then, what did b. When did this you do next? start?	end / We		pire ou de le la

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 . . . e. Who was with you?/ Were you still . . . Place In Transit A. How Other St. 102030 40506070 10 20 20 40 50 60 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 . . . e. Who was with you?/ Were you still . . . Place In Transit Ct Ast Burbour 4. 40 40 1 0 1. 6. 6 40506070 102030405060 102030 6. a. And then, what did you do next? b. When did this start? c. When did this and? Where were you?/ Were you still . . . e. Who was with you?/ Were you still . . . Place In Transit Cal Math But Signer at toke orse orse 102030 40 50 60 70 10 20 30 40 50 60 7. s. And then, what did you do next? b. When did this start? c. When did this and? e. Who was with you?/ Were you still . . . d. Where were you?/ Were you still . . . Place In Transit Cis Heit Course Chie 47 Hote Orle Store Soure Originary 102030 40506010 102030405060 8. a. And then, what did you do next? b. When did this start? c. When did this and? d. Where were you?/ Were you still . . . e. Who was with you?/ Were you still Place In Transit Ce, He, 674, O'Le, Note Sort 2 19 10 12 feet out A. Thore of the 10 20 30 40606070 102030405060 9. e. 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 In Transn Ca Rep Brigging 102030 40506070 102030405060

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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 c. When did this end? d. Where were you?/ Were you still . . . e. Who was with you?/ Were you still . . . start? Place In Transit (2) 41 03 05 05 0 C 102030 40506070 10 20 30 40 50 60 11. a. And then, what did b. When did this c. When did this end? d. Where were you?/ e. Who was with you?/ Ware you still . . . you do next? start? Were you still Place In Transit 47 40 / 2 6 10 20 30 40 50 60 12. a. And then, what did b. When did this start? c. When did this end? e. Who was with you?/ Were you still . . . you do next? Were you still Place in Transit 10 20 30 10 20 30 40 50 60 13. a. And then, what did b. When did this c. When did this end? d, Where were you?/ e. Who was with you?/ Were you still . . . you do next? start? Were you still Place In Transa AT HORE POSE 102030 40506070 102030405060 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 . . . e. Who was with you?/ Were you still . . . In Transit gistone piece (c) (434 817 0 150 150) 102030405060

a. And then, what did b. When did this you do next? start?	c. When did this end? Column Colum	de to de la companya

15

Do not ask question "e" about sleep sex or other personal care activities 16 a. And then, what did b. When did this c. When did this end? d. Where were you?/ Were you still , . . e. Who was with you?/ Were you still . . , you do next? start? Place In Transit 41- HOT OTE 04 / 44 / 63 6 / CLE 40506070 103030 10 20 30 40 50 60 17. s. 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 In Transit 4-7 40 0.42 0.42 (2.42) 102030 102030405060 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 . . . e. Who was with you?/ Were you still . . . Place in Transit Cal Mait Could Circle bot score dio re creis A.T. Holy Ote Jake 102030 40506070 CO CO CO CO CO CO CO 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 . . . e. Who was with you?/ Were you still In Transit Ca Juleit Control Cire 4: Hoto Ore Pre 102030 40506070 102030405060 20. s. And then, what did b. When did this start? c. When did this end? d. Where were you?/ Were you still . . . e. Who was with you?/ you do next? Were you still Place In Transit Ct Het Qu's June 10 20 30 40506070 10 20 30 40 50 60 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 . . . e. Who was with you?/ Were you still . . . Place In Transm (c) (4) (4) (0,18) (176) *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | 102030 102030405060

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					Do not ask question "e" about sleep, sex or other personal care activities.
22. a. A	und then, what did ou 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
			- \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	\$\$\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Transit Tra
	nd then, what did su do next?	b. When did this start?	c. When did this end?	d. Where were you?/	B. Who was with you?/ Were you still
		:]	- / Lucre / 10 20 30		
	d then, what did	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
			- / 10 20 30		ansiti ansiti
	then, what did do next?	b. When did this start?	c. When did this end?	d. Where were you?/ Were you still Place of In Trail	e. Who was with you?/ Were you still
			- /c; /q; /q; /q; /q; /q; /q; /q; /q; /q; /q	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
	then, what did do next?	b. When did this start?	c. When did this end?	d. Where were you?/ Were you still Place or in Trans place or	e sout of the land of the south
27. a. And to you do	hen, what did go next?	b. When did thes start?	c. When did this end?	d. Where were you?/ Were you still Place or In Tran	e. Who was with you?/ Were you still
			- 26/4/6/	40506070 1020	3 4 5 6 4 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6

	- 10 -	
28. a. And then, what did b. When did this start?	c. When did this d. Where were you?/ end? Were you still	
29. a. And then, what did b. When did this you do next? Exart?		e. Who was with you?/ Were you still
30. a. And then, what did b. When did this you do next? start?	c. When did this end? Were you still Place or In Transit Place or In Transit 2 Note of Rock Ch Abr 2 Ore According 1 2 3 4 5 6 7 1 2 3 4	
31. a. And then, what did b. When did this you do next? start?	c. When did this and? Where were you?/ Were you still Place of In Transit Place of In Transit 1 2 3 4 5 6 7 1 2 3 4	
32. a. And then, what did b. When did this start?	c. When did this end? Were you still Place of In Transil Place of Standard Control Co	e. Who was with you?/ Were you still Were you still see you still
33. a. And then, what did b. When did this start?	c. When did this d. Where were you?/ where you still Place or in Transm Place or in Transm A transm	

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				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?	Le se library	e. Who was with you?/ Were you still Transit Transi
i. 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 Tr	e. Who was with you?/ Were you still
s. And then, what did you do next?	b. When did this stert?	c. When did this end?	d. Where were you?/ Were you still Place or In Tr	e. Who was with you?/ Were you still
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 of in Train	e. Who was with you?/ Were you still
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
And then, what did you do next?	b. When did this start?	c. When did this end?	EL OF THEY STATE OF SE	e. Who was with you? Were you still 1057 1058

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			- 12 -	
				Do not ask question "e" about sleep sex or other personal care activities.
40. a. And then, why you do next?	at did b. When did this start?	c. When did this end?	d. Where were you?/ Were you still Place or in T	e. Who was with you?/ Were you still
				NOTE COURT STUTE OF S
		_ 102030	40 50 60 70 10	2030405060
41. a. And then, what you do next?	nt did b. When did this start?	c. When did this end?	d. Where were you?/ Were you still Place or In Tra	e. Who was with you?/ Were you still
		- / (*) (*) (*) (*) (*) (*) (*) (*) (*) (*)		Core escuela con ore y escular escular
42. a. And then, what you do next?	t did b. When did the start?	c. When did this end?	d. Where were you?/ Were you still	e. Who was with you?/ Ware you still
		- 2030		01511 01 25012
43. a. And then, what you do next?	did b. When did the start?	c. When did this end?	d. Where were you?/ Were you still	e. Who was with you?/ Were you still
		in the first of	Place or In Train	ige of the state o
		10 20 30	10 50 60 70 10 20	El god die die l'él de
44. a. And then, what o you do next?	did b. When did this start?	c. When did this end?	d. Where were you?/ Were you still	e. Who was with you?/ Ware you still
		2 3 3	(1 / 41 / 61 / 24 / 25 / 25 / 25 / 25 / 25 / 25 / 25	o re so restriction
NTERVIEWER. To	record additional activity	lies, use Form GS		below. Also indicate the
0	(If you use GSS 2-2D)		Number	of forms
	Number t	he questions seq	uentially starting with 45.	

		SEC	TION E			
this part of the survey I v	would like you to co	ncider unus lite as i	t is mou.			
Presently, would you do			t is now.			
	,					
Very happy	Somewhat happy	Somewhat unhappy	Very		No	
'0	,Ö,	3 🔾	unhapp)		O O	
I am going to ask you t somewhat dissatisfied o	o rate certain areas	of your life. Please	rate your feelings	about them as ve	ery satisfied, somewh	et satis
The state of the s	very dissatistied.					
			Somewhat	Very	No opinion	
a) Your health	10	Satisfied	- 10	ž ()		
			10	40	3 🔾	
b) Your job or main activi		atisfied —	• 0	6 🔾	60	
	,01	Dissatisfied	·, O	•0		
c) The way you spend						
your other time	→ ⁷ Os	atisfied ——	• 10	, O	90	
	-01	rssatistied	→ 10	40		
d) Your finances	:Os	atisfied	→ 50	60	30	
	, ,00	issatisfied ——	→ 'O	10		
e) Your housing	+0s					
•		issatisfied ——	→ 'O → :O	² O	60	
f) Your friendships —	* Os.		→ 5○	6 (90	
	*Op	issatisfied ——	→ , ○	10		
Living partner						
or single status	→ ¹○ sa		→ 10	20	30	
		ssatisfied	→ ,0	40		
) Your relationship with						
other family members	·Osa		→ 50	60	60	
	3 U Bi	ssatisfied	* 10	•0		
Yourself (self-esteem)	, O Sa	tisfied ———	→ 10	20	90	
	6 O pi	ssatisfied	→ 10	40		
Continue the						
ow, using the same scale	, how do you feel a	bout your life as a	whole right now?			
Satisfied		Dissat	sfied			
Very	Somewhat	Somewhat	Very	No		
10	20	30	40	opinio 5 C		
				,		

	. 14
5	ECTION 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 (Report two if the respondent is equally at ease in two	n which you are most at ease? No languages)
¹○ English → Have you ever had any knowledge	or understanding of a language other than English?
7 O Yes Go to Section	on G (Below)
8○ No — Go to SECTI	ONT (Page 23)
2○ English and French — Go to SECTI	ON H (Page 15)
3 English and Other (specify)	SECTION J (Page 15)
△○ French Go to SECTION K (Page 16)	
S ○ French and Other (specify)	SECTION L (Page 16)
6○Other (specify)	
Go to SECTION	IM (Page 17)
	G6 Do you have any knowledge or understanding of a language
SECTION G	G6 Do you have any knowledge or understanding of a language other than English or French?
G1 Do you have any knowledge or understanding of French?	1 Yes — How many other languages do you know or understand?
¹O Yes	3 ○ One language (specify)
2○ No → Go to G6	4○ ☐ languages → Which one do you
G2 When was the last time that you had a conversation in French, excluding language courses?	know best? (specify
1 During the last week 2 During the last month	2○ No → Go to G9
During the last month	
O More than a year	G7 When was the last time you had a conversation in that language (language reported in G6) excluding language courses?
SO Never	5 During the last week
G3 How would you rate yourself in the following language	6 During the last month
abilities in French?	⁷ O During the last year
Very Good Not very Not at good all	® O More than a year
Reading 01 02 03 0 0- 0	⁰ ○ Never
Understanding 05 06 07 07 08 0	G8 In that language (language reported in G6), how would you
Speaking 09 10 11 12	rate yourself in the following abilities?
G4 What would you say contributed the most to your present knowledge of French? (Accept multiple response)	Very Good Not very Not at good good all
1 Language instruction at school	Reading 01 02 03 04 0
Other language courses	Understanding 05 06 07 08 0
3 Speaking with family	Speaking 09 10 11 12
4 Speaking with friends	
S Speaking at work	G9 INTERVIEWER: H"No" indicated in both G1 and G6, go to SECTION N (PAGE 17)
6 Watching television 7 Other (specify)	G10 Compared to five years ago, would you say that you now use
GS Compared to five years ago, would you say that you now more French, less French or about the same?	more English, less English or about the same?
	2 C Less
KNOW USE ¹○ More 4○ More	3 Same
2○ Less 5○ Less	

G11 INTERVIEWER: Go to SECTION N (Page 17)

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3 Same

6 Same

			SECTION	н					SECTION .	ı	
нз	Compared to more English	five years , less Engli	s ago, would	ld you say that the same?	nat you now	31	Compared	to five years	ago, would	d you say th	at you nov
	KNOW		USE					sh, iess Engli	ish or about	the same?	
	¹ O More	a (O More				KNOW		USE		
	2 O Less		Less				O More		More		
	3 O Same		O Same				2○ Less		O Less		
	Same		∠ same				3 Same	6(Same		
Н2	Compared to more french,	five years less frenci	ago, would h or about	d you say th the same?	at you now	J2		re any know	ledge or un	derstanding	of French?
	KNOW		USE				¹○ Yes				
	4 More	7) More				10 No -	Go to J	7		
	5 O Less	B (Less								
	6○ Same	90	Same			13	When was excluding la	the last time	you had a	conversation	in French
н3	Oo you have other than En	any knowl	ledge or un	nderstanding	of a language			the last week			
							2 O During		h		
	¹O Yes —	→ How ma underst	any other la land?	nguages do y	ou know or		3 O During	the last year			
							4 O More th				
				(specify)			5 Never				
		40 L	_ languag	jes> Wh	ich one do you						
				kno	w best? (specify)	14	How would abilities in F	you rate you	urself in the	following la	ingua g e
	2 O No -	♦ Go to SE	CTION N (P	age 17)				Very good	Good	Not very good	Not at all
							Reading	01()	02 ()	33()	
44	When was the	last time	you had a	conversation	n in that iguage courses?			_	_	-	040
			(eam H3) (excluding fan	guage courses?		Understandi	09 O	» ()	°,O	C8 ()
	5 During the						Speaking	0,0	10 🔾	1.0	30
	6 Ouring the					-					
	O During the					15	What would	you say con	tributed the	most to yo	ur present
	8 More than	a year					knowledge o			le response)	
	1 O Never						1 C Languag				
							2 Other la				
5	In that languag	e (languag	ge reported	in H3), how	would you		3 Speaking				
	rate yourself in	the follow	wing abilitie	es?			4 Speaking		\$		
		Very	Good	Not very	Not at		5 Speaking				
		good		good	ali		6 Watching				
	Reading	010	03 🔾	031)	04		⁷ Other (si	pecify)			
	Understanding	05 🔾	06 🔾	07 (08						
	Speaking	09 🔾	10 🔾	110	120	16	Compared to	five years a	go, would y	you say that	you now.
5	INTERVIEWER	Go to SSC	7100101600				more French, KNOW		or about th	e same?	
		00 10 321	TION W (PAI	GE 1/3			1 More		More		
							2 O Less	50			
						1	1 Same		Same		
							34				
						J7	Other than Er	nglish or Free	nch, how m	any language	s do you
							L language				
							ranguage	2			
						18	INTERVIEWER	Go to SEC	TION N (PAG	E 17)	
							INTERVIEWER		TION N (PAG	ie 17)	

			SECTION	К		SECTION I
K	How would	you rate	vour ability	to read in 5	nglish? Is it	
			,	10 1680 111 2	ngastr at t	Compared to five years ago, would you say that you now more French, less French or about the same?
	1 O Very go	bod				
	² Good					KNOW USE
	3 O Not ver	y good				- Comment
	4 O Not at a	H				
						³ ○ Same 6 ○ Same
K2) What we do					L2 How would you rate your ability to read in English? Is it
1^4	knowledge	of English?	(Accept mu	the most to attiple respons	your present	The state of the s
					e,	⁶ ○ Very good
	Cangua					¹ ○ Good
	2 Other la					B O Not very good
	3 O Speakin					1 Not at all
	4 Speakin		nds.			
	5 Speakin	-				L3 What would you say contributed the most to your present
	6 Watchin		1			knowledge of English? (Accept multiple response)
	² Other (s	pecify)				1 Language instruction at school
						Other language courses
K3	Compared	five ver	200			3 O Speaking with family
	more English	, less Engli	ish or about	d you say th t the same?	at you now	Speaking with friends
	KNOW					5 Speaking at work
	◆ ○ More	2/	O More			6 Watching television
	5 O Less		O More D Less			Other (specify)
	6 O Same					Other (specify)
	□ Same	*() Same			
						L4 Compared to five years ago, would you say that you now
KA	Oo you have other than Er	any know	ledge or un	nderstanding	of a language	more English, less English or about the same?
						KNOW USE
	. O ves —	→ How m. underst	any other la	nguages do y	ou know or	4 O More 7 O More
						SO Less O Less
		3 () On	le language	(specify)		6 ○ Same
		40 L	languag	es Whi	ch one do you	
				kno	w best? (specify)	L5 Other than English or French, how many languages do you
						know or understand?
	2 O No -	→ Go to K				Lianguages
	- O rec	GOTOK				anguages .
K5	When was the	last time	you had a	conversation	in that	L6 INTERVIEWER GO TO SECTION N IPAGE 171
			rtea in Ka) (excluding lan	guage courses?	L6 INTERVIEWER Go to SECTION N (PAGE 17)
	5 O During the					
	6 O During the		3			
	O During the					
	* O More than	a year				
	⁹ O Never					
(6	In that languag	ge (langua)	ge reported	in K4), how s	would you	
	rate yourself in	the follow	wing abiliti	es?		
		Very	Good	Not very	Notat	
		Booq		good	all	
	Reading	٥١٥	02 🔾	03()	040	
	Understanding	05	06 🔘	07 🔾	04 ()	
	Speaking	090	10 🔾	"0	120	
.7	Compared to 6					
	Compared to fi more French, le	ss French	go, would i	you say that	you now use	
	O More					
	2 O Less					
	3 O Same					
8	INTERVIEWER:	Go to SEC	TION N (Pag	ie 17)		
	4					

		. 18 .	
-		SECTION P	
P	mony years of elementary and second	dary education have you completed?	
	No schooling -Go to P14		
	05 One to five years		
	06 O SIX	Which languages were used for teaching your courses at primary school, excluding language courses?	
	01 Seven		→ Go to P4
	09 ○ Eight	(Most often)	
		O English	
		2	
		Other (specify)	
		٥, تا	
	DEO Nine)		
	10 Ten GotoP2		
	11 Eleven 12 Twelve Have you graduated secondary school?	d from	
	Twelve secondary school?	→ Go to P2	
	1 O Yes		
	2○ No		
P2.	Which languages were used for teaching you	r courses at primary school, excluding language courses?	
	(Most often)		
	O English		
	OFrench 50		
	3 Other (specify) 60		
	٥, ١٢٦		
P3.	What about languages used to see the		
		r courses at secondary school, excluding language courses?	
	(Most often)		
	1 O English		
	OFrench 10		
	5 Oother (specify)		
	111 *0		
P4	Have you had any further schooling beyond e	lementary/secondary school?	
	¹ O Yes		
	2 O No Go to P7		
P5.	Which languages were/are used for teaching y	our courses at these levels, excluding language courses?	
	(Most often)		
	3 O English 6 O		
	* O French		
	5 O Other (specify)		
	0 0 0 0 0		
	٥٠ ليا		
P6	Milhad in the Allahama		
-6	What is the highest level you attained? (Accept		
	¹ O Some community college. CEGEP or nursing sc	chool	
	2 O Diploma or certificate from community college		
	³ O Some university		
	* Bachelor or undergraduate degree or teacher	ristollene	
	5 Master's or earned doctorate	·	
	6 Other (specify)		
P7			
	In which year did you reach your highest level	of education?	
	Year		

8-4500-33 1

(include vacation, illness, strikes, lock-outs and paid maternity

leave)

(Code number from 00 to 52)

8-4500-33.1

20 .

09	The state of the s	
	An employee working for someone else	
	² ○ Self-employed → Go to O12	
01	During those weeks of work were you mostly full-time or part-time?	
	3 ○ Full-time	
	4 O Part-time	
	For whom do you'did you last work? (Name of business, government department or agency or person)	
011	What was the main kind of business, industry or service?	
-	(Give a full description e.g., paper box manufacturing retail show	
	store, municipal board of education)	
5:3	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?	
	5 English	
	6 O French	
	⁷ Other (specify)	
	111	
15	Considering the last 12 months, which languages have you yourself spoken at work?	
	(Most often)	
	¹ O English	
	2 French: 5 Did you speak this language at work	
	3 Other (specify) 6 of the time?	
	LU '0 /	
	⁸ ○ Yes	
	9○ No	
16	During the last 12 months have	
	During the last 12 months have you done any writing at work?	
	O Yes	
	○ No → GO TO SECTION R	
17	Over this period, which languages did you yourself use for writing at work?	
	(Most often)	
	O English 4O	
	O Smarth Did you use this	
	at work more than	
	ا ٥٠ ليا	
	●○ Yes	
	9○ No	

						. 21 .							
						SECTION							
The next questions			cts you hav	ve had w	rith feder	al govern	ment agen	cies during	the last	12 months			
R1 During this p talked with e following fed	employee	es of the	co	your las	th	y.	vas this	(Compi	lete R4 an	d R5 only for	correspondi	ng	
connection w they provide	with the s	ncies in	la	(agency), in which language did you obtain service?			preferred language?		R4 What was your preferred language?			RS Did you ask for service in that language?	
	No	Yes	English	French	Other	Yes	No	English	French	Other	Yes	No	
Post Office (excludit letter carriers)	010	02 ()	010	05 🔘	03 🔾	34 ()	35 🔾	010	02 🔾	23 🔘	34 ()	35 🔘	
Canada Employment Immigration Centro	t or es 03 O	04 🔾	04 🔾	05 🔾	MO	36 🔾	37 🔾	24 ()	05 🔾	06 🔾	36 ()	37 🔘	
Old age security or family allowance	05 🔘	06 🔾	0,0	08 🔾	09()	38 🔾	39 🔘	07 🔾	08 🔾	09 🔘	38 🔘	39 🔾	
National parks	07 🔾	08 🔾	10 🔾	11 ()	120	40 🔾	410	10 0	"0	:2O	40 🔾	41 🔾	
Federal personal income tax	09 🔾	10 🔘	13 🔾	14 ()	15 🔾	420	41()	13 ()	14()	15 🔾	47 🔾	43()	
Customs, at border crossings only	"0	¹²O	160	17 🔾	18 🔾	44 ()	45 🔾	16 🔾	.,0	18 🔾	40	450	
R.C.M.P.	"0	14 🔾	19 🔾	20 🔾	210	46 ()	470	190	20 🔾	2:0	46 🔾	470	
Air Canada	15 🔾	·6O	"〇	23 🔾	24()	48 🔾	19 🔾	22 ()	23 🔾	740	<8 ○	49 🔾	
Agriculture Canada	17 🔾	18()	25 🔾	26 🔾	20	×0 ()	51 🔾	25 (26 🔾	"0	50 🔘	510	
Via Rail or CN Marine	e 19 🔾	20 🔾	28 🔾	29 🔘	30 🔾	52 🔾	23 🔾	20	"	30 🔾	⁵² O	53 🔾	
Federal Public Service Commission	· 110	220	31 🔾	32 🔾	33()	4 0	55 🔾	11 ()	32 🔾	13()	40	55 O	
6 Would you say ⁷ ○ Yes	that, in		ERVIEWER:										
8 No 9 Don't know													
7 In which language of Never watch			ision progra	ams you	watch?								
English French Other (specif	6) L_	(Most 5 () 1 () 1 ()) Do	o you wa rograms i nguage r)% of the	in this nore than								
Which language o	did the c	foctor us	9(O Yes O No	100								
1 Never visited 2 English 3 French 4 Other (specify	doctor	loctor du	e ouring yo	our last v	risit 7								

SECTION S Now I'd like to ask you for some background information 51 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) 58 Is this dwelling owned or rented by a membe household? 8 Owned 9 Rented 59 How many telephones, counting extensions, a dwelling? 1 One	ire there in your
51 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 Ralian 7 Ukrainian 8 Other (specify) 8 Owned 9 Rented	
51 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) 51 To which ethnic or cultural group do you or did your ancestors belong? (Accept multiple response) 9 Rented 9 Rented 9 Rented 51 One — Go to 574 2 Two or more 510 Do all the telephones have the same number? 3 Yes — Go to 574 4 No 511 How many different numbers are there?	
2 French 3 Irish 4 Scottish 5 German 6 Intalian 7 Ukrainian 8 Other (specify) S11 How many different numbers are there?	
2 French 3 Irish 4 Scottish 5 German 6 Intalian 7 Ukrainian 8 Other (specify) S11 How many different numbers are there?	
Scottish German Multiplication Other (specify) Two or more Two or	•
5 German 6 Italian 7 Ukrainian 8 Other (specify) 510 Do all the telephones have the same number? 4 No 511 How many different numbers are there?	
7 Ukrainian 8 Other (specify) 3 Yes — Go to 514 4 No S11 How many different numbers are there?	
Other (specify) 3 Yes — Go to 514 4 No S11 How many different numbers are there?	
4 No S11 How many different numbers are there?	
S11 How many different numbers are there?	
Oponit know	
S2 What, if any, is your religion?	ity 2
○ No religion —— Go to S4	
** Roman Catholic 6 No → Go to 514	
2 United Church 3 Anglican S13 How many are for business use only?	1
4 Presbyterian	
5 Lutheran 6 Baptist S14 What was your income before taxes, from wai	ner calaries and
¹ Castern Orthodox self-employment during the last 12 months?	903. 30.0000 30.00
Other (specify) Income Income Income	
20 coss -> 5	
³○ No income	
4 Don't know	
53 Other than on special occasions, such as weddings, funerals or baptisms, how often do you attend services or meetings connected with your religion? 515 What was your income from government source Family Allowance, U.I.C., Social Assistance, Caniferential Pension Plan or Old Age Security?	
0 At least once a week	
O At least once a month	
2 O At least once a year 3 O Less than once a year 3 O Less than once a year	i
4 Never 6 Don't know	
S4 What is the approximate size of the community in which you S16. What was your income from investments or pr	rivate pensions?
are now living? By community I mean city, town or rural area?	
5 ○ Less than 5,000 population or a rural area 6 ○ 5,000 to less than 25,000 population 2 ○ Loss → 5 □ □ □ 00	
25,000 to less than 100,000 population 3 No income	
100,000 to 1 million population Over 1 million population Over 1 million population	
517 What is your best estimate of the total income	of all
SS What is the name of that town or nearest town? household members from all sources during the months? Was the total household income	
Town — () Cless than (1 Cless than \$5,000
	2 O \$5,000
\$10,000	
O Less than }	and more
Prov → Less than → \$20,000	and more 3 Cless than \$15,000
Prov → Less than → \$20,000 (**)	and more 3 O Less than
Prov Less than \$20,000 S6 What are the first three characters of your postal code? S10,000 and more	and more 3 Less than \$15,000 4 \$15,000 and more
Prov Less than \$20,000 \$510,000 and more \$	and more 3 Less than \$15,000 4 \$15,000 and more 5 Less than \$30,000
Prov Less than \$20,000 56 What are the first three characters of your postal code? **O Don't know 57 In what type of dwelling are you now living? Is it **O 520,000	and more 3 Less than \$15,000 4 \$15,000 and more
Prov Sto.000 S6 What are the first three characters of your postal code? 9 Don't know 57 In what type of dwelling are you now living? Is it 1 Single detached house 1 Single detached house	and more 3 Less than \$15,000 4 \$15,000 and more 5 Less than \$30,000 6 \$30,000 and more 7 Less than
Prov Less than \$20,000 56 What are the first three characters of your postal code? **O Don't know 57 In what type of dwelling are you now living? Is it **O 520,000	and more 3 Less than \$15,000 4 \$15,000 and more 5 Less than \$30,000 and more 7 Less than \$60,000
Prov St0,000 St0,000 and more Class than Section Se	and more 3 Less than \$15,000 4 \$15,000 and more 5 Less than \$30,000 6 \$30,000 and more 7 Less than
Prov Less than \$20,000 56 What are the first three characters of your postal code? 9 Don't know 57 In what type of dwelling are you now living? Is it 1 Single detached house 2 Semi-detached or double (side-by-side) 3 Garden house, town-house or row house 4 Duplex (one above the other) 5 Low-rise apartment (less than five stories)	and more 3 Less than \$15,000 4 \$15,000 and more 5 Less than \$30,000 and more 7 Less than \$60,000 9 \$60,000
Prov Standard three characters of your postal code? Standard three character	and more 3 Less than \$15,000 4 \$15,000 and more 5 Less than \$30,000 and more 7 Less than \$60,000 9 \$60,000
Prov Less than \$20,000 So What are the first three characters of your postal code? **O Don't know So In what type of dwelling are you now living? Is it **O Single detached house **O Single detached house **O Single detached or double (side-by-side) **O Garden house, town-house or row house **O Duplex (one above the other) **O Less than \$40,000 and more **O Less than \$40,000 and more **O Semi-detached or double (side-by-side) **O Less than \$40,000 and more **O Semi-detached house **O Less than \$40,000 and more **O Semi-detached or double (side-by-side) **O Less than \$40,000 and more **O Semi-detached house and more **O Semi-detached or double (side-by-side) **O Less than \$40,000 and more **O Semi-detached house and more **O Semi-detached or double (side-by-side) **O Duplex (one above the other) **O Less than \$40,000 and more **O Semi-detached house and more **O Duplex (one above the other) **O Other (specify)	and more 3 Less than \$15,000 4 \$15,000 and more 5 Less than \$30,000 and more 7 Less than \$60,000 9 \$60,000

During this perior employees of the agencies in conne	following	a federal	T2 Did you obtain service in English for all these contacts?	(Complete T3 only for agencies marked in T2			
they provide?		· the services	O Yes - Go to T4	T3 Did you ask to	service in English?		
	No	Yes	· O No	Yes	No		
ost Office (excluding letter carriers)	010	62 🔿	010	610	02 🔾		
anada Employment or Immigration Centres	•••	04 🔿	02 🔾	03	o# ()		
d age security or lamily allowance	05 🔘	06 🔾	03 🔾	05 🔾	06 🔾		
ational Parks	07 🔾	08 🔘	04 ()	07 🔾	G8 ()		
deral personnal ncome tax	09 🔾	10 🔾	05 🔾	09()	10 🔘		
istoms, at border crossings only	"0	⁴ O	06 🔾	"0	12 🔘		
C.M.P.	13 🔾	·4O	67 🔾	130	14 🔾		
Canada	15 🔾	160	08 🔘	"50	16 🔾		
riculture Canada	170	18 🔘	09 🔾	"0	18 🔾		
Rail or CN Marine	19 🔘	20 🔾	10 🔾	19 🔾	20 🔾		
Seral Public Service ommission	210	22 🔾	11 ()	21 🔾	22 🔾		
		INTERVIEWER. H	no contacts in T1 go to T4 below, otherwise go t	o T2 above			

14	Would you say that, in your area, federal services are general	lly available in English?
	'O Yes	

3 O Don't know

T5. In which languages are the television programs you watch?

O Never watch television

(Most often) 40

1 O English

² French 3 Other (specify) LLL 60

50 ٥' للـا

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

●○ 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)

ш

	. 24 .
SECTION U Now I'd like to ask you for some background information	U9 What kind of work were you doing? (Give a full description = g_posting invoices, selling shoes, teaching primary school)
U1 How many years of elementary and secondary education you completed?	on have
00 ○ No schooling — Go to U12	
DS One to five years	
06 O S1X	1110
09 Seven 06 Eight Go to U3	U10 In what year did you begin working at this job?
09 O Nine	Year
10 Ten	U11 Have you ever taken any language courses as part of full-time school?
1 C Eleven 12 O Twelve	¹○ Yes> Which languages?
13 O Thirteen	3 ○ English
	4 ○ French 5 ○ Other (specify)
U2 Mave you graduated from secondary school?	
2 No	3 O No
	U12 Mave you ever taken any language courses outside of full-time
U3 Have you had any further schooling beyond elementary/secondary school?	school?
³ O Yes	³ ○ Yes → Which languages?
4 ○ No → Go to US	5 ○ English 6 ○ French
U4 What was the highest level you attained?	¹○ Other (specify)
Some community college. CEGEP or nursing school	
Diploma or certificate from community college CEGEP o	4 O No
nursing school 3 Some university	U13 What, if any, is your religion?
Bachelor or undergraduate degree or teacher's college	O No religion - Go to U15
5 Master's or earned doctorate 6 Other (specify)	* Roman Catholic 2 O United Church
	3 Anglican 4 Presbyterian
	5 O Lutheran 6 O Baptist
	⁷ Castern Orthodox
US In which year did you reach your highest level of education	Other (specify)
U6 Think about the first full-time inhouse had after	
U6 Think about the first full-time job you had after reaching highest level of education in (date reported in U5) Wer you an employee working for someone else or self-employ	your
7 An employee working for someone else	baptisms, how often do you attend services or meetings connected with your religion?
© Self-employed → Go to U8	At least once a week
9 Never had full-time job after this date ——— Go to U11	
U? For whom did you work?	4 ○ Less than once a year 5 ○ Never
(Name of business, government department or agency or perso	U15 To which ethnic or cultural group do you or did your
	ancestors belong? (Accept multiple response)
	1 English 2 French
	3
U8 What was the main kind of business, industry or service?	5 German
(Give a full description e.g., paper box manufacturing, retail sh store, municipal board of education)	Oce 7 Ukrainian
	® Other (specify)
	9 Don'tknow
	Joh tknow

1	16 What is the approximate		
	16 What is the approximate size of the community in which yo are now living? By community I mean city, town or rural are.	U26	How many are for business use only?
	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	U27	Which of the following best describes your main activity
	4 0 100,000 to 1 million population		during the last 7 days? Were you mainly (Accept one response only)
	5 Over 1 million population	1	
			¹ Working at a job or business
	7 Milhan is about 1 about 1		² Cooking for work
0	7 What is the name of that town or nearest town?		3 A student
			4 Keeping house
	Town		5 Retired
		_	6 ○ Other (specify)
	Prov		
		-1	
-			
UI	8 What are the first three characters of your postal code?		
		U28	What about your main activity during the last 12 months?
			were you mainly
	9 Opn't know		(Accept one response only)
	O Don t know		¹ ○ Working at a job or business → Go to U31
-			² ○ Looking for work
UI	In what type of dwelling are you now living? Is it		³ A student
			4 Keeping house
	Single detached house		5 Retired
	Semi-detached or double (side-by-side)		
	Garden house, town-house or row house		6 Other (specify)
	O Duplex (one above the other)		
1	S Low-rise apartment (less than five stories)		
	6 High-rise apartment (five or more stories)		
	⁷ Other (specify)		
		U29	Did you have a job at any time during the last 12 months?
			¹ ○ Yes — Go to U31
			8 ○ No
020	Is this dwelling owned or rented by a member of this household?	U30	Did you have any income from wages, salaries and self-
			employment during the last 12 months?
	®O Owned		¹ ○ Yes → What was your income before taxes?
	* Rented		
			*O income -> \$ \
1121	is there a language, other than English, spoken in your home		(Go to
1	is there a language, other than English, spoken in your home	~	7 420
	by the people living there?		7 420
1	by the people living there?		5 C Loss -> \$ 1 1 1 1 1 00 \ U39
	by the people living there? 1 Person lives alone		7 420
	Person lives alone		5 C Loss
	1 Person lives alone 2 Yes Which languages?		5 C Loss -> \$ 1 1 1 1 1 00 \ U39
	1 Person lives alone 2 Yes Which languages? 4 French		5 C Loss → S 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	1 Person lives alone 2 Yes Which languages?	U31 I	SO Loss
	1 Person lives alone 2 Yes Which languages? 4 French 5 Other (specify)	U31 I	5 Loss - \$ 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	1 Person lives alone 2 Yes Which languages? 4 French	U31 (S Loss S Loss Joo Joo Joo Joo Joo Joo Joo Joo Joo
	1 Person lives alone 2 Yes Which languages? 4 French 5 Other (specify)	U31 (SO Loss — S
	Person lives alone Which languages? French Other (specify)	U31 (S Loss S Loss Joo Joo Joo Joo Joo Joo Joo Joo Joo
U22	Person lives alone Which languages? French Other (specify)	U31 (S Loss S Loss 100 No income Go to U39 Tor 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) weeks
UZZ	Person lives alone Which languages? French Other (specify)	U31 (S Loss S Loss 100 No income Go to U39 Tor 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) weeks Code number from 00 to 52)
UZZ	Person lives alone Which languages? French Other (specify) No How many telephones, counting extensions, are there in your dwelling?	U31 (Solvering those weeks of work were you mainly
UZZ	Person lives alone Which languages? French Other (specify) No How many telephones, counting extensions, are there in your	U31 (Solvering those weeks of work were you mainly
UZ2	Person lives alone Which languages? French Other (specify) No How many telephones, counting extensions, are there in your dwelling?	U31 (S Loss S
UZZ	Person lives alone Which languages? Solution of the people living there? Which languages? Other (specify) No How many telephones, counting extensions, are there in your dwelling? One Go to U27	U31 (Solvering those weeks of work were you mainly
	Person lives alone Which languages? Grench No No How many telephones, counting extensions, are there in your dwelling? Two or more	U31 I	Solution to the series of those 12 months did you do any work at a job or business? Include vacation, illness, strikes, lock-outs and paid maternity leave) weeks Code number from 00 to 52) During those weeks of work were you mainly An employee working for someone else Self-employed — Go to U35
	Person lives alone Which languages? French Other (specify) No How many telephones, counting extensions, are there in your dwelling? One Go to U27 Two or more Do all the telephones have the same number?	U31 (S Loss S
	Person lives alone Which languages? Grench No No How many telephones, counting extensions, are there in your dwelling? Two or more	U31 (Solution to the second of the
	Person lives alone Which languages? French Other (specify) No How many telephones, counting extensions, are there in your dwelling? One Go to U27 Two or more Do all the telephones have the same number?	U31 (Soluting those weeks of work were you mostly full-time or
	Person lives alone Which languages? French Other (specify) No How many telephones, counting extensions, are there in your dwelling? Two or more Do all the telephones have the same number? Go to U27	U31 (Solution to the second of the
U23	Person lives alone Which languages? French Other (specify) No How many telephones, counting extensions, are there in your dwelling? One Go to U27 Two or more Do all the telephones have the same number? Go to U27 No	U31 (Soluting those weeks of work were you mostly full-time or arr-time?
U23	Person lives alone Which languages? French Other (specify) No How many telephones, counting extensions, are there in your dwelling? Two or more Do all the telephones have the same number? Go to U27	U31 (No income — Go to U39 Tor how many weeks of those 12 months did you do any work at a job or business? 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) weeks Code number from 00 to 52) During those weeks of work were you mainly An employee working for someone else Self-employed — Go to U35 Juring those weeks of work were you mostly full-time or art-time? Full-time Part-time
U23	Person lives alone Which languages? French Other (specify) No How many telephones, counting extensions, are there in your dwelling? One Go to U27 Two or more Do all the telephones have the same number? Go to U27 No How many different numbers are there?	U31 ((((U32 D))))))))))))))))))	Soluting those weeks of work were you mostly full-time Self-employed — Go to U35 During those weeks of work were you mostly full-time Full-time Part-time Part-time Part-time Part-time Part-time John Condage Go to U39 LU39 For tou 39 For tou 39 For tou 39 For how many weeks of those 12 months did you do any work at a job or business? Lucing those weeks of work were you mainly An employee working for someone else Self-employed — Go to U35 LU39 LU39 Full-time Part-time
U23	Person lives alone Which languages? French Other (specify) No How many telephones, counting extensions, are there in your dwelling? One Go to U27 Two or more Do all the telephones have the same number? Go to U27 No	U31 ((((U32 D))))))))))))))))))	No income — Go to U39 Tor how many weeks of those 12 months did you do any work at a job or business? 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) weeks Code number from 00 to 52) During those weeks of work were you mainly An employee working for someone else Self-employed — Go to U35 Juring those weeks of work were you mostly full-time or art-time? Full-time Part-time
U23	Person lives alone Which languages? French Other (specify) No How many telephones, counting extensions, are there in your dwelling? One Go to U27 Two or more Do all the telephones have the same number? Go to U27 No How many different numbers are there?	U31 ((((U32 D))))))))))))))))))	Solution to the second
U23	Person lives alone 2 Yes	U31 ((((U32 D))))))))))))))))))	No income — Go to U39 Tor how many weeks of those 12 months did you do any work at a job or business? 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) weeks Code number from 00 to 52) During those weeks of work were you mainly An employee working for someone else Self-employed — Go to U35 During those weeks of work were you mostly full-time or art-time? Full-time Part-time
U23	Person lives alone ? Yes	U31 (((((((((((((((((((Soluting those weeks of work were you mainly An employee working for someone else Self-employed — Go to U35 Soluting those weeks of work were you mostly full-time or art-time Part-time Part-time Part-time Description of the U39 LU39 Root ou U39 Root o
U23	Person lives alone 2 Yes	U31 (((((((((((((((((((Solution to the second
U23	Person lives alone ? Yes	U31 (((((((((((((((((((Soluting those weeks of work were you mainly An employee working for someone else Self-employed — Go to U35 Soluting those weeks of work were you mostly full-time or art-time Part-time Part-time Part-time Description of the self-employed of the self-employed you last work? John whom do youdid you last work?

8-4500-33 1

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 & full description = g , posting invoices, selling shoes, teaching primary school)
U37	Which languages are were spoken at work by people with
0,	whom you have had regular contact?
	5 English
	6○ French 2○ Other (specify)
U38	What was your income before taxes from wages, salaries and
	self-employment during the last 12 months?
	20 Loss - \$ 1 1 00
	3 No income
	4 O 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
	5 No income
J.	6 Don't know
	What was your income from investments or private pensions?
	1 income - 15 00
	² ○ Loss → S 1 1 1 00
	3 No income 4 Dan't know
	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
	_ (¹ C Less than
	(S5,000 S10,000) S5,000 (S5,000)
	1 C Less than and more
	\$10,000 and more
	(*○ \$15,000 and more
	(5) Less than
	\$30,000 \$30,000 \$30,000
	2 S20,000 and more and more
	S40,000 S60,000
	([®] ○ \$60,000 and more
	3 No income
4	O Don't know
	END OF INTERVIEW
	ERU UP INTERVIEW

General social survey Selection control form

GSS 2-1

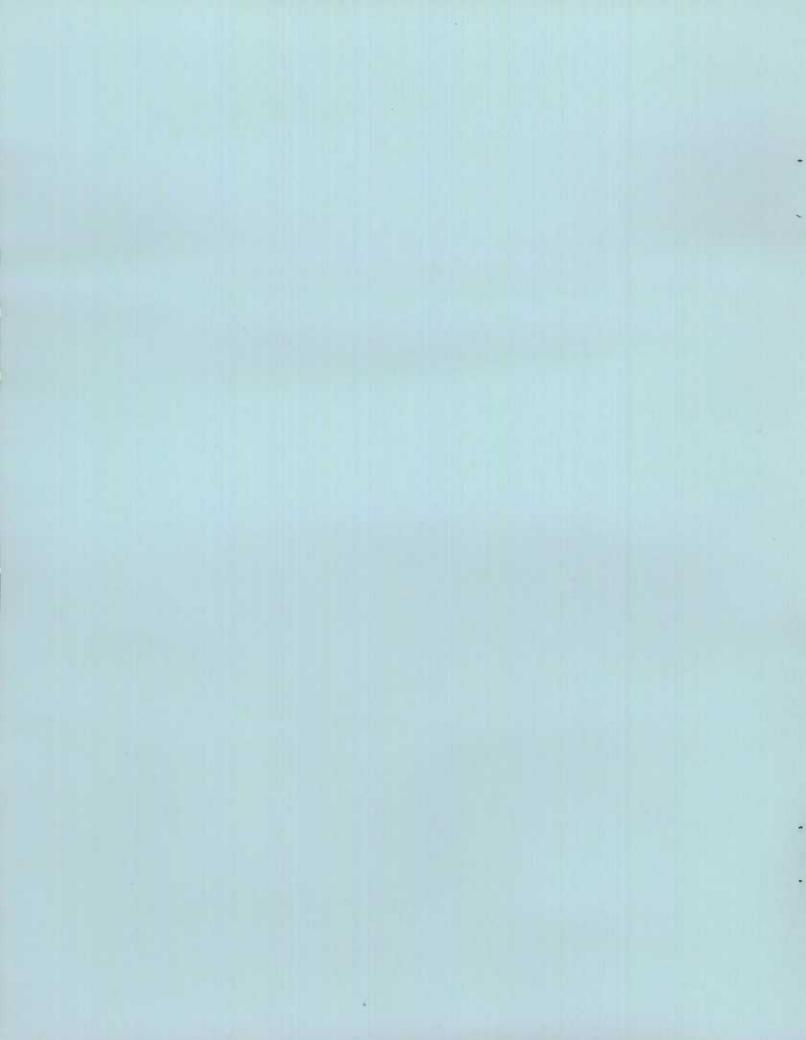
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3		4:	TELEPHO	NE NUMB	BERLABEL		2	5 Screening Interviewer Number 6 Screening Final Status
							RE	CORD OF CALLS
10	11 Da	re.	12 Sta		13 Fin		14	15 16
					-		Result	Interviewer's Name Comments
	Day	Month	Hr	Min	Hr	Min		
01								
02		1	1					
03								
04						1		
05						1		
06						,		
07								
08								
H					-!-			
09								
10								
11		1						
12								
13				1				
14								
21	Hello, I'd are doin use of C	g a surv anadians make su	re that I's	the soci	al activiti	es and t	anada. W	INTERVIEW WITH SELECTED PERSON
22.	ONO -		egain. If si			or a pr	ivate	70:
				,				DESIGNATED DAY LABEL
	Oprivati			Gott	30			74 INTERVIEWER Transcribe selected person along for any V
	O Both h) ther non-i	residence			and related Page-Line No from items 33 & 34
23	Does any number?	one use	this tele	phone nu	mber as	a home	phone	75. Would you prefer to be interviewed in English or French?
	O Yes							English French
24.	How man number a	y person s a home	s live or e phone	stay at t	this addre	ss and	use this	76. Interviewer Number
	_		→ Go to					
			→ Make		nent			
0.0500	32: 19-9-							

In this survey all information we collect will be kept strictly confidential as guaranteed by the Statistics Act. While your participation is 30 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 Enter names and ages in items 35 and 37 INTERVIEWER • Enter answers for items 38 through 48 for each person recorded in item 35. Refer to Interviewer Reference Card for instructions and codes 33 34 | 35 37 38 36 39 40 41 42 43 44 Only for persons aged 6-14 yrs Main lan-guage of Education SEX a € @ First CN CN M 5 SEL AGE to H Lang in E NAMES OF HOUSEHOLD MEMBERS 1 OEnglish GIVEN NAME 1 2 ○ French 3 ○ Other 1 ○ English 2 ○ French SURNAME GIVEN NAME [2 SURNAME 3Oother OEnglish Ofrench Other GIVEN NAME L 3 SURNAME 10Eng: 35 GIVEN NAME [4 302-6-60 SURNAME Other Oing sh GIVEN NAME | 5 SURNAME 3Oomer OEngrish. GIVEN NAME I OFrench
OCther 6 SURNAME OEnquish OFrench OOther GIVEN NAME SURNAME OEnglish
OFrench
OOther GIVEN NAME & 8 SURNAME 49 Are there any persons away from this household attending school, visiting, travelling or in the hospital who USUALLY live here? Yes — Enter names and complete items 37 through 48 ONO Does anyone else live at this address, such as other relatives, roomers, boarders or employees? O Yes - Enter names and complete items 37 through 48 O No 51 Now I am going to use a selection procedure to determine whom to interview. This will just take a second. 52 INTERVIEWER SELECTION GRID LABEL 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 A = Eligible household members B = Select # In item 36, circle the number of the selected person. 55 Final Status | 56 Number of Eligible The person I am to interview is _____(read name) Household Members Someone will be contacting him/her between November 26 and December 12. 57 NOTES Item # INTERVIEWER If the respondent volunteers a best time to be 54 contacted, mark below

General social survey

	Talephone Number	er	GSS 2-2
PAGE OF			Confidential when complet
•			Do not ask question "e" about sleep se or other personal care activities.
a. And then, what did b. When did you do next?	id this c. When did this end?	d. Where were you?/ Were you still Place or In Trans	e. Who was with you?/ Were you still
	9; 10° 20° 20°		an district of serior of the s
a. And then, what did b. When di you do next?	ed this c. When did this and?	d. Where were you?/ Were you still Place or In Tran	e. Who was with you?/ Were you still
	10 20 30	\$\frac{1}{2} \left\{\frac{1}{2} \left\{\frac{1} \left\{\frac{1}{2} \le	- de
s. And then, what did you do next?	end?	d. Where were you?/ Were you still Place of In Tran	e. Who was with you?/ Were you still
	10 20 30		e good or e te to other to the to other
a. And then, what did b. When di you do next?	id this c. When did this end?	d. Where were you?/ Were you still	e. Who was with you?/ Were you still
	10 20 30	Place of In Trans	* Land Cid Cid Cid Cid Cid Cid
a. And then, what did b. When di start?	id this c. When did this and?	d. Where were you?/ Were you still Place or in Tra	e. Who was with you?/ Were you still
		0 10 10 10 20	



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 occured during 1987 and interrupted the respondent's normal activities for at least half a day, or caused expenses of \$200 or more, were reported. Similarily, only crime incidents which occured between January 1 and December 31, 1987 were reported.

Statistics Canada Statistique Canada

General social survey Selection control form

GSS 3-1

Confidential when completed



							1	ORD OF CALLS	1	
10	11 Da	te	12 Sta	rt	13 Fin	ish	14 Result	15 Interviewer's Name	16	Comments
	Day	Month	Hour	Min	Hour	Min				
01	1									
02										
03										
04			1			1_				
05			1			1				
06		1								
07	-	1				1				
08	1					1				
09						1				
10										
11	1		1			1				
12	4					1				
13										
14						.1				
15										
16										
17						1				
18							1			
19						1				
20						1				
21						1				
22										
23						1				
24										
25						1				

in rtem 16

_							_			
A1,	INTERVIEWER:	Repeal to	SECTI the introdu		salected re	espondent is dif-	A9.	In general, would you say that sentences handed are too cevere about right or not severe enough	down by	
								Too severe		10
		are cond	fucting a	survey in y	DUT BESS &	cs Canada. We ind throughout		About right		20
		Canadia		ents and on	ime and ti	heir impact on		Not severe enough		30
		All the in	formatio	n you provide	will be ke	ept strictly con-		Don't know	-11-1	40
	fidential. While your perticipation is votuntary, it is essen- tial if the survey results are to be accurate.							Have you heard of any of the following ways that violatin assistance or compensation?	ictims of c	rime may
A2.	These first ques and about ways	in which	k about y people p	our opinions rotect thems	on crime leives and	and eccidents their property.			Yes	No
A3		her areas	in Cana	da, do you ti	link your r	wighbourhood	-	Payment ordered by a judge as part of an of- fender's sentence?	010	02
	has a higher an crime?	nount of	crime, al	bout the san	ne or a lo	wer amount of		b) Various services providing assistance to the victim, such as shelters for battered women,		
	Higher		0					sexual assault centres, crisis lines, community police programmes and court assistance		
	About the same		°O					programmes?	03	040
	Lower		30					c) Victim-offender reconciliation programmes?		
	Don't know		40					These are programmes intended to bring the victim and offender together to resolve a dispute and repay the victim		06
A4	During 1987, do y decreased, or re	rou think t imained i	that crime about the	in your neigi same?	hbourhood	has increased,		d) Payment from a Criminal injuries Compensation Board?	07	080
	Increased		5O					e) A civil court awards damages to the victim?	090	100
	Decreased		60					An insurance company pays for the victim's loss		
	Same		' O					or injury?	110	120
	Don't know		* O				A11	During 1987, did you have any contact with a poli on duty?	ce officer	who was
A5	Which of the foll is it (Accept a	lowing ty one respi	pes of ci	rime is of m	ost concer	n to you?		Yes ¹O		
	Attack or threat					10	11	No ² O		
	Theft of househo	old or pe	rsonal be	longings?		20	A12.	Were any of these contects as a result of a crime	» ?	
	Deliberate dama: belongings?	ge to hou	sehold o	or personal		30		Yes ³ ○		
	Something else?	,				40		No 40 Go to A14		
A6	How safe do you neighbourhood	ou feel	or would	I you fee!	walking a	ione in your	A13.	Who were the victims of this crime? (Mark all that apply)		
	during the day			How about	after dari	k?		Yourself?		10
	Very safe	01	0	Very safe		06		Someone close to you? (Friends, relatives)		20
	Reasonably safe	02	0	Reasonably	, sate	07		Someone else?		30
	Somewhat unsale	03	0	Somewhat		080				40
	Very unsafe	04		Very unsaf		09		None of the above		0
	Don't know	05	0	Don't know		100	A14	During 1987, did you have any contact with a law	yer?	
A7	Do you think you	r local po	lice force	does a goo	d job. an a	werene job or		Yes ³ O		
	a poor job:				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			No Go to A17		
			Good	Average job	Poor	Don't know	A15.	Were any of these contacts as a result of a crime	1?	
	a) Of enforcing th	ne laws?	010	02	03	040		Yes ⁷ O		
	b) Of promptly res to calls?	sponding	05	06	07	080		No * Go to A17		
	c) Of being appro		09	100	110	120	A16.	Who were the victims of this crime? (Mark all that apply)		
	and easy to tal		0.0		0	120		Yourself?		10
	d) Of supplying i tion to the pu ways to reduce	ablic on	130	140	150	160		Someone close to you? (Friends, relatives)		20
A8.	Now I would like to Are they doing a	o ask you	a similar	question ab	out the cri	minal courts.		Someone else?		30
	Ale they doing a	good joe	Good	Average	Poor joo:	Don't		None of the above		40
			job	job	job	know	A17.	During 1987, did you have any contact with the co	purts?	-
	a) in providing just quickly?	stice	170	180	190	200		Yes ³ O		
1	b) In helping the	victim?	210	220	23	240		No 40 Go to A20		
	the accused, or son charged is	the per-					A18.	Were any of these contacts as a result of a crime	?	
	not?	Sourch OL	250	26	27	28		Yes ⁵ O		
	i) In protecting th	e rights	29	30 🔿	310	320		No 6 Go to A20		

A19	Who were the victims of this crime? (Mark all that apply)	A26 During 1987, did you take a drink of wine, beer, liquor or any other alcoholic beverage?
	Yourself?	Yes ¹O
	Someone close to you?(Friends, relatives)	
	Someone else?	No *○ → Go Io A28
	None of the above	A27. How often did you take a drink? Was it
A20	During 1987, did you witness a crime being committed against someone other than yourself?	
	Yes ⁵	At least once a week 3 -> Considering a drink to be
	0-	one bottle of beer, one small glass of wine or 1 1/2 oz of
	No Go to A23	liquor, how many drinks do you have in a typical week?
A21.	Thinking about the most recent, did the police find out about the incident in any way?	
	Yes ⁷ O	dnnks
	No ⁶ Go to A23	One or more times a month
A22.	How did they learn about it? Was it from you or someone else?	
	Respondent	Less often than once a month
	Someone else	Don't know
400		LOIL F KINOW
A23	During 1987, did you do any of the following things to protect yourself or your property from crime? Have you	A28. We would like you to rate on a scale of zero to len the chances of the following events happening to you in the future. A zero means you think it will never happen and a ten means that you think the event will almost
	Yes No	certainly happen to you. Rale the chances of:
	a) Changed daily routine, activities, or avoided certain places?	Scale
	b) Changed phone number?	Will never Will
	c) Installed new locks, bars on windows or burglar	happen happen
	elerms?	
	d) Taken a self defence course?	
A24	Do you have any of the following in you home	0 1 2 3 4 5 6 7 8 9 10
	Yes No	a) An airplane accident
	a) A working smoke detector?	
	b) A fire extinguisher?	b) A car or motorcycle accident
	c) First aid supplies?	
	(bandards, bandages and anriseptic)	c) An accident at work requiring 3
A25	On everage, how many times a month do you go out during the evening to do the following activities	
	No of times	d) Deliberate damage to household or personal belongings
	a month	
	a) Work nights, stiend night classes, go to meetings or de	a) Pollution of the environment
	classes, go to meetings or de volunteer work?	
	b) Go to restaurants or bars? 2 or None	Theft of household or personal 6 6
	c) Go to movies, theatres or play 3 or None	g) An accident at home requiring 7 7
	d To go cut for sports, exercise or recreational activities?	h) Assault or threat of esseult 8
	e) Shop? 5 or None 00	
	Visit relatives or friends in their own homes?	A road accident involving you as a pedestrian or on a bicycle
	g) Other evening activities not 7 or None	
	The officer of the original and the orig	

Bi	SECTION B This survey, the General Social Survey, needs aome information to monitor changes in Canadian society, Foll'd like to sek you the following questions.	beckground or this reason	B11. In what year did you first immigrate to Canada?
B2.	In what type of dwelling are you now living? is it a		Canadian cruzen by birth
	Single detached house?	30	<u> </u>
	Semi-detached or double (side-by-side)?	10	B12. What is your date of birth?
	Garden house, town-house or row house?	50	
	Duplex (one above the other)?	0	Day Month Year
	Low-rise spartment (less than 5 stories)?	70	813 What language did you first speak in childhood? (Accept multiple response only if languages were used equally)
	High-rise apertment (5 or more stories)?	0	
	Other	0	Do you still understand that/those language(s)?
			English 'O
		(Specify)	French 2
		1 1 1	Raken 3
			4 - 07 00
B3	What are the first three characters of your postal code?		Ukrainian 5 → Yes ⁰⁹ No ¹⁰
			Other Yes 17 No 12
	Don't know 666		↓
B4.	is this dwelling owned or rented by a member of this ho	pueshold?	(Specify)
	1-		
	Owned		
	Rented ²		
35	How many telephones, including extensions, are there in yo	our dwelling?	B14 What language do you speak most often at home?
	One 3 Go to 810		(Accept multiple response only if languages are spoken equally)
	Two or more		Engash 1
36	Do all the telephones have the same number?		French 2
	Yes 5		Pallan 3
	No ⁶ O		Chinese ⁴
B7 H	ow many different numbers are there?		Germen ⁵
-			Other ⁸ O
38			
	Are any of these numbers for business use only? Yes		(Specify)
	No Go to B10		
	Now many are for business use only?		
1	I I		
Ļ			B15. How many years of elementary or high school education have you
310 8	in what country were you born?		successfully completed?
(Canada 1 In which province or territory?		No schooling O O O O O O O O O O O O
	Newfoundland 0.7		One to five years
	Prince Edward Island		Sux 030
	Nova Scote 03		Seven 040
	New Brunswick		Eight 05 Go to 817
	Quebec 05		Nine O6
	Ontano 06	Go to	Ten 07
	Manifobs D7	812	08 =
	Saskatchewan 08		Eleven .
	Alberts		Twelve
	British Columbia		Thirteen
	Yukon Territory	8	816. Have you graduated from high school?
	Northwest Territories		Yes 'O
0	country (No ² O
¢	Cenade *\(Specify)		
		8	B17. Mave you had any further achooling beyond elementary/high school?
L)	Com Ott	Yes ³ O
-	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Go to 811	40 10 10 10

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811	What is the highest level you attained? (Accept one response only)	B22	Which of the following best describes your main activity during 1987? Were you mainly
	Master's or earned doctorate		(Accept one response only)
	Bachelor or undergraduate degree or teacher's college 2		Working at a job or business? ¹○ → Go to 824
	Diploma or certificate from community college, CEGEP or nursing 3 school		Looking for work?
	Diploma or certificate from trade, technical or vocational action or business college		A student?
	Some university 5		
	Some community college, CEGEP or nursing school	1	Keeping house?
	Some trade, technical, or vocational achool or business college.		Retired? 5
	Other 6		Notified:
	(Specify,		Other 6
]	(Specify)
819	What, if any, is your religion?		
	No religion 01 Go to 821	-	
	Roman Catholic 02	B23	Did you have a job or were you self-employed at any time during 1987?
	United Church 03		Yes ⁷
	Anglican 04		
	Presbytenan 05		No [®] ○ → Go to B34
	06	824	
	0.7	1	business? (Include vacation, illness, strikes, lock-outs and maternity leave.)
	OA		
	Eastern Orthodox		(Code number from 01 to 52)
	Jewish 000	005	
	Other 100	825	During those weeks, was the work mostly full-time or part-time?
	(Specify)		Full-time 1
			20
		826	Part-time During those weeks were you mainly
820	Other hand	- 520	
820	Other than on special occasions, such as weddings, funerats or baptisms, how often did you attend services or meetings connected with your religion in 1987?		An employee working for someone 3 else?
	At least once a week		Self-employed?
	At least once a month	827	Which of the following best describes the work you did? Was it:
	A few times a year		Managerial 5
V.	At least once a year		Managerial
	Less than once a year 5		Supervisory ⁶
	Never 6		Neither
B21	To which ethnic or cultural group do you or did your ancestors belong? (Accept multiple response)	828	INTERVIEWER: Go to B31
	French 01	829	During those weeks, did you have any paid employees?
	English 02		
	trish 03		Yes O
			No ⁹ Go ro B31
		B20	
	German 05		About how many employees did you have? (If range given, enter maximum)
	ttailan 06		
	Ukrainian 07		employees
	Other 08		For whom did you work for the longest time during 1987? (Name of business, government department or agency or person.)
	(Specify)		against or personal
	Consider (Penha)		
	Castadas (Prope)		
	Don't know		

832	 What kind of business, industry or service was this? (Give full description: e.g. paper box manufacturing, retail shoe store, municipal board of education.) 															shoe	835. What is your best estimate of your total personal income in 1987 all sources, including those just mentioned?						
	-		1	1		1	1					1	1						Income	'O	\$ _		00
	_																1		Loss	²○ →	\$		00
	L		1				1	1		1	1				1				No income	30			
	L	1	1	1			1		1			1		1					Don't know	10			
B33	(G	ive :	e full								lerk,	dein	y far	тлег,	pre	nary	sc/	100/	836. What is your b	est estimate of the to es in 1987? Was ti	otel in	come of all household men tal household income	nbers
		ec/N	er.)							Less than 05 \$10,000?	Less than \$5,000?	°°											
	L	_				_	1			1			_			_				\$10,000?	0	\$5,000 and more?	
	1	1	-		1	1	1	1	1		1				1	1	1	1-1	Less then \$20,000?				110
	-	*																	\$10,000 of and more?	0	Less than \$15,000?	0	
		1			1		1								1					(and more)		\$15,000 and more?	120
834		om 87?	whic	h o	the	foli	lowi	ng a	oun	ces	did	you	rece	rive	Inco	ime	dur	ing		/ Less than 07		Less than \$30,000? \$30,000 and more?	,3 O
															Yes			No		\$40,000?	0	\$30,000 and more?	140
	a)	Inco	ome	fron	n wa	901	, sai	ary	or s	elf-e	mpk	оут	ent1	,	0		-	O	120,000 oz	{			
		Ailo	WAR	Ce.	U.1.0	S	ocia	I As	sist	enci	m. Ca	Fa	ia o	P.	3 -					\$40,000 08		Less than \$60,000? \$60,000 and more?	, ₂
		Que	bec	Per	1510	n Pi	an o	r O	Id A	ge :	Secu	irity'	?		0			0		and more?	0	\$60,000 and more?	160
					ini sion		rt, di	lvide	ende	s, im	re sti	men	ts o		50		•	0	No income 03				
					any		10T B	our	085,	suci	h as	alim	ony	. 7	0			o'	Don't know 04				

	SECTION C			RI-	
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.				
	The state of the s				
		Yes		How meny in	No
C2	From January 1st to December 31st, 1987, did you have an accident:			1987?	
	a) While in a car, van, truck or on a motorcycle?	01,		111	No 02
	and the state of t	Yes (No O
	b) While on a recreational vehicle such as an All Terrain Vehicle (ATV), snowmobile, etc.?	Yes 03) —	-	No 04
	c) While a pedestrian or on a bicycle?	05		1 1 1	06
	of white a personnell of on a cerycler	Yes ()	•	No O
СЗ	(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".)	07,		1 1 1	No OB
	See I (Ind. See I of Work III Parious 85 No)	Yes ()	• []	No O
C4	(Excluding those already mentioned,) did you have an accident while playing games or perticipating in sports during 1987?	09,		1 1 1	10
	and appropriate the second of	Yes ()		No O
C5	(Other than any accidents already mentioned,) during 1987 did you:				
	a) Have a fall which resulted in an injury?	Yes 11)		No 12
	b) Suffer burns, smoke inhalation or other fire-related accidents?	Yes 13)		No 14
	c) Suffer from poisoning by any substances or liquids, including drugs?	Yes 15			No 16
		100			100
	d) Cut yourself seriously with a knife, broken glass or other object?	Yes 17)		No 16
	e) Have other accidents which involved an injury to you?	19,		1 1 1	20
	and the same and t	res			No O
C6	During 1987 did you have any other type of accident?	Yes 21) — →		No 22
C7.		+ TOTAL			
C8	Did you drive any motor vehicle during 1987? (Include car, van, truck or motorcycle)				
	Yes 'O No ² O				
C9	As a driver of a motor vehicle, what is your best estimate of the number of miles or kilometres you	drove in 19	87?		
	Miles ³				
	Enter number>				
	Kilometres 40				
C10	During the last seven days, approximately how many hours have you apent as:				
	a) A driver of a cer, van, truck or motorcycle?				
	b) A passenger of a car, ven, truck or motorcycle? 2 hours (If none enter 00)				
C11	In order to determine your longer term exposure to accidents, the next four questions ask about the ty- three years, that is, during the period since January 1985.	pe of accid	lents you i	nave had durin	g the last
				mber of times i ast three years	
	 a) How many times did you have an accident involving any type of vehicle? (Include motor vehicle, recuehcle and bicycle) 	creational	3	or Non	e 00
					Ŭ
	b) (Excluding accidents involving vehicles.) how many times did you have an accident while working at business during the last three years?	a job or	4	or Non	e ⁰⁰ O
	c) (Excluding wehicle and work related solidars)				
	c) (Excluding vehicle and work related accidents,) how many times were you hurt or injured while playing or perticipating in sports?	g games	5	or None	000
	d) How many other accidents did you have during the last three years, such as those involving falls, burns, curs, ser. ?	poison=			
	cuts, etc.?	-	0		00 _

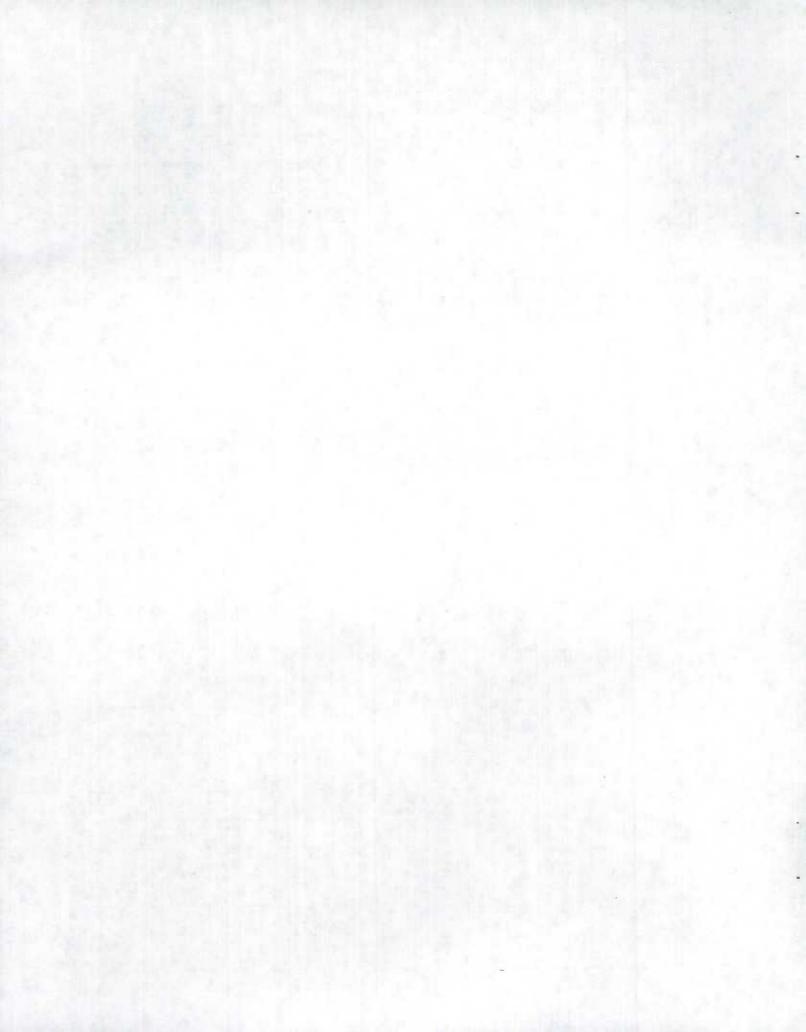
8-4500-41 1

0	F	0	T	80	-	B. 4	

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

01	The next lew questions ask about some things which may have happened to you during 1957.			
		Yes	How meny in 1987?	No
D2	From January 1st to December 31st 1987:			
	s) Did anyone take or try to take something from you by force or threat of force?	Yes 01 O -	→ □□	No 02
	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 -	→ Ш	No Of
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 strasdy mentioned.) were you attacked by anyone at all, including members of your own household?	Yes 05 -	→ □	No 06
	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 -	→ □□	No OB
D4	During 1987, did you or anyone in your household own a motor vehicle such as a car, truck, motorcycle, etc.?			
	Yes ¹ ○ No ² ○ → 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 -	→ <u></u>	No 10
	b) (Other than the incidents already mentioned), did anyone deliberately damage one of these vehicles, such as stashing tires?	Yes '' () -	→ <u> </u>	No 12
D6	(Excluding the incidents already mentioned,) was anything of yours stolen during 1987:		-11	
	a) From the things usually kept outside your home, such as yard furniture?	Yes ¹³ -	→ □ □ □	No "4
	b) From your place of work, from school or from a public place, such as a restaurant?	Yes 15 -	→	No 16
	c) From a hotel, vacation home, cottage, car, truck or while travelling?	Yes ¹⁷ -	→ []	No 18
D7.	(Excluding the incidents already mentioned,) during 1987, did anyone steal or try to steal anything else that belonged to you?	Yes 190 -	→ ∐	No 20
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	→ LL	No ²²
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	→ Ш	No 24
D10	INTERVIEWER: Total the number of incidents reported in D2 to D9 and enter	> TOTAL	1	
D11	In order to determine your longer term exposure to crime, the next question concerns incidents whice total, how many crimes happened to you alines January 1st 1985?	h happened to	you in the last three	years. in
,	2 or None ⁰⁰			
D12.	INTERVIEWER: COMPLETE THE NUMBER OF ACCIDENT AND CRIME INCIDENT REPORTS, AS GIVEN	BY TOTAL BO	ES ON PAGES 6 AN	1D 7

E1. INTERVIEWE	R: Complete this set interview with the	ON E clion immediately effer of selected household me	ompleting your	99 COMMENTS:
E2. ACCIDENT R				
	Total number of accidents reported in C?	Total number of form GSS 3-3		
		2		
E3. Are the numb	ers in E2 equal?			
Yes 10	→ Why are they not (Mark all that appl	equal?		
	SERIES ACCIDEN	T report(s) included .		
	report(s) included		0	
			(specify)	
E4 CRIME INCIDE	INT REPORTS			
o',	Total number if crime incidents eported in D10	Total number of form GSS 3-4		
	1	2		
E5. Are the number	rs in E4 equal?			
Yes ¹○ No ²○ →	Why are they not e (Mark all that apply,	que/?		
	SERIES INCIDENT		30	
	report(s) included Other	COCCECTED - MOCTO	· · · · · · · · · · · · · · · · · · ·	
			(specify)	



General Social Survey - Accident Report

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GSS 3 - 3

F1. IDENTI	FICATION	and files of	REPORT STATUS	
ACCIDEN	ONE NUMBER - OUESTION NO C]-[F38 INTERVIEWER: What is the status of this Accident SINGLE ACCIDENT REPORT SERIES ACCIDENT REPORT DUPLICATE ACCIDENT REPORT OUT OF SCOPE (date, definition)	t Report?
			NO INFORMATION COLLECTED - SINGLE NO INFORMATION COLLECTED - MULTIPLE None of the above	Specify)
			F39 INTERVIEWER: Is this the last Accident Report to I Yes Go to next Accident Report	
			F40. INTERVIEWER: Are there any Crime incident Report Yes 1 Go to first Crime incident if No 2 Thank respondent, end into Section E. GSS 3-2	Report
F2 You said description happen?	that during 1987. (refer to appropriate not accident). In what month did (this/the	e screen question for most recent) accident	F5. In which province or territory?	01.0
	January 01		Newfoundland	C
	February 02		Prince Edward Island	°°°
	March 03		Nova Scota	030
	April 04		New Brunswick	04
	: May		Quebec	05
	June 06		Cococc	
in 1987	July 07		Ontano	~0
	August 08		Manitoba	0,0
	September 09		Saskatchewan	°*
	October 10		Alberta	°° C
	November		Pavelle	
	December 12		British Columbia	
	Don't know		Yukon Temtory	''0
Not in 198	87 14	to F38 on this page	Northwest Territories	,50
F3 About who	at time of the day did it happen?		F6 Did this incident take place in a city, town, village	or a rural area?
	(8 a.m - 12 noon	'0	'0	
Dunn	g the day } 12 noon - 6 p.m	20	Crty	
	Don't know	30	Town ²	
	6 pm - 12 midnight	40	Village 3	
	At night 12 midnight - 8 a.m.	50		
	Don't know	.0	Rural area	C Min below
0	on't know		7. Did this accident involve a motor vehicle such as motorcycle, anowmobile or an All Terrain Vehicle	a car, van, truck,
	ccident take place in Canada?		- All Jerrain Venicle	IMITI:
Yes 9	and base in California		Yes ⁵	A CONTRACTOR
No °	Go to F7		6	
	WAS AND EV		No Go to F10	

F8. At the time of the accident, were you a pedestrian, on a bicycle, or in a motor vehicle?	F15. Where did this accident take place? For example, was it at home, on a street or at school? (Mark all that apply)
Not present 10	Inside respondent's own home/apartment
Pedestran ² O	inside garage or other building on respondent's property
Bicycle 4	10
Motor vehicle What type of motor vehicle? Car, van or truck 5	Inside vacation home
Motorcycle ⁶	Outside respondent's home, including yard, driveway or in shared areas related to home such as apartment hallway or 20,000 cm.
Recreational vehicle	leunary room
Other 8	in parlung lot of respondent's home/apartment
	In other parking lot
(Specify)	On sidewalk/street/highway in respondent's neighbourhood 23
	On any other sidewalk/street/highway
	In a restaurant or ber
Were any other pedestrians, bicycles or motor vehicles involved in this accident?	26.
Yes ' What were they?	Inside school or on school grounds
(Mark all that apply) Pedestnan	In a hospital, prison or rehabilitation centre
Bicycle	In a commercial or office building or a factory
Car, van or truck	At an indoor or outdoor sports facility
Motorcycle 6	In a park (include national, provincial or local park, or
Recreational vehicle 7	conservation area)
Other	in a rural area
(Specify)	Eisewhere 32
	(Specify
No ² O	
10. Did this accident happen at your place of work?	
Yes 'O	
No ⁴ ○ → Go to F13	F16 Did this accident result in any injury to you?
1 Did you apply for Workers Compensation?	1=
Yes ⁵	Yes
60	No ○ → Go to F23
No **C	F17 What type of injury? Was it. (Mark all that apply)
2. INTERVIEWER: Go to F15	Broken or fractured bone(s)?
3 Did this accident occur when you were participating in a sport or recreational activity?	3-
Yes 'C	Burn or scald?
No ⁸ → Go to F15	Dislocation, sprain, strain or bruise?
	Cut or scrape? 5
4 What sport or recreational activity were you participating in at the time?	Loss of consciousness?
Baseball 010	Poisoning by substance or liquid?
Dasketbak	B c
Boehng	Internal injury?
Cycling 04 0	Other °Ç
Football 05	*
ice riockey	(Specdy)
Racquetball or squash	
Running or jogging	
Skiing	
Soccer 100	F18. Where were you injured? Was it your (Mark all that apply)
Swimming	Eyes?
Tennis 12	
Other 130	20
	Head or neck (excluding eyes)? Arms or hands? Legs or feet?
(Specify)	Legs or feet?
	Back or spine? 5
	Trunk (excluding back or spine)? (Include shoulder.

F19	Was there an object, product, substance or fiquid which caused this injury?	F28. Which of the following best describes your main ectivity during the week of the eccident? Were you (Accept one response only)
	Yes * What was this? (Specify)	On holiday?
		Working at a job or business?
		Looking for work?
		A student?
		Keeping house?
		Retired?
	No ⁶	Other 9
F20	Did you receive any medical attention at a hospital as a result of this	→
	accident?	(Specify)
	Yes 'O	
	Yes ³ ○ → For how many nights?	
	Go to F22	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?
	No *O	Yes For how many days? (Include any days spent in bed)
	No ²	1 , , 1
F21	Did you receive any medical attention from a doctor or a nurse?	20
	Yes ⁵ O	No O
	No 6	Don't know 3
	Don't know ⁷	F30. Did you suffer any financial loss or incur extra expenses as a result of this accident?
E22	· · · · · · · · · · · · · · · · · · ·	Yes ⁴
F22	As a result of this accident, did you have to stay in bed for all or most of a day?	No ⁵ → Go to F33
	Yes ⁸ For how many days?	F31 Did you recover any of these costs through insurance or Workers
	No ³ O	Compensation?
F23	Was anybody else injured in this accident?	Yes ¹○ → Was this from
	Yes 'O	Insurance? 3
	No (O)	Workers Compensation?
	No Go to F26	Both? 5
F24	Excluding yourself, how many persons were injured in this accident?	No ² C
	persons	F32 For this accident, what is your best estimate of your out-of-pocket
	persons	expenses, that is, expenses for which you do not expect to be relimbursed?
	Don't know *	\$ 1 1 1 1 00
F25	Were any of the persons injured in the accident less than 15 years of age?	No expenses
	Yes 50 How many?	Don't know
	6 —	F33. INTERVIEWER is this respondent having trouble recalling the details of
	No O	this accident?
	Don't know	Yes °C
F26	in your estimation, was this accident mainly:	No ° ◯ → Go to F36
	Caused by carelessness or unsafe activity?	F34. INTERVIEWER: Are there two or more Accident Reports remaining to be completed for the current screen question? (Refer to screening questionnaire)
	Something that could not have been predicted or avoided? Go to F28	Yes 'O
F27		No ²
	An employer's carelessness or unsate working conditions?	F35 How many other accidents with details similar to this one were there during 1987? Exclude accidents stready reported.
	Your own carelessness or unsafe activity?	accidents (If none enter 00)
	Someone else's carelessness or unsafe activity?	INTERVIEWER: If this number is two or more this is a series report.

F36. INTERVIEWER: Briefly summerize this accident or series of accidents.	
FOR INTERMEDIA CONTRACTOR	
F37 INTERVIEWER Go to F38 on front page of this form	

General Social Survey - Crime Incident Report

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GSS 3 - 4

G1. IDENTIF	FICATION	REPORT STATUS
CRIME	NONE NO. L.	G65. INTERVIEWER: What is the status of this Incident Report? SINGLE INCIDENT REPORT SERIES INCIDENT REPORT DUPLICATE INCIDENT REPORT OUT OF SCOPE (Date, respondent not victim) NO INFORMATION COLLECTED – SINGLE NO INFORMATION COLLECTED – MULTIPLE None of the above (Specify)
question	that during 1987 (refer to appropriate sc. for description of incident). In what month most recent) incident happen?	Ves ⁸
	January O2 O	No ⁹ → Go to G7 G5. In which province or territory?
	March 03	Newfoundland 01
	April 04	02
	May 05	Frince Edward Island
	June 06	Nova Scotia
in 1987	⟨July 07○	New Brunswick 04
	August D8	Quebec
	September 09	Ontario 06
	October 10	Manitoba
	November 110	Saskatchewan
	December 12	Alberta 09
	Don't know 13	British Columbia
Not in 1	987 Go to G65 on this page	
G3. About w	hat time of the day did it happen?	12
	8:00 a.m. – 12 noon	
During th	e day 12 noon – 6 p.m.	G6. Did this incident take place in a city, town, village or a rural area?
	Don't know	City 1
	6 p.m. – 12 midnight	40
At night	12 midnight – 8 a.m.	
	Don't know	6 Village 3
Don't kno	w.=w	⁷ O Rural area

G7. Did this incident happen at your place of work? Yes ⁵ — → Go to G9,	G9. Where was your place of work at the time? For example, was it an office building, factory or school. (Mark all that apply) (If more than one marked, choose first "Go to")
G8. Where did this incident take place? For example, was it at	
home, on a street or at school? (Mark all that apply) (If more than one marked, choose first "Go to") inside respondent's own	Inside garage or other building on respondent's property (Include attempted break-in)
inside respondent's own home/apartment (Include of attempted break-in) Go to G10	Inside vacation home (Include in attempted break-in)
Inside garage or other building on respondent's property (Include attempted break-in) Go to G12	Outside respondent's house, including yard, driveway or in shared areas related to home such as apartment hallway or 200
Inside vacation home (Include attempted break-in)	laundry room
Outside respondent's house, including yard, driveway or in shared areas related to home	In parking lot of respondent's home/apartment 21
such as apartment hallway or laundry room	In other parking lot
In parking lot of respondent's home/apartment	On sidewalk/street/highway in respondent's neighbourhood
In other parking lot	On any other sidewalk/street/ 24 highway
On sidewalk/street/highway in respondent's neighbourhood	In a restaurant or bar
On any other sidewalk/street/ os highway	grounds Go to G16
In a restaurant or bar	In a hospital, prison or 27 rehabilitation centre
inside school or on school 10 Go to G16	In a commercial or office building or a factory
In a hospital, prison or rehabilitation centre	At an indoor or outdoor sports 29
In a commercial or office building or a factory	In a park (Include national, provincial or local park, or conservation area)
At an indoor or outdoor sports 13	in a rural area
In a park (Include national, provincial or local park, or conservation area)	Elsewhere 32
in a rural area	(Specify)
Elsewhere 16 J	
(Specify)	
	G10. Was that the same dwelling that you are living in now?
	Yes 1 Go to G12
	No ² O -

G11. What type of dwelling were you living in at the time of this incident? Was it a	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?
Single detached house?	Yes ³ O
Semi-detached or double (side-by-side)?	
Garden house, town-house or row house? 5	No
Duplex (one above the other)?	Don't know ⁵ O
Low-rise apartment (less than 5 stories)?	G19. An attack can be anything from being hit, slapped, grabbed or knocked down, to being shot, raped or
High-rise apartment (5 or more stories)?	beaten up. Were you attacked in any way during the
Other 9	incident?
	Yes 6 Go to G21
	No
(Specify)	G20. Did the person(s) threaten you with harm in any way?
181-1816	Yes ⁸ O }
	Yes 8 Go to G25
	G21. How were you attacked? (Mark all that apply)
G12. At the time of the incident, did the person(s) who	Raped, molested or attempt to rape or molest
committed the act actually live there?	2-
Yes O Go to Gt6	Shot, knifed or hit with object held in hand
No	Hit, kicked, slapped, knocked down
Don't know . ³ ○ → Go to G16	Grabbed, held, tripped, jumped, pushed
G13. Did someone let him/her/them in? (Example: guests, workmen)	Other5
Yes Go to G16	
No	
G14. Did the person who committed the act actually get in or	(Specify)
just try to get in?	
Actually got in	
Tried to get in	
Don't know	G22. Did you receive any medical attention at a hospital as a result of this incident?
G15. Was there any evidence such as a broken lock or window that the person(s) (forced/tried to force) his/her way in?	6
	overnight?
Yes What was the evidence? (Mark all that apply)	Yes ⁸ ○ → For how \
Broken lock or forced door. 4	many nights?
Broken or forced window 5	Go to G24
Other	
	No ⁹ ○ →
**************************************	No ⁷
(Specify)	G23. Did you receive any medical attention from a doctor or
	a nurse?
	Yes 10
2	No 20
No 200	Don't know ³
Don't know ³	G24. As a result of this incident, did you have to stay in bed
G16. INTERVIEWER: Was the respondent present at any time during the incident?	for all or most of a day?
Yes 7	Yes ⁴○ → For how many days?
No	No ⁵ C
Don't know . ⁹ O	G25. Was only one person involved in committing the act?
G17. Were you present at any time during the Incident?	Yes
Yes 1	
No	No
GO 10 G34	80

G26. Did you know this person?	G34. Was anyone (else) harmed or threatened during this incident?
Yes 10	7-
No 201	Yes — How many persons?
Don't know ³ Go to G34	Don't know Go to G36
G27. How well did you know him/her? Well known	G35. Were any of these persons who were harmed or threatened under 15 years of age?
	Yes ¹○ → How many?
Casual acquaintance Go to G34 Known by sight only	No 2
G28. What was the person's relationship to you?	G36. Was anything that belonged to you or your household stolen during this incident? Do not include property
Spouse 1	stolen from a business.
Ex-spouse	Yes
Other relative 3	No 40) Go to G41
	Don't know 5
THOR	G37. What was taken? Anything else? (Mark all that apply)
110.3.10.00	Cash 010
Other 6	Purse, wallet, credit cards.
	cheques, personal papers
(Specific	(y) personal Clothing, jewellery
	Other personal property
	Personal property of someone else
G29 INTERVIEWER: Go to G34	Car
	Truck or van
G30. How many persons were involved?	Motorcycle or moped 08
	Motor vehicle Other motor vehicle
Don't know ⁷	Part of a motor vehicle
G31. Were any of the persons known to you or were they strangers?	ali
All known	Food, drink, liquor
Some known ²	Electronic equipment, including T.V., stereo, video recorder.
All strangers 30)	records
Don't know 60 Go to G34	Household property Household articles, including tools, appliances, furniture, carpets
G32. How well did you know them? (Mark all that apply) (If mother than one marked choose first "Go to")	Boat 14
Well known 5 → Go to G33	16
Casual acquaintance 60	Bicycle
Known by sight only 7	Other household property
G33. What was their relationship to you? (Mark all that appl	G38. What is your best estimate of the value of all property or cash stolen in this incident?
Spouse	0 \$1 1 1 1 00
Ex-spouse	20 60
	No value 7
	Don't know
1116116	G39. Was any of the stolen money and/or property recovered, not counting anything received from insurance?
Other	Yes 10> Was it all recovered?
	Yes ⁴ O
(Spec	
	No
	Don't know 3

		040	
	INTERVIEWER: GO TO G43 Did this person attempt to take anything that belonged to	G48.	For this incident, what is your best estimate of your out- of-pocket expenses, that is, expenses for which you do not expect to be reimbursed?
341.	you or your household? Do not include attempted thefts from a business.		\$00
	Yes		
	No		No expenses `
	Don't know 8 Go to G43		Don't know ²
G42.	What property did they attempt to take? (Mark all that apply) Cash	G50.	Which of the following best describes your main activity during the week of the incident? Were you (Accept one response only)
	Respondent's personal property 2		30
	Personal property of someone eise		On holiday?
	Motor vehicle or part of a motor vehicle		Working at a job or business?
	Household property 5		Looking for work? 5
0.10			
G43	Was anything that belonged to you or a member of this household damaged BUT NOT TAKEN in this incident?		A student?
	Yes 6		Keeping house?
	No		Retired?
	Don't know		9
G44	What was damaged? (Mark all that apply)		Other
	Respondent's personal property		
	Personal property of someone else		(Specify)
	Motor vehicle or part of a motor vehicle		
	Dwelling or other building on property		
	Household property		
G45	What is your best estimate of the value of all damage done in this incident?	G51	As a result of this incident, did you find it difficult or impossible to carry out your main activity for all or most of a day?
	\$		oi a day:
	No value ⁶ O		Yes
	Don't know ⁷ O		
G46	Have any of the damaged items been repaired or replaced?		No ² O
	Yes Go to G48		Don't know 3
	No ² O	050	
	Don't know ³	G52.	Did the police find out about this incident in any way?
G47	Will they be repaired or replaced?		Yes
	Yes		No 2 5 Go to G56
	No 5		Don't know 6 Go to G57
	Don't know 6		
G48	Did you obtain or attempt to obtain compensation for this incident in any of the following ways?	G53.	How did they learn about it? Was it from you or some other way?
	a) Through an insurance company?		Respondent ⁷ O
	Yes 1 Did you obtain any compensation?		Some other way 8 Go to G57
	Yes 3	G54.	
	No		the police. Did any of the following have anything to do with why you reported this incident?
	Not yet resolved ⁵	100	
	No ² O		Don't Yes No know
	b) Through a civil or criminal court?		a) Stop the incident or prevent a 01 02 03 0
	Yes ⁵ ○ → Did you obtain any compensation?		recurrence
	Yes		b) File a report to claim insurance
	No		or compensation
	Not yet resolved ⁹		c) Receive protection 07 08 09 09
	No ⁶ ○		d) Catch and punish the offender 100 110 120
		000	INTERVIEWER: Go to G57

	I am now going to describe different circumay affect whether or not an incident is r police. Did any of the following have anyth why this incident was not reported to the	eported hing to	d to the	G63.	INTERVIEWER:	Briefly summarize this incident or series of incidents.
	Yes	No	Don't know			
	a) Nothing was taken or the items were recovered 13	140	15		_	
		170	180	-15		
	N P	20	210			
	d) incident was too minor or it	230	240			
	e) Incident was a personal	26	270			at Mr. H.
	f) Did not went to get involved	29	30			
G57. (Did you seek any assistance or advi	ice fro	m any			
	organisation or agency providing assistan	ce to vi	ictims?			
	Yes ¹					
	No O you know of any such organisation or a	Dency	in your			
	area?	goney	iii youi			
	Yes ³ O					
	No ⁴○ → Go to G60					
	Why did you not seek assistance or advi an organisation or agency?	ice fron	n such			
	Someone else contacted organisation or a	gency	50			
	Not worth trouble		60			
	Not necessary	â.,	70			
	Other		* O			
		(5	Specify)	G64.	INTERVIEWER:	Go to G65 on the front page of this form.
		1 1	1 1			
G60. /	NTERVIEWER: Is this respondent having the details of this incident?	ouble re	ecalling			
	Yes ¹					
	No ² ○ → Go to G63					
G61. II	NTERVIEWER: Are there 2 or more inc remaining to be completed screen question? (Refer questionnaire)	for the	current			
	Yes ³ O					
	No ⁴ ○ → Go to G63					
¥	Now many other incidents with details similare there during 1987? Exclude incidenced					
L	incidents (If none enter 00)					
- 11	NTERVIEWER: If this number is two or n	nore, th	is is a		-	

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

Section of GSS 4-2

H.

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> </u>	-	CONCERC
Α.		Education attainment
В.		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

1984 and current employment experience

Section of GSS 4-2 Content

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

Sample

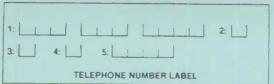
The sample for cycle 4 consisted of persons 15 years of age or older from across the ten provinces. The sample was created through random digit dialing (RDD).

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%.

General Social Survey Selection Control Form APPENDIX A

GSS 4-1

Confidential when completed



RECORD OF CALLS											
10		Date		art	13 F	inish		15	16	16	
	Day	Month	Sta	Min	Hour	Min	Result	Interviewer's Name		Comments	
01			1	1		-					
02				1		1					
03			1								
04											
05											
06				1							
07											
08					1						
09											
10				1							
11											
12											
13						1	1				
14					1						
15											
16											
17											
18											
19			1		1						
20											
21	1			-1-	1						
23											
24				1							
25											
	Call Co	verage	by Time	e of Day	and Da	y of We	ek	18. Forms Contr	rol	19. Interviewer Number	
Tim	e Period	Mor	Tue	s We	d Thu	ır Fr	Sat	Nu	mber of		
09:00	- 120	0							forms		
12:01	- 160	0		II E				GSS 4-1		Senior Interviewer Only	
16.01	- 190	0						GSS 4-2		20. Final Status	
19:01	- 210	0									
									_		

B = Selection number

(Is he/she there?)

O --- Set up appointment and enter

O --- Go to form GSS 4-2

пател

Yes

Statistics Canada Statistique Canada 1: Telephone Number	Interviewer's Name
5: Label Identification Number Page - Line Number	APPENDIX B
1 Туре	GSS 4-2
	Confidential when completed
GENERAL SOCIAL SURVEY EDUCATION AND WORK QUESTIONNAIRE	
AGES 15 YEARS AND OVER	

- 3 -

A14. What is the highest degree, diploma or certificate	SECTION B: Current Education
that you have completed? (Mark one only)	B1. I now have a few questions to ask you about the educational program you are currently working on.
Masters or earned doctorate 1 🔾	B2. What degree, diploma or certificate are you working towards?
Bachelor or undergraduate degree, or teacher's college 20	(Mark one only)
Diploma or certificate from community college, CEGEP or nursing school 3 O	Masters or earned doctorate 1 O Bachelor or undergraduate degree, or teacher's college 2 O
Diploma or certificate from trade, technical or vocational school, or business college 4 O	Diploma or certificate from community college, CEGEP or nursing school 30
High school diploma 5 ○ — Go to A17	Diploma or certificate from trade, technical or vocational school, or business college 4 O
Less than high school diploma 6 ○ — Go to A17	Elementary High school diploma 50 — Go to 85
Other	Other
.15. What was the major field of study or specialization for your degree, diploma or certificate?	B3. What is the major field of study or specialization for that degree/diploma/certificate?
16. 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?	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)	(Mark one only)
To prepare for first career	To prepare for first career
To change careers	To change careers
To improve career	To improve career
To improve earnings	To improve earnings
Because of interest in subject 50	Because of interest in subject
For some other reason 60	For some other reason 6 O
★	
(Specify)	(Specify)
(Specify)	(Specify)
(Specify)	(Specify)
	(Specify) 85. In the last 12 months did you take any courses for this program?
17. Are you now working towards a different degree,	B5. In the last 12 months did you take any courses for

- 4 -

	86	Were you mainly a full-time or a part-time student?	C5.	In what year did you get the first job since completing the program?
		Full-time		19 📗
	87	program leading to your degree/diploma/certificate?		For whom did you work at that job? (Name of business, government department or agency, or person)
	88	What do you expect to do who you are don't		
	00	What do you expect to do when you graduate from your current program?		
		(Mark one only) Work at a new or first job 3 0		
		Work at a new or first job 3 0 Go on to further education 4 0	C7.	INTERVIEWER: Go to C9
		Work at the same job	C8.	For whom did you work the longest time during those 12 months?
		Don't know 6		(Name of business, government department or agency, or person)
		(Specify)		
	89.	INTERVIEWER: Go to D t	C9.	What kind of business, industry or service was this?
	SEC	CTION C: After Education		(Give full description: e.g. paper box manufacturing,
	C1.	In what year did you complete your studies or stop taking courses?		retail shoe store, municipal board of education;
		19		
	C2.	During the 12 months after you completed these studies, what best describes your MAIN activity? Were you mainly		
		(Mark one only)		
		Working at a job or	C10.	What kind of work were you doing?
		business? 1 Go to C8 Looking for work? 2 Go		(Give a full description: e.g. accounts clerk, dairy farmer, primary school teacher)
		A student? 3 O		
		Keeping house? 40		
		Retired? 50		
		Other 6 O		
		(Specify)	C11.	Was this work mostly full-time or part-time?
				Full-time 3 O
-	~	Did you have a job or war you self and and		Part-time 4 O
	C3.	Did you have a job or were you self-employed at any time during those 12 months?		Both equally 5 🔘
		Yes 7 ○ ———— Go to C8		How closely was that job related to your education? Was it
	C4.	No 8 O Have you ever had a job since completing that		ciosely-related? 6 O
		program?		somewhat related? 7 O
		Yes 1 O		not at all related? 8 O
		No 2 O Go to D1		

R-1500-18 H

-		5 -	
SEC	CTION D: Before Education	D7.	Before starting your program, in what year did you
D1.	For the next few questions, think back to the time when you started the studies for your degree/diploma/certificate.		last work at a full-time job that lasted six months or more?
1			19
D2.	In what year did you start your studies for this degree/diploma/certificate?		Still working at it 99 O Go to E1
	19	D8	For whom dld you work at that job?
D3.	At that time were you less than 15 years old?	1	(Name of business, government department or agency.
	Yes 1 O Go to E1		or person)
	No 2 O		
04.	During the 12 months before you started these	-	
	studies, what best describes your MAIN activity? Were you mainly		
	(Mark one only)		
		D9.	INTERVIEWER: Go to D11.
	Working at a job or business? 3○ → Go to D10		
	Looking for work? 4 🔾	D10.	For whom did you work the longest time during
	A student? 5 🔾		those 12 months?
	Keeping house? 6 🔾		(Name of business, government department or agency, or person)
	Retired?		
	Other 8 0		
	(Specify)		
		011	What bind of business industry as a first
		D.1.	What kind of business, industry or service was this?
			(Give full description: e.g. paper box manufacturing.
D5.	Before starting the program, had you ever held a		retail shoe store, municipal board of education)
	run-time job for 6 months or more?		
1	(Exclude summer Jobs)		
	Yes 1 O		
t	No 2 O Go to E1		
D6. I	dow many months or years of total full-time work	012	Milhar kind of work was an dail of
	experience did you have before you started your program?		What kind of work were you doing? (Give a full description: e.g. accounts clerk, dairy
			farmer, primary school teacher)
	months to less than 1 year 3 〇		
	to less than 3 years 4 O		
3	to less than 5 years 5 🔾		
5	to less than 7 years	1	
7	years or more 7 O	Į	
			11 (1)
			rule per l'acceptant de la contraction de la con

Ε	SEC	TION E: Future Education	E5.	What would be your major field of study or specialization?
	E1.	In the next five years, do you plan to start an additional educational or training program?		specialization?
		(Include pan-time and full-time)		
		Yes 1 O		
		No	E6.	Now some general questions about certain
		Don't know 3 O Go to E6		aspects of your education.
		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?	E7.	Have you ever completed an apprenticeship program? Yes 1 O
		(Mark one only)		No 2 O
		To prepare for first career	E8.	Have you ever taken any courses on how to use computers?
		To change careers		Yes 3 O
		To improve career		No 4 O
		To improve earnings	E9.	
		Because of interest in subject 8 0		play games, word processing or data entry?
		For some other reason 90		Yes 5 O
		(Specify)		No 6 ○ → Go to E!1
	Ł		E10.	In the last 12 months, have you done any of the following on a computer?
				(Any computer)
	L			Yes No
-		What degree, diploma or certificate do you		a) Played games? 01 0 02 0
		eventually want to obtain? (Mark one only)		b) Word processing? 03 0 04 0
		Masters or earned doctorate 1 O Go to E5		co bata entry
		Bachelor or undergraduate degree, or teacher's college 2 ○ → Go to E5		d) Record keeping? 07 O 08 O
		degree. Of leadings sconege 20 - 40 to 25		e) Data analysis?
	(Diploma or certificate from community college. CEGEP or nursing school 3 ○ → Go to E5		Written computer programs? 11 0 12 0
				91 Anything else? 13 0 14 0
	1	Diploma or certificate from trade, technical or vocational school, or business college 4 ○ → Go to E5		(Specify)
		Elementary High school 5 O		
		Not for degree, diploma, or certificate	E11.	Do you have a personal computer at home?
		Scrimate		Yes ! O
	l	Undecided or don't know 7 0		No 2 O Go to F1
	(Other 8 🔾	E12.	Do you personally use that computer?
	{	(Specify)		Yes 3 ○
	L		E13.	How many hours per week do you normally use it?
8	E4. /	NTERVIEWER: Go to E6		hours
-				

	F6. I'm going to read you a list of things government government is spending too little, about the right a	s spend mone	ey on. For each o much.	one, tell me if	you think the
		Too little	About the nght amount	Too much	No opinion
	a) Health care	010	02 🔾	03 🔾	04 🔾
	b) Helping older people	05()	06 🔾	07 🔘	08 🔾
	c) Education	090	10 🔾	110	12 🔾
	d) Helping the unemployed	13 🔾	14 🔾	15 🔘	16 🔿
	e) Scientific research	170	180	19 🔘	20 🔾
	f) Helping people on low incomes	210	22 🔾	23 🔾	24 🔾
	g) Reducing pollution	25 🔾	26 🔾	27 🔾	28 🔿
G	SECTION G: Work Screen	G6. During	g last week, what ty? Were you mail	t best describ	es your MAIN
	G1. Now some questions about your activities.		one only)		
	G2. During 1988, what best describes your MAIN activity? Were you mainly	A stud	lent?	50-	Go to L7
	(Mark one only)		ng house?	_	
	Working at a job or business?		d?		Go to G8
	Looking for work? 2 🔘			+	
	A student? 3 🔾		1 1 1 1 1 1	(Specify	()
	Keeping house? 40				
	Retired? 50				
	Other	G7. INTER	VIEWER: Go to L7		
	(Specify)	G8. Have	you ever worked a	at a job or bus	iness?
			20		
	G3. Did you have a job or were you self-employed at any time during 1988? Yes 7 ○ → Go to G9	work a	w many weeks d t a job or busines e vacation, illne ity leave)	ss?	
	No 8 O		weeks		
	64. Did you do any work at a job or business last week?		those weeks, v r part-time?	vas the work	mostly full-
	Yes 1 O Go to H1	Full-time	e	3 🔾	
	No 2 🔘	Part-tim	ne	40	
	65. Did you look for a job in the last four weeks?	Both eq	ually	5 0	
	Yes 3 O Go to L1	G11. During	those weeks were	e vou mainly .	
	No 4 O			. ,	
		someoi	ployee working to ne else?	. 60	Go to G14
		Self-em	pioyed?	70	
		G12. During employ	those weeks, ees?	did you have	e any paid
			80		
		No	90	Go to G14	

_ g _

G13. About how many employees did you have?	G21. Was this your main job last week?
(If range given, enter maximum)	Yes 7 O
employees	No 8 O Go to H2
G14. For whom did you work the longest time during 1988?	G22. How many hours per week do you usually work at your:
(Name of business, government department or agency, or person)	(main) job
	other jobs 2
	G23. INTERVIEWER: Is total in G22 30 or more hours?
	Yes 3 ○——— Go to H11
	No 4 O
G15. What kind of business, industry or service was this?	G24. Why do you usually work less than 30 hours per week?
(Give full description: e.g. paper box manufacturing, retail shoe store, municipal board of education)	(Mark all that apply)
retail store store, municipal sould of education)	Own illness or disability
	Personal or family responsibilities 2 O
	Going to school
	Could only find part-time work 4 0
	Did not want full-time work
G16. What kind of work were you doing? (Give full description: e.g. accounts clerk, dairy larmer.	Full-time work under 30 hours per week
primary school feacher)	Other
	(Specify)
G17 Did you work for the same employer last week?	G25. INTERVIEWER: Go to H11
Yes 1 O	G26 Did you do any work at a job or business last
No 2 O Go to G26	week?
G18. Did you do the same kind of work last week?	Yes 8 ○ — Go to H1
	No 9 O
Yes 3 ○ — Go to G20 No 4 ○	G27. Last week, dld you have a job to which you expected to return?
	Yes 1 O Go to G32
G19 What kind of work were you doing last week? (Give full description: e.g. accounts clerk, dairy larmer, primary school feacher)	No 2 O
primary school teacher)	G28. Did you look for a job in the last four weeks?
	Yes 3 O Go to L1
	No 4 O
	G29 Was this because you believed as into
	G29 Was this because you believed no jobs were available?
G20. Was this the only job at which you worked last	Yes 5 ○ — Go to L2
week? Yes 5 ○ ——— Go to G22	No 6 O
No 6 O	
100	

G30. During last week, what best describes your MAIN activity? Were you mainly	SECTION H: Employed
(Mark one only)	H1. Did you have more than one job last week?
A student?	Yes 1 O No 2 O
Retired? 3 ○ → Go to K1	H2. How many hours per week do you usually work at your:
Other	(main) job?
(Specify)	other jobs?
	H3. INTERVIEWER: Is total in H2 30 or more hours?
	Yes 5 ○ — Go to H5 No 6 ○
G31. INTERVIEWER: Go to L7	H4. Why do you usually work less than 30 hours per
G32. Why did you not work at this job last week?	week? (Mark all that apply)
(Mark one only)	Own illness or disability
Own illness or disability	Personal or family responsibilities
Vacation 02 — Go to G34	Going to school 3 O
Maternity leave 03 O — Go to G34	Could only find part-time work 4 O
Personal or family	Full-time work under 30 hours
responsibilities 04 O ——— Go to G34	per week 6 0
Layoff, expects to return (paid workers only)	Other
Labour dispute (strike or lockout) . 06 O ———— Go to G34	
Bad weather 07 ○ — Go to G34	
Seasonal business (exclude paid workers)	H5. Are you mainly (main job)
New job to start in future	An employee working for someone else? 8 ○ → Go to H8
Other 10 ()	Self-employed? 90
(Specify)	H6. Last week, did you have any paid employees?
	Yes 1 O
	No 2 O Go 10 H8
	H7. About how many employees did you have? (If range given, enter maximum)
G33. INTERVIEWER: Go IO L7	and the state of t
G34. How long ago did you last work at this job?	employees
	H8. Who was your employer last week? (main job) (Name of business, government department or
G35. In how many weeks do you expect to return to this job?	Same employer as in 1988 (Same as in G14)
weeks	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Don't know 980	
G36. The next section asks about your job, that is the job to which you expect to return	

_ 11 .

H9	. What kind of business, industry or service was this?	H18. In total, about how many people work in your business/company at all its locations?
	(Give full description: e.g. paper box manufacturing.	
	retail shoe store, municipal board of education)	Less than 20 1 O
		Between 20 and 99
		Between 100 and 499
		More than one people
		H19. INTERVIEWER: Go to H29
		H20. Would you prefer to have a permanent job?
247	O What kind of walk was	Yes 5 O
	What kind of work were you doing? (Give a full description: e.g. accounts clerk, dairy)	No 6 O
	farmer, primary school teacher)	H21. Do you directly supervise any people?
	Same duties as in 1988	Yes 7 O
	(Same as in G16) 4 🔾	No 8 ○ —— Go to H24
		H22. Last week, how many people did you directly
		supervise?
		people
		H23. How much of your working time do you spend
		supervising others? Would you say
HII	Are you satisfied or dissatisfied with your (main) job?	less than a quarter?
	Is that somewhat or very?	between a quarter and a half? 2 O
	Somewhat Very	more than a half?
	Satisfied 1 ○ → 2 ○ 3 ○	H24. In total, about how many people work in your
	Dissatisfied 4 O 5 O 6 O	business/company at all its locations?
	No opinion 7 O	Less than 20 4 O
H12	In what year did you start working for this	Between 20 and 99
1	business/company?	Between 100 and 499
	19	More than 500 people
-		H25. Which of the following best describes the work you do? Is it managerial, supervisory or neither?
H13	. How many months in the year do you normally work at your (main) job?	,
	(Include vacation, illness, strikes, lock-outs and	Managenal 1 O
	maternity leave)	Supervisory 2 O Go to H29
	1 1	Neither
	months	H26. Would you say that you are in a top, upper, middle
H14	Is your (main) job permanent? That is, a job without a specific end date.	or lower management position?
		Top 4 O
	Yes	Upper 5 O
	No 2 ○ — → Go to H20 Self-	Middle 6 O
	employed 3 O	- ^
H15.	Do you directly supervise any people?	H27. Do you take part in planning the future business
	l l	activities of
-	Yes 4 O	the entire business/ company? 1
	No 5 O Go to H18	company.
H16.	Last week how many people did you directly	only a part of it? ² O
	supervise?	not involved in
	people	planning
H17.	How much of your working time do you spend	H28. How much of your working time do you spend on
	supervising others? Would you say	planning future business activities of your
	less than a quarter? 6 O	company? is it
	between a quarter and a half? 7 O	less than a quarter? 4 O
1	more than a half? 8 O	between a quarter and a half? 5 O
		more than a half? 6 O

S	'd like to ask for your opinions tatements?	about your cu	irent	JOD. DO Y	ou agr	ee or disag	ree with	tne following
				is that somewhat or strongly?				
						Somewhat		Strongly
a	The physical surroundings at							
	your work are pleasant	Agree	01 () ———	-	05 🔾		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 (
	The state of the s	Disagree	11 0		-	12 ()		13 ()
		No opinion .						
c)	You do the same things over							
0,	and over	Agree	15 🔾	-		16 🔾		17 0
		Disagree	18 🔾		-	19 🔾		20 🔘
		No opinion .	21 (
d)	Your job requires a high level							
	of skill	Agree			-	23 🔾		24 ()
		Disagree			-	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 ()					
30. Do	es your business/company provi		H35.	been affer	cted by		uction of	as your work computers or ly
a)	a pension plan? 1 0 2 (30		greativ?			6 🔾	
b)	medical insurance? 40 50	60					70	
							80	Go to H39
Cj	a dental plan? 70 80	90		not at all?				Go to H39
31. Do	es your business/company	provide naid	НЗБ	In the last	five v	pare has th	e level of	skill required
IIId	ternity leave?	provide para	1100.	to perform	n your	work incr	eased, do	ecreased, or troduction of
No	2 0			lan consider			10	
Dor	n't know 3 O							
22 la 1	the last Cook of the la		-					
rec	the last five years, how many ti eived a promotion from	mes have you our current	-					mb10
	siness/company? ace started if less than five years ago))		increased.	decre	ased, or sintroductio	tayed the	ob security same as a mputers or
	promotions						40	
33 Do	you use computers such as	maintenan	4				50	
per: job	sonal computers or word proce	maintrames,	1					
	4 ○ 5 ○ ——→ Go to H3:	5		more inter	esting, result	of the intro	esting, or	ork become stayed the of computers
this	many hours per week do you equipment?	normally use		More intere			70	
(I/IC)	lude work done at home for job)			Less interes	sting .		80	
1 1	1.						90	

		~	
H39.	How closely is your job related to your education? is it	H44	Now I will ask you some questions about your work activities during the last five years, that is, since January 1984.
	closely related?		, , , , , , , , , , , , , , , , , , , ,
	somewhat related? 2 O	H45	During 1984, what best describes your MAIN
	not related at all? 3 🔾		activity? Were you mainly
H40.	What level of education is normally required for people who do your type of work?		(Mark one only)
	(Level before apprenticeship if applicable)		Working at a job or business? 1 ○ → Go to H47
			Looking for work? 2 O
	Masters or earned doctorate		A student? 3 ()
	or teacher's college		Keeping house? 4 🔘
	Diploma or certificate from community college, CEGEP		Retired? 5 🔾
	or nursing school		Other 6 O
	Diploma or certificate from trade, technical or		*
	vocational school, or business college		(Specify)
	Some post-secondary 05 🔾		
	High school diploma 06 🔾		
	Less than high school diploma		
	No qualifications specified 08 🔾	H46.	Did you have a job or were you self-employed at any time during 1984?
	Other		Yes 7 O
	*		No 8 O ——— Go to H51
	(Specify)	1147	
		H47.	For whom did you work the longest time during 1984?
l			(Name of business, government department or agency, or person)
	Don't know		Same employer as in 1988
41.1	Considering your experience, education and		(Same as in G14) 1 ○ — Go to H49
	training, do you feel that you are overqualified for your job?		
	Yes 1 O No 2 O		
142 [Do you think it is likely you will lose your job or be		
'	aid off in the next year?	HAR	What kind of business, industry or service was
	/es 3 O	1 140.	this?
	4 ○ Go to H44		(Give full description: e.g. paper box manufacturing, retail shoe store, municipal board of education)
ŀ	Oo you think this will be because of the ntroduction of computers or automated echnology?		
,	/es 5 O		
1	ło 6 O		
	Pon't know 7 O		
		H49.	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) 2 O

A. L. Mar. o.

K8.	Did you retire	K14. What is the main reason that you now enjoy life
	Yes No	less? Is it
	a) Because your employer	(Mark one only)
	offered an early retirement incentive?	Your health? 6 O
	, and the state of	Decrease in income? 7 O
	b) Because new technology was	Less contact with people?
	introduced? 3 0 4 0	Other
	c) Because your health	(Specify)
	required it? 5 O 6 O	(Specify)
	d) Any other reason? 70 80	
	+	
	(Specify)	
		K15. Do you think mandatory retirement is a good idea?
		Yes 1 O
		No 2 O
K9.	Do you receive a pension or retirement benefits	K16. Now I will ask you some questions about your
	from any of your former employers?	work activities during the last five years, that is, since January 1984.
	Yes 1 O No 2 O —— Go to K11	
	No 4 O	K17. Between January 1984 and December 1988, did
K10.	Are these benefits adjusted for changes in the	you do any work at a job or business?
	cost of living?	Yes 3 O
	Yes 3 O	No 4 O — Go to K37
	No 4 O	
	Don't know 5 O	K18. In 1988, how many days did you do any work for pay?
		(Since retired if retired in 1988)
KII.	Compared to the year before you retired, do you now enjoy life more, less or about the same?	None 000 O
	More 6 O	days
	Less 7 ○ — → Go to K14	K19. During 1984, what best describes your MAIN
	About the same 8 O Go to K15	activity? Were you mainly
K12.	What is the main reason that you now enjoy life	(Mark one only)
	more? Is it	Working at a job
	(Mark one only)	or business? 1 O Go to K25
	More leisure time?	Looking for work? 2 O
	More travel?	A student? 30
		Keening house?
		neeping nouse.
	More time for voluntary activities? 4 O	Retired? 50
	Other 5	Other 6 O
	(Specify)	(04)
		(Specify)
K13.	INTERVIEWER: Go to K15	K20. Dld you have a job or were you self-employed at any time during 1984?
		Yes 7 O — Go to K25
		Yes 7 O — Go to K25
		10 11111
		K21. Did you work at any time between January 1984 and December 1988?
		Yes 1 ○ — Go to K28
		No 2 O

	10 -
K22. Did you look for work in any month between January 1984 and December 1988?	
	(Mark all that apply)
Yes 3 O	An employer going out of business 3 O
No 4 ○ → Go to M1	A plant closing or moving 4 O
K23. There were 60 months between January 1984 and December 1988. In how many of those months did	
you look for work?	Reduction of staff 6 0
months	Seasonal job 7 O
K24. INTERVIEWER: Go to M1	Shortage of work 8 O
	Other
K25. For whom did you work the longest time during 1984?	
(Name of business, government department or agency	(Specify)
or person)	
Same employer as retired from (Same as in K3)	
Go to K27	
	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.
K26. What kind of business, industry or service was	jobs
this?	
(Give full description: e.g. paper box manufacturing, retail shoe store, municipal board of education)	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
	L months
K27. What kind of work were you doing in 1984?	K33. Did you look for work in any of the remaining months?
(Give a full description: e.g. accounts clerk, dairy	Yes 1 O
farmer, primary school teacher)	No 2 O —— Go to M1
Same duties as retired from	K34. In how many of those remaining months did you look for work?
(Same as in K5) 6 🔾	months
	K35. INTERVIEWER: Go to M1
	K36. Do you think mandatory retirement is a good idea?
	Yes 3 O At what age?
Mon Marchael	No 4 O
K28. How closely was that job related to your education at that time? Was it	K37. During 1984, what best describes your MAIN activity? Were you mainly
closely related? 7 🔿	(Mark one only)
somewhat related? 8 🔘	50
not related at all? 9 O	Looking for work? 5 ○ → Go to K39
K29. Other than the job you retired from, did you lose a	A student? 6 O
job between January 1984 and December 1988 for any reason?	Keeping house? ? O
Yes 1 ()	Retired? 8 O
No 2 ○ ——Go to K31	Other
	(Spanife)
of the fact that	(Specify)

			17 -
	K38	3 Did you look for work in any month between January 1984 and December 1988? Yes 1	L7. Now I will ask you some questions about your work activities during the last five years, that is, since January 1984.
		No 2 ○ → Go to M1	
	K39	There were 60 months between January 1984 and December 1988. In how many of those months did you look for work?	L8. During 1984, what best describes your MAIN activity? Were you mainly (Mark one only)
		months	Working at a job or business? 1 ○ → Go to L16
	K40). INTERVIEWER: Go to M1	Looking for work? 2 O
L	SEC	CTION L: Other persons	A student? 3 〇
_	L1.	Were you mainly looking for a full-time or part-	Keeping house? 4 🔾
		time job?	Retired? 5 〇
		Full-time	Other 6 🔾
		Part-time 2 0	(Specify)
	L2.	What are the chances that you will find a job in the	(opcony)
		next six months? Are they	
		Very good? 4 ○ Good? 5 ○	
		Not good?	L9. Did you have a job or were you self-employed at
		Not very good?	any time during 1984?
		Has already found work	Yes 7 O —— Go to L16
	L3.	INTERVIEWER: Go to L7	No 8 O
	L4.	Are you satisfied or dissatisfied to be keeping house as your main activity?	L10. Did you work at any time between January 1984 and December 1988?
		is that somewhat	Yes 1 O
		or very? Somewhat Very	No 2 O
		Satisfied 1 0 2 0 3 0	
		Dissatisfied 4 O 5 O 6 O	L11. Did you look for work in any month between January 1984 and December 1988?
1		No opinion 7 O	
	L5.	Would you like to have a paying job now?	Yes 3 ○ No 4 ○ — Go to L27
		Yes 8 O	
		No 9 O	L12. There were 60 months between January 1984 and December 1988. In how many of those months did you look for work?
	L6.	Do you not have a paying job Yes No N/A	months
		a) Because jobs are unavailable	L13. INTERVIEWER: Go to L27
		or hard to find? 01 O 02 O	L14. What kind of work did you usually do?
		b) Because you lack skills or	(Give a full description: e.g. accounts clerk, dairy
		qualifications? 03 O 04 O	farmer, primary school teacher)
		c) Because of your own illness	
		or disability? 05 O 06 O	
		d) Because you can't find suitable child	
		care?	
			L15. INTERVIEWER: Go to L19
		f) Because your spouse wants you to stay home?	L16. For whom did you work the longest time during 1984?
		g) Because of personal or family	(Name of business, government department or agency, or person)
		responsibilities? 16 O 17 O 18 O	Same employer as in 1988
		h) Any other reasons? 19 O 20 O	(Same as in G14) 5 ○ — Go to L18
		(Specify)	
	l		
	- [

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L17. What kind of business, industry or service was this?	L23 Between January 1984 and December 1988, how
(Give full description: e.g. paper box manufacturing, retail shoe store, municipal board of education)	many different jobs did you have? By different jobs we mean different duties with the same employer, or different employers.
	[
	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?
I 10 What kind of wall was a second	(Include vacation, illness, strikes, lock-outs and maternity leave)
L18. What kind of work were you doing in 1984? (Give a full description: e.g. accounts clerk, dairy	
farmer, primary school teacher)	60 monars
Same duties as in 1988	months
(Same as in G16) 6 O	L25. Did you look for work in any of the remaining
	months? Yes 1 O
	No 2 ○ —— Go to L27
	L26. In how many of those remaining months did you
	look for work?
	months
L19. How closely was that job related to your education at that time? Was it	L27. Do you intend to work at a job in the future?
closely related? 7 🔿	Yes 3 O
somewhat related? 8 🔾	No 4 ○ — Go to L29
not related at all? 9 O	L28. At what age do you plan to retire?
L20 Considering your experience, education and training, do you feel that you have been overqualified for most of your jobs?	
Yes 1 O	Don't know
No 2 O	Don't intend to retire 22 O
L21. Did you lose a job between January 1984 and December 1988 for any reason?	L29. Do you think that mandatory retirement is a good idea?
Yes 3 O	Yes 3 O At what age?
No 4 O Go to L23	No 4 O
L22 . Why did this happen?	
(Mark all that apply)	
An employer going out of business 1 O	
A plant closing or moving	
The introduction of new technology 3 O	
Reduction of staff	
Seasonal job	
Shortage of work 6 0	
Other	
+	
(Specify)	

	FION M: Organizations		
M1.	Now I have a few questions about your involvement in associations, clubs or oth	er arouns	
.,,,,	In the last 12 months, have you been involved in any	er groups.	
		Yes	No
	a) Charitable, service or volunteer organization?	01 0	02 🔾
	Neighbourhood, community or school-related association?	03 🔾	04 🔾
	c) Religious or church-related group, not counting time at	05 🔾	06 🔿
	church services?		
	d) Social, cultural or ethnic group?	07 ()	08 ()
	e) Sports or athletic association?	09 🔾	10 O
	f) Public interest group, concerned with issues such as the environment or world peace?	11 ()	12 🔾
	g) Business, professional or other work-related organization?	13 🔘	14 ()
	h) Political organization?	15 🔾	16 🔾
M2.	INTERVIEWER:		
	# all NO in M1		
	Otherwise		
	Otherwise		
	On average, what is the total number of hours you spend each month	participating	in all suc
	organizations?		
	or		
	hours		
M4.	Are you a member of a labour union?		
	Yes 3 O		
	No		
MS I	On average, about how many hours do you spend each month on union activities		
vio.) f	
	Zero 00 🔾		
	or		
	hours		

N2.	Would you describe yourself	as				
			Somewhat happy	Somewhat unhappy	Very unhappy	No
		10	2 0	3 🔾	4 ()	5 (
N3.	I am going to ask you to rate	certain areas of	your life. Are	you satisfied or di	ssatisfied with	
					that somewhat o	
				~	newnat	Ven
	a) Your health?	Satisfied	010 -		0	03 (
		Dissatisfie		05	0	06 (
		No opinio	on , 07 🔾			
8	Your education?	Satisfied	08 🔾 —	- 09	0	10 (
		Dissatisfie	ed 11 O —	12	0	13 (
		No opinio	on . 14 O			
(C) Your job or main activity?	Satished	15 🔿 —		0	17 (
		Dissabshe	ed 18 O —	19	0	20 (
		No opinio	n . 21 O			
c	i) The way you spend your					
	other time?	Satisfied	22 0 —	23	0	24 (
		Dissansfie	ed 25 O —	26	0	27 (
		No opinior	n . 28 O			
е	Your finances?	Satisfied	29 🔾 —	30	0	31 (
		Dissatisfie	ed 32 O —	33	0	34 (
		No opinior	n . 35 O			
f)	Your housing?	Satisfied	36 () —	→ 37	0	38
		Dissatistie		40		41
		No opinior				
0	Your spouse, living partner					
9.	or single status?		43 0 —	- 44	0	45 C
		Dissatisfie	d 46 O —	47	0	48
		No opinion	49 0			
h)	Your relationship with friend	de				
		Satisfied	50 🔾 —	51	0	52 (
		Dissatisfied		54	0	55 C
		No opinion	56 🔾			
1)	Yourself (self-esteem)?	Satisfied	57 🔾 —	58	0	59
		Dissatisfied	d 60 O —	61	0	62 C
		No opinion	63 🔾			
Us	sing the same scale, how o	do you feel abo	out your life ;	as a whole right	now? Are you	satisfied
	338USIICVI			Is th	at somewhat or	verv?
					ewhat ·	Very
				50///	owner.	VOIY
		Satisfied	10-	2	0	3 (
		Dissatisfied	40-	5	0	6 (
		No opinion	. 70			

SEC	CTION P: Other classification		P10.	Are you limited in the kind or amount of active
P1.	Now a few general questions.			you can do at home, at work, or at school beca- of a long term condition or health problem?
P2	In what type of dwelling are you now living?			
- 2.	is it a			Yes 10
	Attack to the second se			No 2 O —— Go to P13
	Single detached house?	0		30 10 7 13
	Semi-detached or double		P11.	What is the main condition or health problem t
	(side-by-side)?	0		limits you?
	Garden house, town house			
	or row house?	0		
	Duplex (one above the other)?	0		
	Low-rise apartment (less than 5 stories)?	0		
	per blan o stories).			
	High-rise apartment (5 or more stories)? 6	0	P12.	Are you completely unable to work at a job
	10 00 000000000000000000000000000000000	_		business because of this condition or heaproblem?
	Mobile home? 7	0		
	Other	0		Yes 3 O
		+		No 4 O
	(Specify)		Not applicable 5 O
			P13	In what country were you born?
				Canada 60- In which province or
				territory?
				Newtoundland 01 C
				THE MIDDING TO THE TENTE OF THE
				Prince Edward Island 02 C
P3.	What is your postal code?			Nova Scotia 03 C
				New Brunswick 04 C
				Quebec
	Don't know 9 O			Ontario 06 C
				Manitoba 07 C
	is this dwelling owned by a member of	this		Saskatchewan 08 C
	household or is it rented?			Alberta
	Owned 1 O			British Columbia 10 C
	Rented 2 O			Yukon Territory 11 C
				Northwest Territories 12 C
	How many telephones, including extensions, there in your dwelling?	are		Country Go to P15
				outside
	One 3 O ——— Go to P10			Canada 70
	Two or more 4 O			
26				(Specify)
P6.	Do all the telephones have the same number?			
	Yes 5 O ——— Go to P10			
	No 6 O			
7.	How many different numbers are there?		P14.	In what year did you first immigrate to Canada?
1		İ		
- (1 1
				Canadian citizen by birth 8 C
28.	Are any of these numbers for business use only	17		
			P15.	What is your date of birth?
	Yes 7 O			1 1 1 1 1 1 1 1 1 1 1 1 1 1
1	No 8 O — Go to P10			
				Day Month Year
	How many are for burstones and to the			
P9. 1	How many are for business use only?			
P9. I	now many are for business use only?			
P9. 1	now many are for business use only?			

4500 40

- 2			
P16. What language did you first speak in childhood? (Accept multiple response only if languages were used equally)	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		
Do you still understand	At least once a week? 1 0		
that/those language(s)?	At least once a month? 2 0		
Yes No	A few times a year?		
English 1 O	At least once a year? 4 Q		
French 2 ○ → 03 ○ 04 ○	Less than once a year? 5 O		
Italian	Never? 6 O		
German 4 ○ → 07 ○ 08 ○			
Ukrainian 5 ○ — 69 ○ 10 ○	P20. To which ethnic or cultural group do you or did		
Other 6 ○ → 11 ○ 12 ○	your ancestors belong? Would it be (Accept multiple responses)		
(Specify)	French? 01 O		
	English? 02 O		
	Irish? 03 🔾		
	Scottish? 040		
P17. What language do you speak most often at home?	German? 05 🔾		
(Accept multiple reponse only if languages are spoken equally)	ftallan? 06 🔾		
English	Ukrainian? 07 🔾		
French 2 O	Other 08 ○		
Italian 3 O	(Specify)		
Chinese 4 O			
German 5 O			
Other 6 🔾	Canadian		
1	(Probe)		
(Specify)	Don't know		
	P21. What is your marital status? Is it		
	Married or living common law? 1 〇		
	Single (never been married)? 2 ○ → Go to P26		
P18. What, if any, is your religion?	Widow or widower? 3 ○ → Go to P26		
No religion	Separated or divorced? . 4 O Go to P26		
Roman Catholic 02 O			
United Church 03 🔾			
Anglican			
Presbytenan 05 🔾			
Lutheran 06 🔾			
Baptist 07 O			
Eastern Orthodox 08 🔾	- "		
Jewish 09 🔾			
Other 10 〇			
(Specify)			

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P22. What is the highest level of education your sattained?	spouse	P26. During 1988,	did you personally	receive inco	me
(Mark one only)				Yes	No
Masters or earned doctorate	010	a) From wag	es, salary or		
Bachelor or undergraduate degree, or		self-emplo	yment?	1 0 2	0
Diploma or certificate from community	02 🔾	Family All Unemploy	ment Insurance,		
college, CEGEP or nursing school Diploma or certificate from trade, technical or vocational school, or	030	or Quebec	sistance, Canada Pension Plan or Security?	3 🔾 4	0
business college	04 🔾		rest, dividends.		
Some university	05 🔾		nts or private	5 0 6	0
Some community college, CEGEP or nursing school	06 🔾	d) From any such as a	other sources,		
Some trade, technical or vocational school, or business college	07 🔾	scholarsh		7 🔾 8	0
Secondary high school graduation	080				
Some secondary/high school	09 🔾				
Elementary school (some or completed)	10 🔾				
Other	110		best estimate of		
(Spe	ecify)		_ ,		1 1
		No income	10→\$ □		00
		Don't know	3 ()		
		all household	best estimate of the members from a household income	I sources in	
DOS During 1989 what heat describes		Same as			
P23. During 1988, what best describes your spou MAIN activity? Was your spouse mainly	126.2	P27 01	<u> </u>	Less than	
(Mark one only)			Less than	\$5,000?	10 0
Working at a job or			\$10,000? 06	\$5,000	
business? 10> Go to P Looking for work? 20	25	Less than		and more	211 (
A student? 3 O		\$20,000? 02	\propto	Less than	
Keeping house? 40			610,000		12 0
Retired? 5 O			\$10,000 and more? 07	Χ	
Other 60				\$15,000 and more	713 ()
(Specify)				Less than \$30,000?	
	J		Less than		
	١		\$40,000? 08	\$30,000 and more	7 15 🔾
224. Did your spouse have a job or was he/she self-employed at any time during 1988?		\$20,000 and more? ⁰³	2	Less than \$60,000?	
Yes 7 ○ No 8 ○ — Go to P26			\$40,000 and more? 09 C	\$60,000 to \$79,999?	17 ()
P25. For how many weeks during 1988 did your spouse do any work at a job or business?				\$80,000 and more?	218 ()
(Include vacation, illness, strikes, lock-out, maternay leave)	s and	No income 04	0	(and more	
materialy leave)		No income of			
weeks		know . 05	0		
		P29. INTERVIEWER	/ 1		
		Sex of respond		* * * * * * * * * * * * * * * * * * * *	8 0
		Republican and	Lamela	Open to	90

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99.	COMMENTS
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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 (LFS oversample only)	Control Form
GSS 5-2	Age 15 and over	Family and Friends 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:

Section of GSS 5-2	Content
A. B. C.	Parents and grandparents Brothers and sisters Children
D.	Fertility intentions
E. F.	Friends Household help
G.	Supports
Н.	Marriages
J. К.	Common-law partnerships Satisfaction
L. M.	Classification Contacts for follow-up

Sample

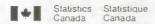
The sample for Cycle 5 consisted of persons 15 years of age or older from across the ten provinces. The majority of the sample was selected through random digit dialing (RDD).

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.



CONFIDENTIAL when completed

General Social Survey Control Form

Enquête sociale générale Formule de contrôle

CONFIDENTIEL une fois rempli

TELEPHONE NUMBER LABEL ÉTIQUETTE NUMÉRO DE TELÉPHONE	Déclaration exigée en vertu de la Loi sur la statistique, Lois revisees du Canada, 1985, chapitre S19.
1: 2:	Authority: Statistics Act, Revised Statutes of Canada, 1985, Chapter S19.

OF CALLS - REGISTRE DES APPELS 14
Result Interviewer's Name Nom de Résultat l'intervieweur Remarques
Résultat Nom de l'intervieweur Remarques
+
/eek 18. Forms Control 19. Int

7

8

60.	INTER	IVIEWE	R:	person	the Page- giving the ation	Line Number of preceding	1	nscrivez le nui dersonne enseignement	qui doi	nne les
			7			Line Number of chold respondent	71		mèro de pag pondant du m	
61.	atten	ding s ital wh	cho o US	ol, visi SUALLY	live there		Y a-t-il d'autres ménage parce qu' voyage ou à l HABITUELLEMENT	elles sont au 'hôpital m	x études, el	n visite, en
	Yes			0-	comp	r names and plete items 44 ph 51.	Oui		scrivez leu nplissez les à 51.	
	No			0			Non	. 0		
62.	Does	anyo ves, ro	ne ome	else livers, boa	re there, rders or en	such as other oployees?	Y a-t-il d'autres exemple des personnaires	nnes apparei	ntées, des c	
	Yes			0-		names and olete items 44 on 51.	Oui		scrivez leu nplissez les à 51.	
	No			0			Non	. 0		
63.	INTER	VIEWE	R:	years o	of age and of to youngest household	or the persons 15 over in order from Enter number of members eer of eligible whold members		A la rubrique aux personnes de la plus nscrivez le r admissibles du Admissibles du	âgées de 15 âgée à la nombre de	ans et plus plus jeune. personnes sonnes
64.	INTER	VIEWE	R:	by refe Label. selection respon Number	erring to the In item on number dent and it Page-	ected respondent e Selection Grid 43 circle the of the selected enter Page-Line Line Number of ed respondent			ette grille di 43, encercles u répondant	e sélection. le numéro sélectionné age-ligne e-ligne du
		e/she ti			and b	Form GSS 5-2 egin interview. up appointment enter details in	Oui	. O Pa	ssez à la fori G 5-2 et mmencez l'in tez un rend crivez les d prique 16.	iterview. lez-vous et létails à ta
45.	46.				47.	48.			Number of:	
Sex		ıt is	10		Family	What is 's rela	tionship to	Numero de	page-ligne o	
	mari	ital sta	tus?		Identifier	(Head of Family)?		49. Spouse /	50. Mother	51. Father
Sexe M 8	mati	l est l'ent	il de Sep.	Single	Code- famille	Quel est le lien de (chef de famille)?	avec	Partner Conjoint / partenaire	Mère	Père
0		4	5	6		If "0", specify	- Si "0", précisez	199 n/a-s/o	21 L 299 n/a-s/o	399() n/a·s/o
00		7	8	9		If "0", specify	· Si "0", précisez	499 n/a-s/o	51	611
0		4	5	6		If "0", specify	- Si "0", précisez	199On/a-s/0	299\ n/a-s/0	399 n/a-s/o
0	. 1	7	8	9		If "0", specify	- Si "0". précisez	499 n/a-s/o	511	[6]
00		0	5	6		If "0". specify	- Si "0". précisez	199Qn/a-s/o	21 299 n/a-s/o	399() n/a-s/o
0		7	8	9		If "0", specify	- Si "0", précisez	499 n/a-s/o	51 599 n/a-s/o	611 699\(\) n/a-s/0
1 2		4	5	6		If "0", specify	- Si "0", précisez	199 n/a-s/o	299() n/a-s/o	399 n/a-s/o
0			_					1000 100 00	2350 108-20	3330 1110 30

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10	11 Da			but	13 Fin	in	14 Result	15 Interviewer's Name Nom de	Comments
	Day Jour	Month Mois	Hour Heure	Min. Min.	Hour Heure	Min. Min.	Résultat	Nom de l'intervieweur	Remarques
26						1			
27									
28		1							
29									
30				1					
31				,		1			
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34						,			
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40				1.		_1			
41						1			
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43				1	1				
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45						1			
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49			1						
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53									Charles and a second
54									
55						1			
6						1			
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9				1					
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4									
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6		1				1			

Statistics Statistique Canada Canada	
	Interviewer's Name
1: Telephone Number	
5: Label Identification Number	
Page-Line Number	
1 Туре	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

9	SECTION A: Parents and gran	dparents	A8.	Does she live within	
A	AO. INTERVIEWER:			10 km (6 miles or 10 minutes by car)? 1	0
	Recent the introduction half	ow if selected respondent is		50 km (30 miles or 30 minutes by car)? 2	0
	different from household res	pondent.		100 km (60 miles or 1 hour by car)? 3	0
	Hello I'm from Stat	Istics Canada. I'm calling		200 km (120 miles or 2 hours by car)? 4	0
	you for a survey on family	and friends.		400 km (240 miles or 4 hours by car)? 5	0
L	All the information we	collect in this voluntary	100	1000 km (600 miles or 10 hours by car)? . 6	0
	survey will be kept confid	dential. Your participation esults are to be accurate.		Beyond 1000 km and living in Canada or	
ľ	is essential if the survey i	esans are to be according.		United States (more than 600 miles or 10	_
-	The following questions	are about your parents			0
1	A1. The following questions and grandparents.	are about your parents			0
L				Don't know 9	0
A	12. In what country was your		A9.	During the past 12 months how often did you	u see
	Canada 1○→ In whic	h province		your mother? Did you see her	
		ndland 010		Daily?	
1		dward Island 020		At least once a week? 2 O	
		cotia 03 O		At least once a month? 3 〇	
		answick 040		Less than once a month? 4 〇	
Г		05		Not at all?	A11
		060			
		a 07O	A10.	Did you usually see her	
	Saskato	hewan 08O		At your home? 6	
	Alberta	090		At her usual place of	
		Columbia 10 O		residence? 7	
		erritory 11 O		Somewhere else? 8 O	
		est Territories 120		*	
	Country			Specify	2
	Canada 2				3
	Specify				
	1 1 1			Foually at both residences 9 O	
				Equally at both residences 9 O	
			A11.	Do you see your mother	
-	A CONTRACTOR OF THE CONTRACTOR			Less often than you	
1	A3. Is your mother still living?			would like?	
	Yes 3 O		1	More often than you	
	No 40			would like? 2	440
	When did	she die?		About the right amount? 30 GO TO	A13
				About the light uniount.	
	year	GO TO A22	A12.	What prevents you from seeing her more ofte	en?
	Don't kno	W 980		the state of the	
	Don't know 50	GO TO A22		(Mark all that apply)	_
-	A4. How old is your mother?			Distance01	0
1				Poor relationship with her 02	20
	years			Shortage of your time	30
	Don't know 00 🔾				
-	A5. Does your mother live				0
1	as. Does your mount nee			Your health problems	0
	In this household?	60 GO TO A15		Her health problems	0
	In another household? .	70			
	In an institution?				0
-				Transportation problems 08	30
1	A6. Does she live alone?	1000.70.40		Other family responsibilities	90
	Yes	-0			20
	No	20		Other	
1	A7. Does she live	Van Na	J. It	Specil	fv.
		Yes No		1	
	With her spouse/partner?	. 30 40			
	With any of her children?	. 50 60			
	With others?				
	mini valets:			No particular reason	0

A13.	During the past 12 months, how often did you	A22. In what country was your father born?
	have contact by letter or telephone with her? Was it	Canada 1 ○→ In which province or territory?
	Odily:	Newfoundland 01 O
	At least once a week? 50	Prince Edward Island 02
	At least once a month? 6 〇	Nova Scotia 03 O
	Less than once a month? 7 O	New Brunswick 04 O
	Not at all? 8 O	Quebec
		Ontario
A14.	INTERVIEWER:	Manitoba 07 O
	GO TO A22	Saskatchewan 08
A15.	During the past 12 months, what best describes	Alberta
	your mother's MAIN activity? Was she mainly	British Columbia 10 🔾
	Working at a job or	Yukon Territory 11 O
	business?	Northwest Territories 120
	Looking for work?	Country
	7,000	Canada 2
	Retired?	Specify
	Other 6 O	
	Specify	
		A23. Is your father still living?
		Yes 3O
		No 4 Q
		When did he die?
A16.	Was she studying full-time or part-time?	
	Full-time ⁷ O	GO TO A45
	Part-time 8	Don't know 98 →
A 17	Did your mother have a job or was she self-	Don't know 5 GO TO A45
A17.	employed at any time during the past 12 months?	A24. How old is your father?
	Yes 1 O	years
	No	Don't know 00 O
	140	A25. Does your father live in this household?
A18.	Including vacation, illness, strikes, lock-outs and	Yes 6 ○ → GO TO A38
	maternity leave, for how many weeks during the past 12 months did she work at a job or business?	No 7 🔾
		A26. INTERVIEWER CHECK ITEM:
		Review A3.
350	LLI weeks	Is the respondent's mother still living (A3 = Yes)? Yes 1
A19.	During those weeks, was her work mainly full-time	No 20 GO TO A28
	or part-time?	A27. Do your mother and father live together?
	Full-time 3 ○	Yes 3○ → GO TO A45
	Part-time 4 O	No 40
A20.	Did she regularly work evening or night shifts?	A28. Does your father live
	Yes 5 O	In another household? 5 O
	No 6 🔿	In an institution? 6 ○ → GO TO A31
A21.	Did she regularly work on Saturday or Sunday?	A29. Does he live alone?
		Yes 7 ○ → GO TO A31
	Yes	No 8 O
	No 8 🔾	A30. Does he live
		Yes No
		With his spouse/partner? 4 5
		With any of his children? . 5 7

	Does ne live within	have contact by letter or telephone with him?
	10 km (6 miles or 10 minutes by car)? 1 O	Was it
	50 km (30 miles or 30 minutes by car)? 2 O	Daily? 4 O
	100 km (60 miles or 1 hour by car)? 3 〇	
	200 km (120 miles or 2 hours by car)? 4 🔾	At least once a week? 5
	400 km (240 miles or 4 hours by car)? 50	At least once a month? 6 🔾
	1000 km (600 miles or 10 hours by car)? . 60	Less than once a month? ⁷
	Beyond 1000 km and living in Canada or United States (more than 600 miles or 10	Not at all?8
	hours by car)? ⁷	A37. INTERVIEWER:
	Outside Canada or United States? 8	GO TO A45
	Don't know	
A32.	During the past 12 months how often did you see your father? Did you see him	A38. During the past 12 months, what best describes your father's MAIN activity? Was he mainly
	Dally? 1 O	Working at a job
	At least once a week? 2 O	or business? 3 ○ → GO TO A41
	At least once a month? 3 O	Looking for work?
	Less than once a month? 4 O	A student? 50
	Not at all?	Keeping house? 6 0
	NOT at any	Retired?
A33.	Did you usually see him	Other 80)
	At your home? 6 ○	
	At his usual place of residence? 7 ()	Specify
	Somewhere else? 8 O	
	Specify	
1		
		A39. Was he studying full-time or part-time?
		Full-time
	Equally at both residences 9 O	Part-time8
A34.	Do you see your father	Tartuna
	Less often than you would like?	A40. Did your father have a job or was he self employed at any time during the past 12 months?
	More often than you would like?	Yes 1 O
		20-00 TO A45
	GO TO A36	No 2 ○→ GO TO A45
	About the right amount? 3 0 GO TO A36	A41. Including vacation, illness, strikes, lock-outs and
	About the right amount? 3) What prevents you from seeing him more often?	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
	About the right amount? 3) What prevents you from seeing him more often? (Mark all that apply)	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?
	About the right amount? 3 O What prevents you from seeing him more often? (Mark all that apply) Distance 01 O	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
	About the right amount? 3) What prevents you from seeing him more often? (Mark all that apply)	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? weeks A42. During those weeks, was his work mainly full-time
	About the right amount? 3 O What prevents you from seeing him more often? (Mark all that apply) Distance 01 O	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?
	About the right amount? 3 O What prevents you from seeing him more often? (Mark all that apply) Distance 01 O Poor relationship with him 02 O	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? weeks A42. During those weeks, was his work mainly full-time
	About the right amount? 3 O What prevents you from seeing him more often? (Mark all that apply) Distance 01 O Poor relationship with him 02 O Shortage of your time 03 O Shortage of his time 04 O	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? Weeks A42. During those weeks, was his work mainly full-time or part-time?
	About the right amount? 3	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? Weeks A42. During those weeks, was his work mainly full-time or part-time? Full-time
	About the right amount? 3 O What prevents you from seeing him more often? (Mark all that apply) Distance 01 O Poor relationship with him 02 O Shortage of your time 03 O Shortage of his time 04 O	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? Weeks A42. During those weeks, was his work mainly full-time or part-time? Full-time 30 Part-time 40 A43. Did he regularly work evening or night shifts?
	About the right amount? 3	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? Weeks A42. During those weeks, was his work mainly full-time or part-time? Full-time 30 Part-time 40 A43. Did he regularly work evening or night shifts?
A35.	About the right amount? 3	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? Weeks A42. During those weeks, was his work mainly full-time or part-time? Full-time 30 Part-time 40 A43. Did he regularly work evening or night shifts? Yes 50 No 60
A35.	About the right amount? 3	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? Weeks A42. During those weeks, was his work mainly full-time or part-time? Full-time 30 Part-time 40 A43. Did he regularly work evening or night shifts? Yes 50 No 60 A44. Did he regularly work on Saturday or Sunday?
A35.	About the right amount? 3	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 of business? A42. During those weeks, was his work mainly full-time or part-time? Full-time 30 Part-time 40 A43. Did he regularly work evening or night shifts? Yes 50 No 60 A44. Did he regularly work on Saturday or Sunday? Yes 70
A35.	About the right amount? 3	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 of business? A42. During those weeks, was his work mainly full-time or part-time? Full-time 30 Part-time 40 A43. Did he regularly work evening or night shifts? Yes 50 No 60 A44. Did he regularly work on Saturday or Sunday?
A35.	About the right amount? 3	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 of business?
A35.	About the right amount? 3	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? Weeks A42. During those weeks, was his work mainly full-time or part-time? Full-time 30 Part-time 40 A43. Did he regularly work evening or night shifts? Yes 50 No 60 A44. Did he regularly work on Saturday or Sunday? Yes 70 No 80 A45. INTERVIEWER CHECK ITEM:
A35.	About the right amount? 3	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? Weeks A42. During those weeks, was his work mainly full-time or part-time? Full-time 30 Part-time 40 A43. Did he regularly work evening or night shifts? Yes 50 No 60 A44. Did he regularly work on Saturday or Sunday? Yes 70 No 80 A45. INTERVIEWER CHECK ITEM: Review A5 and A25.
A35.	About the right amount? 3	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 of business? Weeks A42. During those weeks, was his work mainly full-time or part-time? Full-time 30 Part-time 40 A43. Did he regularly work evening or night shifts? Yes 50 No 60 A44. Did he regularly work on Saturday or Sunday? Yes 70 No 80 A45. INTERVIEWER CHECK ITEM: Review A5 and A25. Does either of the respondent's mother or father live in the household (A5 = In this household or A25 = Yes)?
A35.	About the right amount? 3	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? Weeks A42. During those weeks, was his work mainly full-time or part-time? Full-time 30 Part-time 40 A43. Did he regularly work evening or night shifts? Yes 50 No 60 A44. Did he regularly work on Saturday or Sunday? Yes 70 No 80 A45. INTERVIEWER CHECK ITEM: Review A5 and A25. Does either of the respondent's mother or father live in the household (A5 = In this household or

Not at all? 9 ○

SEC	TION C: Children			
C1.	Now some questions about your children and grandchildren.	C7. Starting with the olde first name and age you have ever raised to / fathered). Includingly have died.	of each child or (given birth	Interviewer: Ask questions B to E for at most 22 children - the 21 oldest and the youngest.
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?
	Yes . ¹O——>How many?	IDENTIFICATION CHILD Name I.D. #	AGE	DATE OF BIRTH Month Year
	No . 20	01.	2 years	3
C3.	Have you ever adopted children? (Exclude any step-children mentioned in the previous question.)		5 years	6
	Yes . ³ How many?	03.	2 years	3
	No. 40	04.	5 years	6
C4.	No . 4 O Have you ever (given birth to	05.	2 years	3
	/fathered) a child of your own? (Do not count stillbirths.)	06.	5 years	6
	Yes . 5○——How many?	07.	2 years	3
	No . 60	08.	5 years	6
C5.	INTERVIEWER:	09.	2 years	3
	Compute total number of step-, adopted, natural children. Add entries in C2, C3, C4.	10.	5 years	6
	:Ш	11.	2 years	3
	Total number of children	12.	5 years	6
	None 00 GO TO D1	13.	2 years	3
C6.	Do you have any grandchildren?	_ 14	5 years	6
	Yes . ⁷ O—How many?	15.	2 years	3
	No . 80	16.	5 years	6
		17.	2 years	3
		18.	5 years	6
		19.	2 years	3
		20.	5 years	6
		21.	2 years	3
		22.	5 years	6

C.	(second	. (your first ,) child) female?	D.	Was child) a adopted	natural,	second,) step- or	(your (seco child) this	first and,) live in ehold?		(If No is m How old tirst (secowhen he home?	was	. (your
	Male	Female		Natural	Step	Adopted	Deceased	Yes	No		Age	
	4 ()	5 🔿		6 🔿	70	8 🔾	9 🔿	10	2 🔿	→ 3		years
	7 🔿	8 🔿		1 🔾	2 🔿	3 🔾	40	5 🔾	6 🔿	7		years
	40	5 🔾		6 🔿	70	8 🔾	9 🔿	10	2 ()	→ [3]		years
	7 🔿	8 🔿		10	2 🔿	3 🔾	4 🔿	5 🔿	6 🔿	7		years
	10	5 🔿		6 🔿	7 🔿	8 🔾	9 🔿	1 🔘	2 🔿	3		years
	7 ()	8 🔿		10	2 🔿	3 🔾	40	5 🔿	6 🔿	7		years
	40	5 🔿		6 🔿	7 ()	8 🔾	90	10	20	→ [3]		years
	7 🔿	8 ()		10	2 🔿	3 🔿	40	5 🔿	6 🔿	7		years
	40	5 🔿		6 🔿	7 🔿	8 🔿	9 🔿	10	2 🔿	→ [3]		years
	7 🔿	8 🔿		10	2 🔿	3 ()	40	5 🔿	6 🔿	7		years
k	4 ()	5 🔿		6 🔿	7 🔾	8 🔾	9 🔿	10	20	3		years
	7 🔿	8 🔿		10	20	3 ()	40	5 🔿	6 🔿	7		years
	40	5 🔿		6 🔿	70	8 🔾	9 🔿	1 ()	20	3		years
	7 🔾	8 0		10	2 🔿	3 🔾	40	5 🔿	6 🔿	7		years
	40	5 🔿		6 🔾	7 🔾	8 🔿	9 🔿	10	2 🔿	→ [3]		years
	7 🔾	8 🔿		10	2 🔿	3 O	4 ()	5 🔿	6 🔿	7		years
	40	5 🔿		6 🔿	70	8 🔾	9 🔿	10	2 🔿	→ 3		years
	70	8 🔿		10	2 🔾	3 🔾	40	5 🔿	6 🔿	7		years
	40	5 🔾		6 🔿	7 🔾	8 🔾	9 🔿	10	2 🔿	3		years
	70	ВО		10	2 🔾	3 🔾	40	5 🔿	6 🔿	7		years
	40	50		6 🔿	7 ()	8 🔾	9 🔿	10	2 🔿	→ 3		years
	7 ()	8 🔿		10	2 ()	3 🔾	40	5 🔿	6 🔿	7		years

C8.	INTERVIEWER CHECK ITEM:	child)? Was it (your youngest
	Review C7, columns A and E.	
	Are there any children less than 15 years old living in household?	Yes No
	Yes 1 ()	The child's grandparent? 10 20
	No 2 → GO TO C16	Another
		relative? 3 4 A sitter or
C9.	The next questions refer to your children less than 15 years old living in the household.	nanny? 50 60
	To your old living it the real living	Someone else? 70 80
C10.	During the past 12 months, did any of your	1
	children receive childcare on a REGULAR basis? Exclude childcare provided by a family member living in this household.	Specify
	Yes	
	No 4 ○ → GO TO C16	C16. INTERVIEWER CHECK ITEM:
044	Side and a still disease are the trace and	Review C7, columns A and E.
C11.	Did your child(ren) receive this care so that you or your spouse/partner could	Are there any children less than 15 years old living
	Yes No	outside household?
	Work at a job? 01 0 02 0	Yes 3 🔾
	Study? 03 O 04 O	No 4 O GO TO C24
	Do volunteer work? 05 0 06 0	Out The seal received are about your (vouggest)
	Provide care to a family member or friend? 07 O 08 O	C17. The next questions are about your (youngest) child living outside the household.
	Do something else? 09 O 10 O	C18. Who does (this child) live with?
		Child's mother/father 5 O
	Specify	
		77700000
		Other
		♥ Specify
C12.	During the past 12 months, did (your youngest child) receive childcare OUTSIDE YOUR	
	HOUSEHOLD on a regular basis?	
	Yes 3 🔾	
	No 40 GO TO C14	C19. Does (this child) live within
	1.11.45	10 km (6 miles or 10 minutes by car)? 1 O
C13.	Did (your youngest child) go to	50 km (30 miles or 30 minutes by car)? 20
	Yes No	100 km (60 miles or 1 hour by car)? 3 🔾
	A workplace daycare center? 01 0 02 0	200 km (120 miles or 2 hours by car)? 4 O
	Another daycare center? 03 O 04 O	400 km (240 miles or 4 hours by car)? 5 0
	A sitter or	1000 km (600 miles or 10 hours by car)? . 6 🔾
	neighbour's home? 05 O 06 O	Beyond 1000 km (more than 600 miles or 10 hours by car)?
	Grandparent's home? 07 O 08 O	Don't know8
	Another relative's home? 09 0	C20. During the past 12 months, how often did you see
	Some other arrangement (outside your household)?	Daily? 2 O
		At least once a week? 3 O
	Specify	At least once a month? 4 O
		Less than once a month? 5 0
		Not at all? 6 🔾
		Control Paragraphy (Alexander Levis)
C14	During the past 12 months, did(your youngest	C21. Do you see (this child)
Q14.	child) receive childcare IN YOUR HOME on a	Less often than you would like?
	regular basis? Exclude childcare provided by a family member living in your household.	
		More often than you would like? 8
	Yes 50	GO TO C23
	No 6 O GO TO C16	About the right amount? 9

C22.	What prevents you from seeing (this child) more	C32.	Does (this child) live with
	often?		Yes No
	(Mark all that apply)		His/her spouse/partner? 4 O 5 O
	Distance 010		His/her children? 60 70
	Poor relationship with child 020		Someone else? 80 90
	Shortage of your time		Someone else:
	Your health problems 04 O		Who?
	Financial reasons		(Mark all that apply)
	Transportation problems		Friend/roommate 1
	Other family responsibilities 07 O		Child's mother/father 2O
	Custodial arrangements		Other relative 3O
	Poor relationship with custodian 09		Other relative
	Other	C33.	Does (this child) live within
	Other		10 km (6 miles or 10 minutes by car)? 20
	Specify		50 km (30 miles or 30 minutes by car)? 3 O
	I I I I I I I I I I I I I I I I I I I		100 km (60 miles or 1 hour by car)? 40
			200 km (120 miles or 2 hours by car)? 5 🔾
	No continuos secono		100 1111 (210 111100 01 11100 01)
	No particular reason		1000 km (600 miles or 10 hours by car)? . 7 O
C23.	During the past 12 months, how often did you		Beyond 1000 km (more than 600 miles or 10 hours by car)?8
	have contact by letter or telephone with (this child)? Was it		Don't know 90
	Daily?		
	At least once a week? 20	C34.	During the past 12 months, what best describes (this child's) MAIN activity? Was he/she mainly
	At least once a month? 3 O		Working at a job
	Less than once a month? 40	44	or business? 10
	Not at all?5		Looking for work? 20
	not at all?		A student? 3 ○
C24.	INTERVIEWER CHECK ITEM:	143	Keeping house? 4 O
	Review C7, columns A and E.	117	Other 5 O
	Number of children 15 years of age and older, living	94	
	outside household? None 1 GO TO D1	BX.	Specify
	Two or more 3	141	
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)?	C35.	During the past 12 months, how often did you see (this child)? Was it
	4 child(ren)		Dally? 5 🔿
	[4] child(ren)		At least once a week? 6 O
C26.	Of your children 15 years of age and older living		At least once a month? 7 O
	outside your household, with whom do you have the most contact?		Less than once a month? 8 🔾
	If necessary, use birth order, date and sex to probe.		Not at all? 9 → GO TO C37
		C36	Did you usually see (this child)
	CHILD I. D. # [5] GO TO C28	000.	At your home?
	No particular child 500 O		At his/her usual place
007	Of those children with whom you have the most		of residence? 20
027.	contact, who is the oldest?		Somewhere else? 3 O
	CHILD I. D. # 6		∜ Specify
		111	Specify
	The next questions are about this child.		
C29.	INTERVIEWER: GO TO C31		Equally at both residences 4 O
C30	The next questions are about your child, 15 years	007	
300.	of age or older, living outside your household.	037.	Do you see (this child)
			Less often than you would like? 5 O
C31.	Does (this child) live alone?	THE	More often than you
	Yes		would like? 6 GO TO C39
	No2		About the right amount? 7

C38. What prevents you from seeing (this child)	SECTION E: Friends
more often? (Mark all that apply)	E1. Other than your immediate family, how many people do you consider close friends?
Distance	(Exclude spouse, parents, brothers, sisters and
Poor relationship with child 02	children. Include friends, aunts, uncles, cousins, nieces, nephews, in-laws, etc.)
Shortage of your time	modes, richiters, in large cary
Shortage of his/her time 04 O	
Your health problems	1.1.14
His/her health problems 060	friends
Financial reasons	None
Transportation problems	E2. The next few questions are about your closest friend. Your immediate family should be excluded.
Outer fairing responsionates	
Other 10 Specify	E3. Is your closest friend male or female?
opeany	Male 1 O
	Female 2 O
	E4. Where did this friendship start?
No particular reason	At school
	30
During the past 12 months how often dld you have contact by letter or telephone with (this child)?	
Was it	At Club / Organization
Daily? 1 O	At church
At least once a week? 20	At home or in the neighbourhood 6 O
At least once a month? 30	Through family
	Through a friend 8 O
Less than once a month? 4 O	Other 9 O
Not at all? 5 🔾	1
CTION D: Fertility intentions	Specify
INTERVIEWER CHECK ITEM:	
Review GSS 5-1, Item 44 for respondent only.	
Is age of respondent	E5. Does your friend live within
45 or older? 60 GO TO E1	
44 or younger? . 7 O	10 km (6 miles or 10 minutes by car)? 10
or younger .	50 km (30 miles or 30 minutes by car)? 20
The next questions are about your intentions to have (more) children.	
	200 km (120 miles or 2 hours by car)? 4 🔾
INTERVIEWER CHECK ITEM:	400 km (240 miles or 4 hours by car)? 5 O
Review GSS 5-1, Item 49 for respondent only.	1000 km (600 miles or 10 hours by car)? . 6 O
If respondent is living with a spouse/partner, phrase questions D4 and D5 to include spouse/partner.	i pevana rudu kin ilnore ilan buu ilnes u
	10 hours by car)?
ave you (or your spouse/partner) had an peration that makes it impossible for you to have	
a/another child?	
a/another child?	
es 80 — GO TO E1	GO TO F1
Yes 8 O GO TO E1	GO TO F1 Don't know ⁹ O
es 8 GO TO E1 o 9 ave you ever been told that you (or your partner)	GO TO F1 Don't know 9 E6. During the past 12 months, how often did you see your friend? Was it
Yes 8 GO TO E1 No 9 Have you ever been told that you (or your partner) cannot have any(more) children?	GO TO F1 Don't know 9 E6. During the past 12 months, how often did you see
s 8 GO TO E1 give you ever been told that you (or your partner) annot have any(more) children? s 1 GO TO E1	GO TO F1 Don't know 9 E6. During the past 12 months, how often did you see your friend? Was it
Yes	GO TO F1 Don't know 9 E6. During the past 12 months, how often did you see your friend? Was it Daily? 20
Yes	GO TO F1 Don't know 9 E6. During the past 12 months, how often did you see your friend? Was it Daily? 2 At least once a week? 3
Yes	GO TO F1 Don't know Beautiful Don't know Don't know Beautiful
Yes	GO TO F1 Don't know GO TO F1 Don't know 9 E6. During the past 12 months, how often did you see your friend? Was it Daily? At least once a week? At least once a month? Less than once a month? Not at all? 6
Yes	GO TO F1 Don't know 9 E6. During the past 12 months, how often did you see your friend? Was it Daily? At least once a week? At least once a month? Less than once a month? Not at all? 6 E7. During the past 12 months, how often did you
Yes	GO TO F1 Don't know GO TO F1 Don't know GO TO F1 Con't know GO TO F1 Con't know GO TO F1 Con't know
ave you ever been told that you (or your partner) annot have any(more) children? Bes	GO TO F1 Don't know GO TO F1 Don't know GO TO F1 Con't know GO TO F1 Con't know GO TO F1 Con't know Solve Triend? Was it Daily? At least once a week? At least once a week? At least once a month? Less than once a month? Not at all? Con't know Solve Triend? Con't know Solve Triend? Con't know Solve Triend? Solve Triend? Solve Triend? Con't know Solve Triend
Yes	Don't know GO TO F1 Don't know GO TO F1 Don't know GO TO F1 Con't know GO TO F1 Con't know GO TO F1 Con't know Solution At least once a week? At least once a week? Con't know Solution Con't know Solution Solution Con't know Solution Solution Con't know Solution Solution Con't know Solution Solution Solution Con't know Solution Soluti
Yes	Don't know GO TO F1 Don't know GO TO F1 Don't know GO TO F1 FINAL PART OF THE PART O
Yes	GO TO F1 Don't know GO TO F1 Don't know GO TO F1 Don't know GO TO F1 Con't know GO TO F1 Con't know Solve The past 12 months, how often did you see your friend? Was it Daily? At least once a week? At least once a month? Less than once a month? Not at all? Con't know Solve The past 12 months, how often did you have contact by letter or telephone with your friend? Was it Daily? At least once a week? Solve The past 12 months, how often did your friend? Was it Daily? Solve The past 12 months, how often did your friend? Was it

SEC	TION F: Household help					
F1.	INTERVIEWER CHECK ITEM:	Review GSS	5-1.			
		Single persor	n household .	10-	→ GO	TO F7
		Otherwise .		20		
F.2.	The next questions are a months. Include only hous	bout people ehold memb	who helped ers.	with the w	ork around	your house during the past 12
F3.	a) Who helps with meal preparation in your household?		the past 12 reparation did			c) Who is PRIMARILY re- sponsible for meal pre- paration in your household?
	(Enter Page-Line Number of each household member - review GSS 5-1, Items 40 and 41)	Less than	Less than	1/2 or	All?	(Accept multiple response only i responsibility shared equally)
	1 . I	01 ()	02 (more 03 ()	04 🔿	05 🔿
		06 ()	07 ()	08 (09 ()	10 ()
		11 ()	12 ()	13 ()	14 ()	15 ()
		16 🔾	17 ()	18 🔾	19 🔾	20 🔿
	Not applicable /	. 97 ○ → G	0 TO 54			²² O Someone from
	no one in household	. 0	10 10 F4			outside household
F4.	a) Who helps with meal cleanup in your household?		the past 12 leanup did			c) Who is PRIMARILY re- sponsible for meal cleanup in your household?
	(Enter Page-Line Number of each household					(Accept multiple response only in responsibility shared equally)
	member - review GSS 5-1. Items 40 and 41)	Less than 1/4	Less than 1/2	1/2 or more	All?	respondently energe equality
		23 🔘	24 🔾	25 🔿	26 🔾	27 🔾
		28 🔾	29 🔾	30 🔾	31 🔾	35 🔾
		33 🔾	34 🔾	35 🔾	36 🔘	37 🔾
		38 🔾	39 🔾	40 🔾	41 ()	42 🔿
	Not applicable / no one in household	. 97 O→G	60 TO F5			44 O Someone from outside household
F5.	a) Who helps with house cleaning and laundry in your household?	b) During the cleaning	the past 12 g and laundry	months, ho	w much of Was it	c) Who is PRIMARILY responsible for 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	Less than	1/2 or more	All?	(Accept multiple response only in responsibility shared equally)
	nems 40 and 41)	45 🔾	46 🔿	47 🔾	48 🔾	49 🔘
		50 🔾	51 🔾	52 🔾	53 🔘	54 🔘
		55 🔘	56 🔾	57 🔘	58 🔘	59 🔘
		60 🔘	61 🔾	62 🔾	63 🔾	64 🔾
	Not applicable / no one in household	. ⁹⁷ O → G	O TO F6			66 Sameone from outside household
F6.	a) Who helps with house maintenance and outside work such as repairs, painting, carpentry, lawn mowing, shovelling snow?	b) During the house do? Was	the past 12 maintenance it	months, ho and outsid	w much of e work did	c) Who is PRIMARILY re- sponsible for house maintenance and outside work in your household?
	(Enter Page-Line Number					(Accept multiple response only in responsibility shared equally)
	of each household member - review GSS 5-1, Items 40 and 41)	Less than 1/4	Less than	1/2 or more	All?	
		67 🔾	68 🔾	.69 🔘	70 🔾	71 (
		72 🔾	73 🔾	74 🔾	75 🔘	76 🔿
		77 🔾	78 🔾	79 🔾	80 🔾	81 🔾
		82 🔾	83 🔾	84 🔾	85 🔾	86 🔾
	Not applicable no one in household	97 O → G	0 TO F7			88 Someone from outside household

	During the past 12 months, ha	ave you done	any unpaid housewe	ork outside your hom	e such as cookin
	sewing or cleaning? Yes	1 ()			
	No	2 O → G(O TO F10		
).	For which person or organization	on?	(For each circle m	arked ask:)	
	(Mark all that apply)			u provide this help?	
			At least	At least	Less than
			once a week	once a month	once a month
	Son	01 0	02 (03 🔾	04 ()
	Daughter	05 -	06 🔾	07 🔾	08 🔾
	Parent	09 0	10 0	110	12 (
	Brother / sister	13 🔾 🖚	14 ()	15 🔾	16 (
	Other relative	17 ○ →	18 (¹⁹ O	20 🔾
	Friend / neighbour	21 0 -	22 (23 🔾	24 🔾
	Organization / other	25)	26 🔾	27 🔾	28 🔾
		*			
		Specify	1 1 1 1 1 1		1
0.	During the past 12 months, has	anvone from	outside your househo	old helped with unpaid	housework such
	cooking, sewing or cleaning?				
	Yes	3 🔾			
	No	4 ○ G	0 TO F12		
1.	Who provided such help?				
	(Mark all that apply)		(For each circle m		
			How often did the	ey provide this help?	
			At least once a week	At least once a month	Less than once a month
	Son	29 (30 0	31 ()	32 🔾
		_		35 (36 ()
	Daughter	33 0	34 ()	39 🔾	40 0
	Parent	37 O →	38 ()	43 ()	44 ()
	Brother / sister	410	42 0	47 ()	48 ()
	Other relative	45 0	46 ()		52 ()
	Friend / neighbour	490	50 🔾	51 ()	_
	Organization other	53 ()	54 🔾	55 🔾	56 🔾
		Specify Specify			
			1 1 1 1 1 1 1		
12.	During the past 12 months, ha	ave you helper	d anyone outside yo	ur household with ho	use maintenance
	outside work such as repairs, p	_	itry, lawn mowing or	shovelling snow?	
	Yes	5 ○ 6 ○ G	0.70.544		
	No				

F13.	For which person or organization	on?			
	(Mark all that apply)		(For each circle m	arked, ask:)	
			How often did yo	ou provide this help?	
			At least once a week	At least once a month	Less than once a month
	Son	010	02 🔿	03 🔾	04 🔘
	Daughter	05 0	06 🔾	07 🔿	08 🔾
	Parent	09 0	100	11 0	12 0
	Brother / sister	13 ○	14 ()	15 🔾	16 🔾
	Other relative	170	18 🔾	19 (20 🔾
	Friend / neighbour	210	220	23 🔾	24 🔾
	Organization / other	25 0	26 🔾	27 🔾	28 🔾
	•	Specify			
F14.	During the past 12 months, has maintenance or outside work surves				
	No	80)			
	Not applicable	8 ○ } → GO	TO F16		
F15.	Who provided such help?				= 123
	(Mark all that apply)		(For each circle m.	arked, ask:) ey provide this help?	
			At least once a week	At least once a month	Less than once a month
	Son	29 🔾 🛶	30 🔾	31 🔾	32 🔾
	Daughter	33 🔾 🚤	34 🔿	35 🔾	36 🔾
	Parent	37 0	38 🔾	39 🔾	40 🔿
	Brother / sister	410	42 (43 🔾	44 ()
	Other relative	45)	46 (47 🔾	48 🔿
	Friend / neighbour	49 0	50 🔿	51 🔾	52 🔾
	Organization / other	53 0	54 🔿	55 🔿	56 🔿
		Specify			
540	0 10 10 10 10				
r16.	During the past 12 months, ha such as driving them to an appo	pintment or shop	o unpaid transport	ation to anyone outsi	de your nousenoid,
	Yes	10	TO 540		
	No	° () —▶G0	10 F18		San Marchall
F17.	For which person or organizatio	n?			
	(Mark all that apply)		(For each circle ma	arked, ask:) u provide this help?	
			At least once a week	At least once a month	Less than once a month
	Son	010	02 ()	03 🔾	04 ()
	Daughter	05 0	06 ()	07 ()	08 0
	Parent	09 0	10 ()	110	12 ()
	Brother / sister	13 0	14 ()	15 ()	16 ()
	Other relative	17 0	18 ()	19 ()	20 (
	Friend / neighbour	21 0	22 ()	23 🔾	24 ()
	Organization / other	25 0	26 (27 ()	28 ()
		↓ Specify			
		opeony			

	1/	2 0			
	Yes	3 0	O TO 520		
	No	4 O G	0 10 F20		
19.	Who provided such help?				
	(Mark all that apply)		(For each circle m	arked, ask:)	
			How often did the	ey provide this help?	
			At least once a week	At least once a month	Less than once a month
	Son	29 0	30 🔾	31 🔾	32 🔾
	Daughter	33 ○ →	34 (35 🔾	36 🔾
	Parent	37 🔾 🗪	38 🔾	39 🔾	40 🔾
	Brother / sister	410	42 ()	43 🔾	44 🔿
	Other relative	45 0	46 (47 🔾	48 🔾
	Friend / neighbour	490	50 🔾	51 🔿	52 🔾
	Organization / other	53 0	54 🔾	55 🔾	56 🔾
		V			
		Specify			
20.	During the past 12 months, hav	e you provide	d any unpaid childcar	e for anyone outside	your household?
	Yes	5 🔾			
	No	6 ○ → G	0 TO F22		
		0			
21.	For whose children did you pro	vide this care?	?		
	(Mark all that apply)		(For each circle m	arked. ask:)	
			How often did yo	u provide this help?	
			At least once a week	At least once a month	Less than once a month
	Son	01 0	02 🔾	03 🔾	04 🔾
	Daughter	05 0	06 🔾	07 🔾	08 🔾
	Parent	09 0	10 ()	11 0	120
	Brother / sister	13 ()	14 ()	15 🔾	16 🔾
	Other relative	17 0	18 🔾	19 (20 🔾
		21 0	22 ()	23 〇	24 ()
				27 🔾	28 🔾
	Friend / neighbour	25 0 -	26.		
	Organization / other	25 0	26 🔾		200
		25 O	26 🔾		
		Ť	²⁶ O		
		Ť	260		
22.	Organization / other During the past 12 months, has	Specify			
22.	Organization / other During the past 12 months, have to anyone outside your househill.	Specify ye you provide old?			
22.	Organization / other During the past 12 months, have to anyone outside your householder.	Specify re you provide old? 7	ed any unpaid person		
22.	Organization / other During the past 12 months, have to anyone outside your househill.	Specify ye you provide old?	ed any unpaid person		
	Organization / other During the past 12 months, have to anyone outside your householder.	Specify ye you provide old? 7 ○ 8 ○ → G	ed any unpaid person		
	Organization / other During the past 12 months, has to anyone outside your househyes No	Specify ye you provide old? 7 ○ 8 ○ → G	ed any unpaid person	al care, such as help	
	Organization / other During the past 12 months, have to anyone outside your housely Yes No For which person or organization	Specify ye you provide old? 7 ○ 8 ○ → G	ed any unpaid person O TO F24 (For each circle m	al care, such as help	
	Organization / other During the past 12 months, have to anyone outside your housely Yes No For which person or organization	Specify ye you provide old? 7 ○ 8 ○ → G	O TO F24 (For each circle m How often did yo At least once a week	al care, such as help arked. ask:)	
	Organization / other During the past 12 months, have to anyone outside your housely Yes No For which person or organization	Specify ye you provide old? 7 ○ 8 ○ → G	o TO F24 (For each circle m How often did yo	al care, such as help arked. ask:) u provide this help? At least	bathing or dress
	Organization / other During the past 12 months, have to anyone outside your housely yes No For which person or organization (Mark all that apply)	Specify re you provide old? 7	O TO F24 (For each circle m How often did yo At least once a week	arked, ask:) u provide this help? At least once a month	bathing or dress
	Organization / other During the past 12 months, have to anyone outside your housely yes. No	Specify re you provide old? 7 ○ 8 ○ → G on?	(For each circle m How often did yo At least once a week	al care, such as help arked, ask:) u provide this help? At least once a month	Less than once a month
	Organization / other During the past 12 months, have to anyone outside your householders. No For which person or organization (Mark all that apply) Son	Specify ye you provide old? 7	(For each circle m How often did yo At least once a week 30 34 38	arked, ask:) u provide this help? At least once a month 31 35 39	Less than once a month
	Organization / other During the past 12 months, have to anyone outside your housely Yes No For which person or organization (Mark all that apply) Son Daughter Parent Brother / sister	specify re you provide old? 7	(For each circle methow often did you have a week 30 0 34 0 38 0 42 0	al care, such as help arked. ask:) u provide this help? At least once a month 31	Less than once a month 32 36 40
	Organization / other During the past 12 months, have to anyone outside your housely yes. No For which person or organization (Mark all that apply) Son Daughter Parent Brother / sister Other relative	Specify	(For each circle m How often did yo At least once a week 30 \(34 \) 38 \(\) 42 \(\) 46 \(\)	arked. ask:) u provide this help? At least once a month 31 () 35 () 39 () 43 () 47 ()	Less than once a month 32 36 40 44 48
	Organization / other During the past 12 months, has to anyone outside your househing yes. No For which person or organization (Mark all that apply) Son Daughter Parent Brother / sister Other relative Friend / neighbour	Specify	(For each circle m How often did yo At least once a week 30 \(34 \) 38 \(\) 42 \(\) 46 \(\) 50 \(\)	al care, such as help arked. ask:) u provide this help? At least once a month 31 () 35 () 39 () 43 () 47 () 51 ()	Less than once a month 32 36 40 44 48 52
23.	Organization / other During the past 12 months, have to anyone outside your housely yes. No For which person or organization (Mark all that apply) Son Daughter Parent Brother / sister Other relative	Specify	(For each circle m How often did yo At least once a week 30 \(34 \) 38 \(\) 42 \(\) 46 \(\)	arked. ask:) u provide this help? At least once a month 31 () 35 () 39 () 43 () 47 ()	Less than once a month 32 36 40 44 48

	During the past 12 months, hav-	e you provided	financial support to	anyone outside your h	nousehold?
	Yes	10			
	No	2 O GO	TO F26		
-25	For which person or organization	nn 2			
23.	(Mark all that apply)	***	(For each circle ma	arked, ask:)	
			How often did yo	u provide this help?	
			At least once a week	At least once a month	Less than once a month
	Son	01 0	02 🔾	03 🔾	04 🔾
	Daughter	05 🔾 🖚	06 🔾	07 🔾	08 🔾
	Parent	09 🔾 🖚	10 🔾	11 0	12 🔾
	Brother / sister	13 ○ →	14 🔾	15 🔾	16 🔾
	Other relative	17 🔾 ——	18 🔾	19 🔾	20 🔾
	Friend / neighbour	21 0	22 🔾	23 🔾	24 🔾
	Organization / other	25 🔾	26 🔾	27 🔾	28 🔾
		Specify			
		11111			
		1 1 1 1 1			
26.	During the past 12 months, has	anyone from o	utside your househo	ld provided you with f	inancial support?
	Yes	3 0			
	No	4 ○ → GO	TO F28		
27.	Who provided such help?				
	(Mark all that apply)		(For each circle ma		
				ey provide this help?	
			At least once a week	At least once a month	Less than once a month
	Son	29 🔾 🖚	30 🔘	31 🔾	32 🔾
	Daughter	33 🔾 🗪	34 🔘	35 🔾	36 🔾
		37 🔾 🚤	38 🔘	39 🔘	40 🔾
	Parent		42 🔾	43 🔾	44 🔾
	Parent	41 0		43 🔾	44 🔾
		41 0	46 🔾	47 🔾	48 🔾
	Brother / sister				
	Brother / sister	45 🔾 🛶	46 🔾	47 🔾	48 🔾
	Brother / sister Other relative Friend / neighbour	45 ()	46 O 50 O	47 O 51 O	48 🔾
	Brother / sister Other relative Friend / neighbour	45 ○ → 49 ○ →	46 O 50 O	47 O 51 O	48 🔾
	Brother / sister Other relative Friend / neighbour	45 ()	46 O 50 O	47 O 51 O	48 🔾
	Brother / sister Other relative Friend / neighbour	45 ()	46 O 50 O	47 O 51 O	48 🔾

(If 'yes' is marked, ask:) How often did they provide this help?	F28.	During the past 12 months, was someone from outside your household paid to help with					
No Yes At least At least Conce a month	nousehold paid to help with			(If "yes" is marke	ed. ask:)		
Meal preparation? No Yes Once a week Once a month Once a month							eip?
Meal preparation?					At least		
House cleaning or laundry? 06 07 08 09 10 08 09 10 09 10 08 09 10 09 10 08 09 09 10 09 09 09 09 09 09 09				Yes	_		
House cleaning of launcy? House maintenance or outside work? Transportation for yourself? 16 17 18 19 20 20 Grocery shopping? 21 22 22 22 24 25 26 F29. During the past 12 months, were you involved in any other unpaid volunteer work for any organization such as charities, teaching, fundralsing, office work? Yes		Meal preparation?	010	020	03〇	040	
outside work? 110 120 130 140 150 150 150 150 150 150 150 150 150 15			06 🔾	07 🔾	080	090	10 ()
Grocery shopping? 21			110	120	13 🔾	14()	15 🔾
Grocery shopping? 21		Transportation for yourself?	16 🔾	170-	18()	190	20 🔾
Yes			21 ()	220	23()	24 🔾	25 🔾
How often did you provide this service? At least once a week once a month once a month once a month 1	F29.	During the past 12 months, we	ere you	involved in any	other unpaid v	olunteer work for	any organizations
At least once a week once a month on the store and a month once a month once a month once a month on the store and a month once a month once a month once a month on the store and a month once a month				Office Work:	How often did v	you provide this se	ervice?
No		165					
No 5 6					once a week	once a month	once a month
Because of a long-term physical condition, mental condition or health problem, are you limited in the kind amount of activity that you can do at home, at work, at school or in other activities such as transportation leisure? Yes 6 No 7 GO TO G1 F31. During the past 12 months, has anyone provided you with personal care, such as help bathing or dressing? Yes 8 No 9 GO TO G1 F32. Who provided such help? (Mark all that apply) (For each circle marked, ask:) Do they live in this household? Yes No Spouse 01 0 02 03 Son 04 05 06 Daughter 07 08 09 Parent 10 11 12 Brother sister 13 14 15 Other relative 16 17 18 Friend / neighbour 19 20 21 Organization / other 22 23 24		NIe	5 0		20	30	
amount of activity that you can do at home, at work, at school of thi other activities such as transportation leisure? Yes 6 No 7 → GO TO G1 F31. During the past 12 months. has anyone provided you with personal care, such as help bathing or dressing? Yes 8 No 9 → GO TO G1 F32. Who provided such help? (Mark all that apply) (For each circle marked, ask:) Do they live in this household? Yes No Spouse 01 → 02 03 0 Son 04 → 05 06 0 Daughter 07 → 08 09 0 Parent 10 → 11 12 0 Brother isister 13 → 14 15 0 Other relative 16 → 17 18 0 Friend / neighbour 19 → 20 21 0 Organization / other 22 → 23 24 0			0				
No	F30.	amount of activity that you can	l conditi do at ho	on, mental con ome, at work, at	dition or health p school or in other	roblem, are you lit er activities such a	nited in the kind on is transportation of
F31. During the past 12 months, has anyone provided you with personal care, such as help bathing or dressing? Yes		Yes	6 🔾				
Yes		No	7 0 -	GO TO G1			
Spouse Or Or Or Or Or	F31.	During the past 12 months, has	anyone	provided you v	vith personal care	e, such as help bat	hing or dressing?
No		Yes	8 ()				
F32. Who provided such help? (Mark all that apply) (For each circle marked, ask:) Do they live in this household? Yes No Spouse Son 04 05 06 0 Daughter 07 08 09 0 Parent 10 11 12 0 Brother i sister 13 14 15 0 Other relative 16 17 18 0 Friend / neighbour 19 20 21 0 Organization / other 22 23 24 0				-GO TO G1			
(Mark all that apply) (For each circle marked, ask:) Do they live in this household? Yes No Spouse 01							
Do they live in this household? Yes No Spouse 01	F32.						
Spouse 01		(Mark all that apply)					
Son 04 05 06 Daughter 07 08 09 Parent 10 11 12 Brother / sister 13 14 15 Other relative 16 17 18 Friend / neighbour 19 20 21 Organization / other 22 23 24				Yes	No		
Son 04 05 06 Daughter 07 08 09 Parent 10 11 12 Brother / sister 13 14 15 Other relative 16 17 18 Friend / neighbour 19 20 21 Organization / other 22 23 24		Spouse	01 0-	020	03		
Daughter 07							
Parent 10 → 11 → 12 → 15 → 15 → 15 → 16 → 17 → 18 → 18 → 17 → 18 → 19 → 20 → 21 → 23 → 23 → 24 → 19 → 20 → 24 → 19 → 20 → 24 → 19 → 20 → 24 → 19 → 20 → 24 → 19 → 20 → 24 → 24 → 24 → 24 → 24 → 24 → 24			-	080			
Brother / sister 13							
Other relative 16					15		
Friend / neighbour 19 20 21 Organization / other 22 23 24 O							
Organization / other 22		Other relative	¹⁶ O-				
Organization / other 22		Friend / neighbour	190-	→ 200	210		
		Organization / other	22 0 -	23	240		
			+				
				1			

	CTION G: Supports	
G1	 In the next two questions we would like to ask you friends, social services, clergy, professional counse 	who you would turn to for help. Include spouse, relatives ellors, etc.
G2	. Suppose you feel just a bit down or depressed, and you wanted to talk about it.	G3. Now suppose you were very upset about a problem with your husband, wife or partner and hadn't been able to work it out.
A.	Whom would you turn to first for help?	A. Whom would you turn to first for help?
	Spouse/partner	220
	Parent 020	Parent 33 ()
	Daughter	Daugillei
	Son 040	Son
	Sister / brother 05 O	Dister / brother
	Other relative including in-laws	Other relative including in-laws
	Friend	Friend
	Neighbour	Neighbour
	Someone you work with 09	Someone you work with 400
	Church / clergy / priest 10 O	Church / clergy / priest 410
	God	God
	Family doctor GP 12O	Family doctor / GP 43 O
	Psychologist / psychiatrist /	Psychologist / psychiatrist /
	marriage counsellor other	marriage counsellor / other
	professional counsellor 13 🔾	professional counsellor 44 O
	Other 14 0	Other 45 O
	★	
	Specify	Specify
	No one	No one
В.	No one 150 GO TO G3 Whom would you turn to second for help?	No one
B.	Don't know 16 GO TO G3 Whom would you turn to second for help?	Don't know
B.	Don't know 16 GO TO G3 Whom would you turn to second for help? Spouse/partner 17 O	Don't know
B.	Don't know 16 GO TO G3 Whom would you turn to second for help? Spouse/partner 17 Parent 18 O	B. Whom would you turn to second for help? Parent
В.	Don't know 16 GO TO G3 Whom would you turn to second for help? Spouse/partner 17 Parent 18 Daughter 19 Daughter	B. Whom would you turn to second for help? Parent 480 Daughter 490
В.	Don't know 16 GO TO G3 Whom would you turn to second for help? Spouse/partner 17 Parent 18 Daughter 19 Son 20 O	B. Whom would you turn to second for help? Parent 480 Daughter 490 Son 500
В.	Don't know	Don't know
В.	Don't know 16 GO TO G3 Whom would you turn to second for help? Spouse/partner 17 Parent 18 Daughter 19 Son 20 O	B. Whom would you turn to second for help? Parent 480 Daughter 490 Son 500
В.	Don't know 16 GO TO G3 Whom would you turn to second for help? Spouse/partner 17 Parent 18 Daughter 19 Son 20 Sister / brother 21 Other relative including	B. Whom would you turn to second for help? Parent 48 O Daughter 49 O Son 50 O Sister brother 51 O Other relative including in-laws 52 O Friend 53 O
В.	Don't know 16 GO TO G3 Whom would you turn to second for help? Spouse/partner 17 Parent 18 Daughter 19 Son 20 Sister / brother 21 Other relative including in-laws 22 O	B. Whom would you turn to second for help? Parent 480 Daughter 490 Son 500 Sister brother 510 Other relative including in-laws 520 Friend 530 Neighbour 540
В.	Don't know 16 GO TO G3 Whom would you turn to second for help? Spouse/partner 17 Parent 18 Daughter 19 Son 20 Sister / brother 21 Other relative including in-laws 22 Friend 23 O	B. Whom would you turn to second for help? Parent
В.	Don't know 16 GO TO G3 Whom would you turn to second for help? Spouse/partner 17 Parent 18 Daughter 19 Son 20 Sister / brother 21 Other relative including in-laws 22 Friend 23 Neighbour 24 Someone you work with 25 Church / clergy priest 26 C	Don't know
В.	Don't know 16 GO TO G3 Whom would you turn to second for help? Spouse/partner 17 Parent 18 Daughter 19 Son 20 Sister / brother 21 Other relative including in-laws 22 Friend 23 Neighbour 24 Someone you work with 25 Church / clergy priest 26 God 27 O	Don't know
В.	Don't know 16 GO TO G3 Whom would you turn to second for help? Spouse/partner 17 Parent 18 Daughter 19 Son 20 Sister / brother 21 Other relative including in-laws 22 Friend 23 Neighbour 24 Someone you work with 25 Church / clergy priest 26 O	B. Whom would you turn to second for help? Parent
B.	Don't know 16 GO TO G3 Whom would you turn to second for help? Spouse/partner 17 Parent 18 Daughter 19 Son 20 Sister / brother 21 Other relative including in-laws 22 Friend 23 Neighbour 24 Someone you work with 25 Church / clergy priest 26 God 27 Family doctor / GP 28 Psychologist psychiatrist	Don't know
B.	Don't know 16 GO TO G3 Whom would you turn to second for help? Spouse/partner 17 Parent 18 Daughter 19 Son 20 Sister / brother 21 Other relative including in-laws 22 Friend 23 Neighbour 24 Someone you work with 25 Church / clergy priest 26 God 27 Sychologist psychiatrist marriage counsellor / other	B. Whom would you turn to second for help? Parent 480 Daughter 490 Son 500 Sister / brother 510 Other relative including in-laws 520 Friend 530 Neighbour 540 Someone you work with 550 Church / clergy / priest 560 God 570 Family doctor / GP 580 Psychologist / psychiatrist / marriage counsellor / other
B.	Don't know 16 GO TO G3 Whom would you turn to second for help? Spouse/partner 17 Parent 18 Daughter 19 Son 20 Sister / brother 21 Other relative including in-laws 22 Friend 23 Neighbour 24 Someone you work with 25 Church / clergy priest 26 God 27 Samily doctor / GP 28 Psychologist psychiatrist marriage counsellor / other professional counsellor 29 Someone 29 Someone you work with 25 Someone	B. Whom would you turn to second for help? Parent 48 Daughter 49 Son 50 Sister / brother 51 Other relative including in-laws 52 Friend 53 Neighbour 54 Someone you work with 55 Church / clergy / priest 56 God 57 Family doctor / GP 58 Psychologist / psychiatrist / marriage counsellor / other
B.	Don't know 16 GO TO G3 Whom would you turn to second for help? Spouse/partner 17 Parent 18 Daughter 19 Son 20 Sister / brother 21 Other relative including in-laws 22 Friend 23 Neighbour 24 Someone you work with 25 Church / clergy priest 26 God 27 Sychologist psychiatrist marriage counsellor / other	B. Whom would you turn to second for help? Parent 480 Daughter 490 Son 500 Sister / brother 510 Other relative including in-laws 520 Friend 530 Neighbour 540 Someone you work with 550 Church / clergy / priest 560 God 570 Family doctor / GP 580 Psychologist / psychiatrist / marriage counsellor / other professional counsellor 590
B.	Whom would you turn to second for help? Spouse/partner 170 Parent 180 Daughter 190 Son 200 Sister / brother 210 Other relative including in-laws 220 Friend 230 Neighbour 240 Someone you work with 250 Church / clergy priest 260 God 270 Family doctor / GP 280 Psychologist psychiatrist marriage counsellor / other professional counsellor 290 Other 300	B. Whom would you turn to second for help? Parent 48 Daughter 49 Son 50 Sister / brother 51 Other relative including in-laws 52 Friend 53 Neighbour 54 Someone you work with 55 Church / clergy / priest 56 God 57 Family doctor / GP 58 Psychologist / psychiatrist / marriage counsellor / other professional counsellor 59 Other 60 Other 60
B.	Don't know 16 GO TO G3 Whom would you turn to second for help? Spouse/partner 17 Parent 18 Daughter 19 Son 20 Sister / brother 21 Other relative including in-laws 22 Friend 23 Neighbour 24 Someone you work with 25 Church / clergy priest 26 God 27 Samily doctor / GP 28 Psychologist psychiatrist marriage counsellor / other professional counsellor 29 Someone 29 Someone you work with 25 Someone	B. Whom would you turn to second for help? Parent 480 Daughter 490 Son 500 Sister / brother 510 Other relative including in-laws 520 Friend 530 Neighbour 540 Someone you work with 550 Church / clergy / priest 560 God 570 Family doctor / GP 580 Psychologist / psychiatrist / marriage counsellor / other professional counsellor 590
В.	Whom would you turn to second for help? Spouse/partner 170 Parent 180 Daughter 190 Son 200 Sister / brother 210 Other relative including in-laws 220 Friend 230 Neighbour 240 Someone you work with 250 Church / clergy priest 260 God 270 Family doctor / GP 280 Psychologist psychiatrist marriage counsellor / other professional counsellor 290 Other 300	B. Whom would you turn to second for help? Parent 48
В.	Whom would you turn to second for help? Spouse/partner 170 Parent 180 Daughter 190 Son 200 Sister / brother 210 Other relative including in-laws 220 Friend 230 Neighbour 240 Someone you work with 250 Church / clergy priest 260 God 270 Family doctor / GP 280 Psychologist psychiatrist marriage counsellor / other professional counsellor 290 Other 300	B. Whom would you turn to second for help? Parent 48 Daughter 49 Son 50 Sister / brother 51 Other relative including in-laws 52 Friend 53 Neighbour 54 Someone you work with 55 Church / clergy / priest 56 God 57 Family doctor / GP 58 Psychologist / psychiatrist / marriage counsellor / other professional counsellor 59 Other 60 Other 60
В.	Whom would you turn to second for help? Spouse/partner 170 Parent 180 Daughter 190 Son 200 Sister / brother 210 Other relative including in-laws 220 Friend 230 Neighbour 240 Someone you work with 250 Church / clergy priest 260 God 270 Family doctor / GP 280 Psychologist psychiatrist marriage counsellor / other professional counsellor 290 Other 300	B. Whom would you turn to second for help? Parent 48 Daughter 49 Son 50 Sister / brother 51 Other relative including in-laws 52 Friend 53 Neighbour 54 Someone you work with 55 Church / clergy / priest 56 God 57 Family doctor / GP 58 Psychologist / psychiatrist / marriage counsellor / other professional counsellor 59 Other 60 Other 60

SEC	TION H: Marriages	H14. Is this your first marriage?
H1.	The next questions are about marriages and common-law partnerships. Your answers will help us better measure how family relationships are changing.	No 6 GO TO H16
·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. Yes 1 No 2	H15. INTERVIEWER CHECK ITEM: Review H6. Is the respondent currently separated (H6 = Yes)? Yes 7 GO TO J1 No 8 GO TO J3
H3.	Are you now legally married? Yes 3 GO TO H5 No 4 GO	H16. What was the date of your first marriage? Month Year H17. What was your first husband/wife's marital status
	Yes 5 GO TO H16 No 6 GO TO H37 Are you living with your spouse?	before entering into that marriage? Was it Widowed? 1 ○ Divorced? 2 ○ Single? 3 ○
H6.	Yes 7 GO TO H8 No 8 Are you separated?	H18. What was his/her date of birth? Month Year
H7.	Yes 1 GO TO H8 When did you separate? 3 4 Month Year	H19. INTERVIEWER CHECK ITEM: Review H2. Has the respondent ever been a partner in a common-law relationship (H2 = Yes)? Yes 4 ○ No 5 ○ — GO TO H22
H8.	What was the date of your current marriage? 5 6	H20. Did you and your first spouse live common-law before entering into this marriage? Yes 6
H9.	What was your spouse's marital status before entering into this marriage? Was it Widowed?	No 7 GO TO H22 H21. Approximately when did you and your first husband/wife begin to live together? Month Year H22. Did your first marriage end in
H10.	What is your spouse's date of birth? Month Year	(Read categories and record month and year) When? Month Year
	INTERVIEWER CHECK ITEM: Review H2. Has the respondent ever been a partner in a common-law relationship (H2 = Yes)? Yes 1 No 2 GO TO H14 Did you and your spouse live common-law before entering into this marriage?	Separation and then divorce or annulment? Separation only? Death of spouse?
	Yes 3 O No 4 O — GO TO H14	Other 8
H13:	Approximately when did you and your current spouse begin to live together? Month Year	Is respondent currently married (H3 = Yes)? Yes 1 O No 2 O ———— GO TO H26

H24.	Is your current marriage your second?	H35.	INTERVIEWER CHECK ITEM:
	Yes 3 O		Review H3.
	No 4 ○ — GO TO H27		Is respondent currently married (H3 = Yes)?
1105			Yes 10
H25.	INTERVIEWER CHECK ITEM:		No 2 ○ → GO TO H38
	Review H6.	H36	INTERVIEWER CHECK ITEM:
	Is respondent currently separated (H6 = Yes)?	1130.	Review H6.
	Yes 50 — G0 T0 J1		Is respondent currently separated (H6 = Yes)?
	No 60 GO TO J3		Yes 3 GO TO J1
Hae	Have you been legally married a second time?		No 40 GO TO J3
120.	Yes 7 O		
	No 8 O GO TO H38	H37.	Do you think you will ever marry?
	10 0		Yes 7 GO TO H39
H27.	What was the date of your second marriage?		No 8 O GO TO J1
			Don't know 90 J
	Month Year	H38	Do you think you will ever marry again?
128.	What was your second husband/wife's marital	1130.	Yes 40
	status before entering into that marriage? Was it		
	Widowed? 1 O		No 50 } ——— GO TO J1
	Divorced? 2 O		Don't know 6 J
	Single? 3 O	H39.	At what age would you like to get married/remarried?
120	What was his/her date of birth?		years
n29.	What was hisher date of bittir		Don't know 98 O
	Month Year		
		SEC	TION J: Common-law partnerships
130.	INTERVIEWER CHECK ITEM:	J1.	INTERVIEWER CHECK ITEM:
	Review H2.		Review H2.
	Has the respondent ever been a partner in a common- law relationship (H2 = Yes)?		Has the respondent ever been a partner in a common-
			law relationship (H2=Yes)?
	Yes 4 O		Yes 10
	No 5 O GO TO H33		No 20 GO TO K1
131.	Did you and your second spouse live common-law before entering into this marriage?	J2.	
	Yes 60		20.50.5
	No 7 ○ → GO TO H33		Yes 3
			No 40 — GO TO J4
H32.	Approximately when did you and your second husband/wife begin to live together?	J3.	INTERVIEWER CHECK ITEM:
		00.	Review H2.
	Month Year		Has the respondent ever been a partner in a common- law relationship (H2 = Yes)?
H33.	Did your second marriage end In		Yes 50
	(Read categories and record month and year)		No 60 GO TO K1
	When?	100	NO 60
	Month Year	J4.	Have you ever been a partner in a common-law
			relationship that was not followed by marriage?
	Separation and then		Yes 7O — GO TO J9
	divorce		No 80 — GO TO K1
	or annulment? 1		
	div. / 4 5	J5.	Approximately when did you and your partner begin to live together?
	Separation		
	only? 60		Month Year
	Death of		MODEL TEA
	spouse? ⁷ O	J6.	What was your partner's marital status before
	Other 80		entering into this union? Was it
			Widowed?
H34.	In total, how many times have you been legally		Separated? ² O
	married?		Divorced? ³ O
	Limes		Single? 4 ()

J7.	What is your partner's date of birth?	SECTION K: Satisfaction			
	Month Year	K1.	Now, I am going to ask you to rate certain areas o your life.		
J8.	Have you had a previous common-law relationship that was not followed by marriage? Yes 5 O No 6 O ——————————————————————————————	K2.	Would you describe yourself as Very happy?		
	marriage? Month Year	К3.	Very unhappy?		
	What was that partner's marital status before entering into that union? Was it Widowed?		Compared to other persons your age, would you say it is Excellent? 6		
J12.	Did this partnership end by separation or by the death of your partner? (Record reason, month and year) When? Month Year Separation 6				
J13.	Have you been a partner in any other common-law relationships that were not followed by marriage? Yes 8 O No 9 GO TO K1				
J14.	Approximately when did you begin your second common-law relationship that was not followed by marriage? Month Year				
J15.	What was that partner's marital status before entering into that union? Was it Widowed?				
J16.	What was that partner's date of birth? Month Year				
	Did this partnership end by separation or by the death of your partner? (Record reason, month and year) When? Month Year Separation				
	in common-law relationships that were not followed by marriage?				

a) Your relationship with your single status? Satisfied No opinion Dissatisfied No opinion Satisfied A	re you satisfied or dissatisfied w	ith			13.	
a) Your relationship with your spouse/parner, or your single status? Satisfied					is that somewh	at or very?
Satisfied 01 02 03 03 05 06 05 06 05 06 05 06 05 06 05 06 06					Somewhat	Very
Satisfied 0 0 0 0 0 0 0 0 0	a)	Your relationship with your				
No opinion 07			Satisfied	01 ()	02 🔾	03 (
b) Your relationship with your immediate family? Satisfied 08 0 09 0 10 0 0 0 13 0 0 0 0 0 10 0 0 0 0 0 0			Dissatisfied	04 🔾	05 🔾	06 🔘
Immediate family? Satisfied 10 Dissatisfied 11 Dissatisfied 12 Dissatisfied 13 Dissatisfied 15 Dissatisfied 16 Dissatisfied 17 Dissatisfied 18 Dissatisfied 19 20 20 20 20 20 20 20 2			No opinion	07 🔿		
Immediate family? Satisfied 10 Dissatisfied 11 Dissatisfied 12 Dissatisfied 13 Dissatisfied 15 Dissatisfied 16 Dissatisfied 17 Dissatisfied 18 Dissatisfied 19 20 20 20 20 20 20 20 2						
Dissatisfied 11 0 12 0 13 0	b)	Your relationship with your immediate family?	Satisfied	08 🔾	- 09 ()	10 (
No opinion						13 ()
Satisfied 15						
Satisfied 15						
Dissatisfied 18	C)	The way housework is shared in your home?	Satisfied	15 ()	16 🔿	17 (
No opinion 21		Situation your flower.				20 🔾
A Your job or main activity? Satisfied 22 23 24 25 26 27 26 27 27 28 28 28 28 28 28						
Dissatisfied 25						
e) The balance between your job or main activity and family and home life? Satisfied 32 30 33 34 6	d)	Your job or main activity?	Satisfied			24 (
e) The balance between your job or main activity and family and home life? Satisfied 32 32 33 34 56 70 70 70 70 70 70 70 70 70 70 70 70 70			Dissatisfied	25 🔾	26 🔾	27 🔾
job or main activity and family and home life? Dissatisfied 32			No opinion	28 🔾		
job or main activity and family and home life? Dissatisfied 32	- 1	*				
Dissatisfied 32	e)	job or main activity and				
No opinion 35		family and home life?				31 (
f) The amount of time you have to pursue other interests? Satisfied 36					33 ()	34 ()
to pursue other interests? Satisfied 36			No opinion	35 ()		
Dissatisfied 39	f)	The amount of time you have				
No opinion 42		to pursue other interests?				38 🔾
g) Your relationship with your friends? Satisfied No opinion Satisfied Sa					40 🔾	41 ()
Your current accommodation or housing? Satisfied 43			No opinion	42 ()		
Your current accommodation or housing? Satisfied 43	a)	Your relationship with				
No opinion		your friends?	Satisfied			45 🔾
h) Your current accommodation or housing? Satisfied 50 51 52 52 54 55 55 56 55 56 56 56 56 56 56 56 56 56					47 🔾	48 🔾
Satisfied 50			No opinion	49 ()		
Satisfied 50	h)	Your current				
Why are you dissatisfied with your accommodation of housing? (Mark all that apply) Cost of mortgage rent 57 Property taxes 58 Traffic in neighbourhood 59 Other neighbourhood dislikes 60 Accommodation too small 61 Accommodation too large 62 Would like to own 63 Building maintenance 64 Maintenance costs 65 Transportation difficulties 66 Other 67 Other 67	,		Satisfied	50 🔾	51 🔘	52 🔾
Why are you dissatisfied with your accommodation of housing? (Mark all that apply) Cost of mortgage rent 57 Property taxes 58 Traffic in neighbourhood 59 Other neighbourhood dislikes 60 Accommodation too small 61 Accommodation too large 62 Would like to own 63 Building maintenance 64 Maintenance costs 65 Transportation difficulties 66 Other 67			Dissatisfied	53 🔾	54 🔾	55 🔾
housing? (Mark all that apply) Cost of mortgage rent 57 Property taxes 58 Traffic in neighbourhood 59 Other neighbourhood dislikes 60 Accommodation too small 61 Accommodation too large 62 Would like to own 63 Building maintenance 64 Maintenance costs 65 Transportation difficulties 66 Other 67			No opinion	56 🔾		10 = 11
(Mark all that apply) 57 Cost of mortgage rent 57 Property taxes 58 Traffic in neighbourhood 59 Other neighbourhood dislikes 60 Accommodation too small 61 Accommodation too large 62 Would like to own 63 Building maintenance 64 Maintenance costs 65 Transportation difficulties 66 Other 67					sfied with your accon	nmodation or
Property taxes 58 Traffic in neighbourhood 59 Other neighbourhood dislikes 60 Accommodation too small 61 Accommodation too large 62 Would like to own 63 Building maintenance 64 Maintenance costs 65 Transportation difficulties 66 Other 67						
Traffic in neighbourhood 59 € Other neighbourhood dislikes 60 € Accommodation too small 61 € Accommodation too large 62 € Would like to own 63 € Building maintenance 64 € Maintenance costs 65 € Transportation difficulties 66 € Other 67 €						57 🔘
Accommodation too large 62 C Would like to own 63 C Building maintenance 64 C Maintenance costs 65 C Transportation difficulties 66 C Other 67 C				Traffic in neighbourhood		59 0
Maintenance costs 65 C Transportation difficulties 66 C Other 67 C				Accommodation too la	rge	62 0
Transportation difficulties 66 O Other 67 O						
Specify				Transportation difficult	es	66 🔾
(Specify

L2. Hove year Non L3. When Alwayou 10 k 100 200 400 1000 Bey 10. L5. What Your	w a few general questions. w many times did you move in the last 10 rs, that is since January 1980? times de	L7.	Is it a Single detached house? 10 Semi-detached or double (side-by-side)? 20 Garden house, town house or row house? 30 Duplex (one above the other)? 40 Low-rise apartment (less than 5 stories)? 50 High-rise apartment (5 or more stories)? 60 Mobile home? 70 Other 80 Specification of the content
Veal Veal Non Veal Non Veal Veal Non Non Veal No	times times times times to 000 en did you move to your present address? to the Year ays lived there to far away did you last live before moving to ar present address? Was it within to (6 miles or 10 minutes by car)? to (30 miles or 30 minutes by car)? to (40 miles or 1 hour by car)? to (120 miles or 2 hours by car)? to (240 miles or 4 hours by car)? to (500 miles or 10 hours by car)? to (600 miles or 10 hours by car)? to (700 hours by car)? to (800 miles or 10 hours by car)?		Semi-detached or double (side-by-side)? Garden house, town house or row house? Duplex (one above the other)? Low-rise apartment (less than 5 stories)? High-rise apartment (5 or more stories)? Mobile home? Other Specification Is this dwelling owned by a member of thousehold? Yes 1 O
L3. Whe 2 2 Mo Alwa	en did you move to your present address? I Go TO L6 In far away did you last live before moving to ar present address? Was it within In (6 miles or 10 minutes by car)? 20 In (30 miles or 30 minutes by car)? 30 In (60 miles or 1 hour by car)? 40 In (120 miles or 2 hours by car)? 50 In (240 miles or 4 hours by car)? 60 In (600 miles or 10 hours by car)? 70 In (600 miles or 10 hours by car)? 80 In (1000 km (more than 600 miles or 10 hours by car)? 80 In the work of this move?		Garden house, town house or row house? Duplex (one above the other)? Low-rise apartment (less than 5 stories)? High-rise apartment (5 or more stories)? Mobile home? Other Specification Is this dwelling owned by a member of the household? Yes 10
L3. Whe 2 2 Mo Alwa	en did you move to your present address? I Go TO L6 In far away did you last live before moving to ar present address? Was it within In (6 miles or 10 minutes by car)? 20 In (30 miles or 30 minutes by car)? 30 In (60 miles or 1 hour by car)? 40 In (120 miles or 2 hours by car)? 50 In (240 miles or 4 hours by car)? 60 In (600 miles or 10 hours by car)? 70 In (600 miles or 10 hours by car)? 80 In (1000 km (more than 600 miles or 10 hours by car)? 80 In the work of this move?		Low-rise apartment (less than 5 stories)? 5(High-rise apartment (5 or more stories)? 6(Mobile home? 7(Other 8(Specifical Spe
L3. Who Alwa Alwa 10 k 50 k 100 200 400 1000 Bey 10	en did you move to your present address? The point of th		(less than 5 stories)? High-rise apartment (5 or more stories)? Mobile home? Other Specifically a member of thousehold? Yes 1 ○
10 k 50 k 100 200 400 1000 Bey 10 L5. Wha	ays lived there		High-rise apartment (5 or more stories)? Mobile home? Other Specifi Is this dwelling owned by a member of thousehold? Yes 10
10 k 50 k 100 200 400 1000 Bey 10 L5. Wha	w far away did you last live before moving to represent address? Was it within cm (6 miles or 10 minutes by car)? 2 cm (30 miles or 30 minutes by car)? 3 cm (60 miles or 1 hour by car)? 4 cm (120 miles or 2 hours by car)? 5 cm (240 miles or 4 hours by car)? 5 cm (600 miles or 10 hours by car)? 5 cm (600 miles or 10 hours by car)? 5 cm (600 miles or 10 hours by car)? 5 cm (600 miles or 10 hours by car)? 6 cm (600 miles or 10 hours by car)? 8 cm (600 miles or 10 hours by car)? 8 cm (600 miles or 10 hours by car)? 8 cm (600 miles or 10 hours by car)?		(5 or more stories)? Mobile home? Other Specifically a member of thousehold? Yes 1 ○
10 k 50 k 100 200 400 1000 Bey 10 L5. Wha	w far away did you last live before moving to represent address? Was it within cm (6 miles or 10 minutes by car)? 2 cm (30 miles or 30 minutes by car)? 3 cm (60 miles or 1 hour by car)? 4 cm (120 miles or 2 hours by car)? 5 cm (240 miles or 4 hours by car)? 5 cm (600 miles or 10 hours by car)? 5 cm (600 miles or 10 hours by car)? 5 cm (600 miles or 10 hours by car)? 5 cm (600 miles or 10 hours by car)? 6 cm (600 miles or 10 hours by car)? 8 cm (600 miles or 10 hours by car)? 8 cm (600 miles or 10 hours by car)? 8 cm (600 miles or 10 hours by car)?		Specification Sp
10 k 50 k 100 200 400 1000 Bey 10	w far away did you last live before moving to it present address? Was it within cm (6 miles or 10 minutes by car)? 3 cm (30 miles or 30 minutes by car)? 4 cm (60 miles or 1 hour by car)? 4 cm (120 miles or 2 hours by car)? 5 cm (240 miles or 4 hours by car)? 6 cm (600 miles or 10 hours by car)? 7 cm d 1000 km (more than 600 miles or 0 hours by car)? 8 cm at were your reasons for this move?		Is this dwelling owned by a member of thousehold? Yes 10
10 k 50 k 100 200 400 1000 Bey 10	km (6 miles or 10 minutes by car)?		Is this dwelling owned by a member of thousehold? Yes 10
10 k 50 k 100 200 400 1000 Bey 10	km (6 miles or 10 minutes by car)?		household? Yes 1 O
50 k 100 200 400 1000 Bey 10	km (30 miles or 30 minutes by car)?		household? Yes 1 O
100 200 400 1000 Bey 10 L5. Wha (Mai	km (60 miles or 1 hour by car)?		household? Yes 1 O
200 400 1000 Bey 10 L5. Wha (Mairyout)	km (120 miles or 2 hours by car)? 5 c km (240 miles or 4 hours by car)? 6 c c c c c c c c c c c c c c c c		household? Yes 1 O
400 1000 Bey 10 L5. Wha (Mai	km (240 miles or 4 hours by car)? 6 0 0 km (600 miles or 10 hours by car)?		household? Yes 1 O
1000 Bey 10 L5. Wha (Mail Your	0 km (600 miles or 10 hours by car)? . 7 or ond 1000 km (more than 600 miles or 0 hours by car)?	L8.	
L5. Wha	o hours by car)?	L8.	20
L5. Wha	at were your reasons for this move?	L8.	No 20
(Mai		1	What is your postal code?
You	rk all that apply)		
			Don't know ³ O
Othe	r work		
	er family member's work 02 O	L9.	How many telephones, including extensions, there in your dwelling?
	-		One 40 GO TO L14
	riage		Two or more 50
	aration 06 O		
Ton	move to own dwelling/	L10.	Do all the telephones have the same number?
	move to a larger home		Yes 6 ○ — GO TO L14
	move to a smaller home		No 70
	move to a less expensive home 10 O	L11.	How many different numbers are there?
	To purchase a home		
Tor			An any of these purples for business on a pink
	attend school	L12.	Are any of these numbers for business use only
Fina	ancial reasons		Yes 8 O No 9 O ———— GO TO L14
Othe	er 15 🔾		No 90 — GO TO L14
	↓ Specify	L13.	How many are for business use only?

L14. In what country were you born?	L18. What language do you speak most often at home?
Canada 1 ○ → In which province or territory? Newfoundland 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 ○	(Accept multiple response only if languages are spoken equally.) English 10 French 20 Italian 30 Chinese 40 German 50 Other 60 Specify
Country outside Canada 2 Specify	elementary and high school education have you successfully completed? No schooling 01 GO TO L23 One to five years . 02 O
	Six
L15. In what year did you first immigrate to Canada? L1	Ten
L16. What is your date of birth? Day Month Year	L20. Have you graduated from high school? Yes
L17. 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 3 0 French 4 0 03 04 0 Italian 5 0 05 06 0 German 6 0 07 08 0 Ukrainian 7 0 09 10 0 Other 8 0 11 0 12 0 Specify	L21. Have you had any further schooling beyond elementary/high school? Yes

L22. What is the highest level of education that you have attained?	your ancestors belong? Would it be
	(Accept multiple responses)
Masters or earned doctorate	English? 02 🔾
Bachelor or undergraduate degree,	Irish? 03 🔾
or teacher's college2	Scottish? 040
:Diploma or certificate from community	French? 010
college, CEGEP or nursing school 3 O	German? 05 O
Diploma or certificate from trade,	
technical or vocational school,	Ukrainian? 07
or business college 4 🔾	Other
Some university 5 🔾	Other
Some community college, CEGEP or	Specify
nursing school 6	opecity
Some trade, technical or vocational	
school, or business college	
Other 8 ○	
1	Canadian (Probe) 09
Specify	Don't know 10 O
	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
	-0 -00 -00
	-
L23. What, if any, is your religion?	A student? 30
No religion 01 GO TO L25	Keeping house? 4 O
Roman Catholic 02	Retired?
United Church 03	Other 60
Anglican 04 O	★
Presbyterian 05	Specify
Lutheran	
Baptist ⁰⁷	
Eastern Orthodox 08	
	L27. Were you studying full-time or part-time?
Other 10 O	Full-time ⁷
Connite	
Specify	Part-time8 O
	the state of the s
	L28. Did you have a job or were you self-employed at any time during the past 12 months?
L24. Other than on special occasions, such as	Yes
weddings, funerals or baptisms, how often did you	1 00 70 100
attend services or meetings connected with your religion in the last 12 months?	NO
	L29. Including vacation, illness, strikes, lock-outs and
Was it	maternity/paternity leave, for how many weeks during the past 12 months did you do any work at
At least once a week? 1 O	a job or business?
At least once a month? 20	
A few times a year? 3 ○	3 weeks
At least once a year? 40	
Not at all?	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 50
	No 60

L32.	Did you regularly work on Saturday or Sunday?	L39.	Was he/she studying full-time or part-time?
	Yes 7 O		Full-time 10
	No8 O		Part-time 2O
L33.	For whom did you work for the longest time during the past 12 months? (Name of business, government department or agency, or person)	L40.	Did your spouse have a job or was he/she self-employed at any time during the past 12 months? Yes
			No ⁴○ → GO TO L45
		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?
			5 weeks
L34.	What kind of business, industry or service was this? (Give full description: e.g. paper box manufacturing, retail shoe store, municipal board of education)	L42.	During those weeks, how many hours per week did he/she usually work?
		-	6 hours
		L43.	Did he/she regularly work evening or night shifts?
			Yes
			NO
		L44.	Did he/she regularly work on Saturday or Sunday?
L35.	What kind of work were you doing?		Yes
	(Give full description: e.g. accounts clerk, dairy farmer, primary school feacher)		No
	primary school reactier)		
		L45.	What is the highest level of education your spouse attained?
			Masters or earned doctorate 01 O
			Bachelor or undergraduate degree, or teacher's college
			Diploma or certificate from community college, CEGEP or nursing school 03
L36.	INTERVIEWER CHECK ITEM: Review H5 and J2.		Diploma or certificate from trade,
	Is the respondent living with his/her spouse or partner (H5 = Yes or J2 = Yes)?		technical or vocational school, or business college
	Yes 10		Some university 05 🔾
	No 2 ○→ GO TO L46	n)ł	Some community college. CEGEP or nursing school
	The next few questions are about your spouse/partner. During the past 12 months, what best describes		Some trade, technical or vocational school, or business college
	your spouse's MAIN activity? Was he/she mainly		Secondary/high school graduation 08 O
			Some secondary/high school
	Working at a job or business?		Elementary school (some or completed) 10 O
	Looking for work?		No schooling
	A student? 50		Other 12 O
	Keeping house? 60		
	Retired? 70 > GO TO L40		Specify
	Other 8 O Specify		

					a total income of
L46.	During 1989, did you receive income			est estimate of the nembers from all susehold income.	sources in 1989?
	Yes	No		1	Less than 55,000? 09 O
	a) From wages, salary or self-employment? ¹	20		Less than \$10,000? 05	\$5,000 and more? 10 O
	b) From government, such as Family Allowance, Unemployment Insurance, Social Assistance, Canada or Quebec Pension Plan	10	Less than \$20,000? 01 🔾	\$10,000 and more? 06	Less than \$15,000? 11 O
	or Old Age Security? . 3	40			\$15,000 and more? 12
	c) From interest, dividends, investments or private pensions?	60			Less than 530,000? 13 O
	d) From any other sources, such as alimony, scholarships, etc.? ⁷	8 🔾		Less than \$40,000? 07	\$30,000 and more? 14
			\$20,000 and more?02		Less than \$60,000? 15 O
L47.	What is your best estimate of your tot income in 1989 from all sources, inclujust mentioned?	al personal ding those		\$40,000 and more? 08	\$60,000 to \$79,999? 16 O
	Income 1 ○ → \$.00			\$80,000 and more? 17
	Don't know 3 O		No income 03 O		
L48.	Including yourself, how many person household received income from arduring 1989?	ns in your ny source,	Don't know 04 O		
	persons				
L49.	INTERVIEWER CHECK ITEM:				
	Review L48.				
	If L48 = 01 4 ○→G Otherwise 5 ○	O TO M1			
		144			

99.	COMMENTS
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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 *not included	Age 65 and over (LFS oversample only)	Control Form
GSS6-2	Age 15 and over	Health 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.



Survey Control Form

General Social Enquête sociale générale Formule de contrôle

GSS / ESG 6-1

CONFIDENTIAL when completed

CONFIDENTIEL

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	Heure	Łu	n Ma	r. Mer	Jeu.	Ven.	Sam		Formule	Nombre de formules	Senior Interviewer
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8-4500-54: 1990-10-04 STC / HFS - 027 - 04085 SQC / SLF - 027 - 04085

21.	Hello, I'm from Statistics Canada. I'm calling you for a survey about the health of Canadians.	Nous	vous i	de Statisti appelons concernant une d les Canadiens.		
22.	I'd like to make sure that I've dialed the right number. Is this (read number)? Yes	num	nerais i ero. S'ag	m'assurer que j'ai com git-il du nº (lire le numer	pose I	e bon
	No O —— Dial again, if still wrong. END	Non		Composez de nou encore d'un mat METTEZ FIN A L'IN	uvais n	umero.
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.	Cette	enqué partic	nseignements que vous f ete volontaire resteront cipation est essentielle ent précis.	confide	ntiels.
24.	Is this the number for a business, an institution or a private home?	etabl	Issemer	numero d'une entre nt ou d'une maison privé	e?	
	Private home Both home and business Go to 27	Maiso	on privee	maison privee	assez a	27
	Business institution or			ablissement ou autre		
	other non residence			residential		
25.	Does anyone use this telephone number as a home phone number?	nume	ro pers		phone o	comme
	Yes		(
	No I nank respondent and ENU	Non	(Remerciez le r METTEZ FIN A	répondai L'INTEI	nt et RVI EW .
26.	How many people live or stay at this address and use this number as a home phone number?	cette	adre:	personnes vivent ou sse et utilisent ce omme numero personnel?	numer	rent à o de
	Less than 15	Moins	de 15 (0		
	15 or more	15 ou	plus (Fixez un rende	z-vous	
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.	une i perso	nterview onne qui d'autre	sir une personne de votre	ge de d roit et d nce. Vi	chaque qui n'a euillez
	(Enter names and ages in items 23 and 25.)	(Inscr	ivez le	nom et l'àge aux rubriques	23 et Z	5.)
28.	INTERVIEWER: Complete items Z6 through Z12 for each person recorded in item Z3.	INTE	RVIEWE	UR: Remplissez les rubriq pour chaque personn rubrique Z3.	ues Z6 le inscri	à Z12 te à la
	Refer to Interviewer Reference Card for instructions and codes.			Pour les instructions voir la Fiche de r l'intervieweur.		
	Then go to item 29.			Puis, passez à la rubi	rique 29	9.
		Z1.	Z2.	Z3.	Z4.	Z5.
1:	Telephone Number Numero de téléphone S	Page	Line	Names of Household Members	Sel.	Age
		Page	Ligne	Noms des	No	Äge
	SELECTION GRID LABEL ETIQUETTE GRILLE DE SELECTION			membres du menage	de Sel.	
			1			
A	= Eligible Membres Household admissibles Members du ménage		2			
В	= Selection Numéro de					
	Number sélection		3			
			4			
			5			
			6			
			7			
			8			

			- 3	-			
29.		the Page- giving the pation		pe	crivez le nun r s o n n e nseignements	qui don	ne les
	711	Page- house	Line Number of shold respondent	7 1	Nur rép	mero de page ondant du m	e-ligne du én ag e
						i cont abi	conton du
30.	Are there any people attending school, visit hospital who USUALLY	ting, trave	lling or in the	Y a-t-il d'autres per menage parce qu'el voyage ou à l'h HABITUELLEMENT I	les sont aux rôpital ma	etudes, en	i visite, en l
	Yes 1 🔾 💳	comp	names and plete items Z5 ph Z12.	Oui	ren	crivez leu aplissez les a 212.	r nom et rubriques
	No 2 O			Non	and the same of th		
31.	Does anyone else liv relatives, roomers, boar			Y a-t-il d'autres pe exemple des person des pensionnaires o	nes apparen	tees, des ch	nt là, par nambreurs,
	Yes 3 🔿 ——	comp	names and Wete Items Z5 ph Z12.	Oui	ren	crivez leui oplissez les a Z12.	r nom et rubriques
	No 4 🔾			Non	0		
32.	years from o	ol age and oldest to y er of elig	er the people 15 d over. In order, youngest. Enter ible household	ins	la rubrique Z x personnes de la plus scrivez le n missibles du	agees de 15 agee a la ombre de	ans et plus . plus jeune.
	1	Numb	er of eligible shold members		Not	mbre de pers nissibles du i	onnes menage
				WITTEN WEIGHT D	terminez le ri	anndant sit	octioned on
33.	by refe Label. selection	erring to the In item on number	ected respondent e Selection Grid Z4 circle the of the selected enter Page-Line	utii A de	isant l'etique la rubrique Z selection du inscrivez le n	tte grille de 4. encerclez i repondant	selection le numero selectionne
	Numbe	r ı Page-	Line Number of	10.		nèro de page ondant sèlec	
	9	seleci	red respondent	[3]		onuain selec	30/1/1E
34.	The person I am to int (Is he/she there?)	erview is	(read name).	La personne que je (lisez le nom). (Est-il)	rais intervier elle là?)	ver est	
	Yes O		Form GSS 6-2 egin interview.	Oui	ESC	sez à la forn G 6-2 et nmencez l'int	
	No		up appointment enter details in '6.	Non	inst	ez un rende crivez les de rique 16.	ez-vous et étails à la
Z6.	Z7 .	Z8.	Z9.		Page-Line I Numero de	Number of: page-ligne d	e:
Sex	What is marital status? (refer to form GSS 6-5)	Family	What is 's relations!		Z10.	Z11.	Z12.
Sexe	Quel est l'etat matrimonial	Identifier	(the family reference pers		Spouse	Mother	Father
JUNE	de? (Reportez-vous a la formule ESG 6-5)	Code- famille	(la personne de reference		Partner	Mere	Pere
М	F M W/V Div. Cel.				partenaire	Wiere	
-	3 4 5 6		If "0", specify	- Si 10", precisez	199 On/a-s/o	21 L 299 n/a-s/0	399\ n/a-s/0
-	5 6 7 8 9		If "0", specify	- Si *0", precisez	499 N/a-5/0	599\(\int n/a-s/0\)	699 n/a-s/o
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4	5 6 7 8 9		It "0", specify	- Si "0", precisez	411	511	6900003:50

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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 menage est enregistre sur cette page, veuillez transcrire l'information relative à cet appel à la ligne 99 de la page 1.

Confidential when completed

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

1 Telephone	Name of Interviewer
Number	
5 Label Identification Number	
Page-Line Number	
1 Туре	
Proxy/Non-proxy	
³ ○ Non-proxy → Go to A1	
Page-line number	
5 Proxy due to language problems 6 of person who provided the proxy interview	
Interviewer: Complete at end of interview	GSS 6-2
Describe reason for proxy interview	
8-4500-55 1: 1990-11-09 STC/HFS-027-04085	

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Sect	ion A: Health Status	A8.	Do you have diabetes?		
A1.	INTERVIEWER:— Repeat the introduction below if the selected respondent is different from household respondent.	*	Yes		
	Helio, I'm from Statistics Canada. I'm calling you for a survey on the health of Canadians.		Don't know	Go tr	A10
	All the information we collect in this voluntary survey will be kept strictly confidential. Your participation is		Refused) 30 %	, , , , ,
	essential If the survey results are to be accurate.	A9.	At what age were you first diagnose	d?	
A2.	Compared to other people your age, how would you describe your state of health? Would you say it was		years of age		
	Excellent?5		Never diagnosed		
	Very Good? ⁶		Don't know		
	Good?	A10.	Do you have:		04
	Fair?		Yes	No	Don't know
	Poor?		a) Arthritis, rheumatism or bursitis?	02	03()
A3.	When did you last have your blood pressure checked by a doctor or nurse?		b) Asthma?	05	06
	Within the last 6 months 1 O		c) Emphysema, chronic bronchitis, persistent cough	080	09()
	7 to 12 months ago		or shortness of breath?	110	120
	13 to 24 months ago ³ O More than 2 years ago ⁴ O		e) Skin or other allergies? 13	140	150
	Never 5○ → Go to A6		f) Stomach uicer?	170	180
	Don't know 6		g) Other digestive problems? . 19	200	21 (
	Refused		h) Recurring migraine headaches?	23()	24()
A4.	Have you ever been told by a doctor or nurse that you		i) High blood cholesterol? 250	26 (27 🔾
	have high blood pressure? (For women add: except when you were pregnant)		j) Any emotional disorders? 28 🔾	29	30
	Yes ⁷ O	Secti	on B: Two-Week Disability	3 83	and E
	No	B1.	During the last two weeks, was you	r main :	ectivity
	Don't know		working, going to school, keeping he something eise? (Note: If sickness or si is reported, ask for usual main activity)	hort-term	
A5.	Has any medication or treatment such as a change in diet ever been prescribed for your high blood pressure?		Working ⁴ O		
	Yes10		Going to school		
	No²O		Keeping house		
	Don't know		Retired		
A6. ◆	Have you ever had trouble with your heart, such as heart attack, angina, heart failure or rheumatic heart disease?		Other (vacation, maternity/paternity leave, long term illness, etc.)		
	Yes		(Specify)	
	No50			للل	
	Don't know				
	Refused ⁷ O	B2.	During those 14 days, did you stay	in bed	at aii
A7.	At what age were you first diagnosed?	•	because of your health, including any is a patient in a hospital?	nights sp	pent as
	years of age		Yes¹O		
	Never diagnosed96 🔾		No²O	}	
	Don't know98		Refused ³ O	Go to	87

- 2 -

- 3 -

B3.	How many days did you stay in bed for all or most of the day?	B10. 0	in how many of those days were you not able to
			work?
	bed days		go to school?
	Part of a day		do housework?
B4.	Interviewer Check Item:	1	activity loss-cut down days
•	Review B1.		
	Was the respondent		uring those 14 days, did you see or talk to a medical octor about your health?
	Working?	Y	es
	Going to school?		o ⁷ O)
	Keeping house?		efused 8 Go to C1
	Retired?		
	Other/Refused		/hat was the main reason for this contact?
B5.	On how many of those days would you normally	IIIr	ness or health problem' O
	have	М	edical check-up
	worked?	SI	hots, inoculations or vaccination3
	gone to school?	Pi	re or post-natal care
	I done housework? 1	0	ther50
	activity loss-bed days		(Specify)
B6.	Not counting days spent in bed, did you cut down on		(Specify)
•	things you normally do during the day because of your health?		
	Yes	Section	C: 12 Month Health Care Contacts
	No20		uring the past 12 months, how many times did you see or talk to a
	Refused Go to B11		Times None
		21	Family doctor or general
B7.	(During those 14 days) Did you cut down on things you normally do during the day because of your health?	aı	practitioner about your own health?
	Yes	100	
11	res		hat about a Medical specialist? 2 or 200
	No50		121 1 1 2 200
	Refused 6 Go to B11		Dentist:
88.	How many days did you cut down for all or most of	d)	Nurse (excluding making appointments?) 4 or 400
	the day?	e)	Optometrist or optician? 5 or 500
	cut-down days	f)	Chiropractor? 6 or 600
	26.0		Psychologist, social
B9.	Part of a day	97	worker, or counsellor? 7 or 700
•	Review B1.	h)	Physiotherapist?
	Was the respondent	7)	Any other health care pro-
	Working?1		fessional?
	Going to school?		(Specify)
	Keeping house?3	L	
	Retired?		
	Other/Refused		

	Did you spend any nights as a patient in a hospital, nursing home or convalescent home during the last 12 months?	4. Why did you not have	
	ia months:	(Mark all that apply.)	
	Yes. ¹○ → C2A. How many patient nights?		tioned it
	No ² O		it was necessary ⁰²
C3.	Over the past 12 months, have you experienced any delays in obtaining health care?	I never thought about	it
•		Flu is not that serious	⁰⁴ C
	Yes ³ C	• I haven't heard about	it
	Refused 50	•Too busy: never got a	round to it
C4.	For which type of medical service did the delay oc-	• I hardly ever get the	iu ⁰⁷ O
04.	cur? (Note: if more than one delay, ask about most recent)	• Fear of side effects.	
	Hospital emergency room treatment 1 O	• I feel the flu shot doe	sn't work
		I feel it costs too much	th
	Medical appointment with a general practitioner .20	• Other	110
	Medical appointment with a specialist ³		(Specify)
	Hospital admission for surgery		
	Hospital admission for other treatment		
	Nursing home or long-term care facility ⁶	Don't know (Probe for	r a reason)
	Diagnostic test (eg. blood test, x-rays)	ection E: Health Status Indic	ators
	Other medical treatment 80	health. You may feel th	ns ask about your day to day at some of these questions do is important that we ask the
1			
	(Specify)		ryone.
	(Specify)	sion	to see well enough to read
	(Specify)	sion Are you usually able ordinary newsprint with	to see well enough to read out glasses or contact lenses?
C5.		2. Are you usually able ordinary newsprint with	to see well enough to read out glasses or contact lenses? Go to E5
C5.	How long was this delay?	Are you usually able ordinary newsprint with Yes	to see well enough to read out glasses or contact lenses?
C5.		Are you usually able ordinary newsprint with Yes No Refused	to see well enough to read out glasses or contact lenses?
	How long was this delay?	Are you usually able ordinary newsprint with Yes No Refused	to see well enough to read out glasses or contact lenses?
	How long was this delay? 1 2 3 Hours Days Weeks	Are you usually able ordinary newsprint with Yes No Refused Can you see well enough with glasses or contact	to see well enough to read out glasses or contact lenses?
Secti	How long was this delay? 1	Are you usually able ordinary newsprint with Yes No Refused Can you see well enough with glasses or contact	to see well enough to read out glasses or contact lenses?
Secti	How long was this delay? 1	Are you usually able ordinary newsprint with Yes No Refused Can you see well enoughth glasses or contact Yes	to see well enough to read out glasses or contact lenses?
Secti	How long was this delay? 1	Are you usually able ordinary newsprint with Yes No Refused 3. Can you see well enough with glasses or contact Yes No Don't know (Don't wear	to see well enough to read out glasses or contact lenses?
Section D1.	How long was this delay? 1	Are you usually able ordinary newsprint with Yes No Refused 3. Can you see well enough with glasses or contact Yes No Don't know (Don't wear or contacts)	to see well enough to read out glasses or contact lenses? 1
Section D1.	How long was this delay? 1	Are you usually able ordinary newsprint with Yes No Refused Can you see well enough with glasses or contact Yes No Don't know (Don't wear or contacts) Can you see at all? Yes	to see well enough to read out glasses or contact lenses? 1
Section D1.	How long was this delay? 1	Are you usually able ordinary newsprint with Yes No Refused Can you see well enough with glasses or contact Yes No Don't know (Don't wear or contacts) Can you see at all? Yes No Can you see well enough Yes	to see well enough to read out glasses or contact lenses?
Section D1.	How long was this delay? 1	Are you usually able ordinary newsprint with Yes No Refused Can you see well enough with glasses or contact Yes No Don't know (Don't wear or contacts) Can you see at all? Yes No Can you see well enough other side of the street lenses?	to see well enough to read out glasses or contact lenses?
Section D1.	How long was this delay? 1	Are you usually able ordinary newsprint with Yes No Refused Can you see well enough with glasses or contact Yes No Don't know (Don't wear or contacts) Can you see at all? Yes No Can you see well enough other side of the street lenses?	to see well enough to read out glasses or contact lenses? \(\bigcup \infty \text{Go to E5} \) \(\cdot \cd

2

E0.	other side of the street with glasses or contact lenses?	Gettin	ng Around
	*	E15.	INTERVIEWER:
	Yes		If a respondent says "sometimes" to any of the following questions, E1 6-E20 and E22, please prompt with "Is
	Don't know (Don't wear glasses		that usually?" If it is not, mark No.
	or contacts).	£16.	Are you able to walk around the neighbourhood without difficulty and without mechanical support such as braces, a cane or crutches?
Heari	ing		Yes 5○ → Go to E23
E7.	Are you usually able to hear what is said in a group conversation with at least three other people without		No
	a hearing aid? Yes Go to E11		Refused
	No²O	E17.	Can you walk at all?
	Refused3○ → Go to E11		Yes80
E8.	Can you hear what is said in a group conversation with at least three other people with a hearing aid?		No
	Yes40	E18.	Do you require mechanical support such as braces, cane or crutches to walk around the neighbourhood?
	No		Yes ¹ O
	Don't know (Don't wear a hearing aid)		No20
E9.	Can you hear what is said in a conversation with one other person in a quiet room without a hearing aid?	E19.	Do you require the help of another person to walk? Yes
	Yes		No
	No8	F20	Do you require a wheelchair to get around?
E10.	Can you hear what is said in a conversation with one other person in a quiet room with a hearing aid?		Yes ⁵ O
	Yes ¹ O		No
	No	E21.	How often do you use a wheelchair
	Don't know (Don't wear a hearing aid)		Always?
Spee	ch		Often?
E11.	Are you usually able to be understood completely		Sometimes?
•	when speaking with strangers in your own language?		Never
	Yes	E22.	Do you need the help of another person to get around in the wheelchair?
	Refused		Yes ⁵ O
E12.	Are you able to be understood partially when speaking with strangers?		No60
	Yes	Hand	s and Fingers
	No	E23.	Do you usually have the $\underline{\text{full use}}$ of two hands and ten fingers?
E13.	Are you able to be understood completely when speaking with those who know you weil?		Yes
	Yes		No
	No		Refused → Go to E27
E14.	Are you able to be understood partially when speaking with those who know you well?	E24.	Do you require the help of another person because of limitations in the use of your hands and fingers?
	Yes ³ O		Yes ¹ O
	No40		No

E25. Do you require the help of another perso	n with E32	. How many activities does your pain and discomfort prevent
Some tasks?		
Most tasks?		None?
Almost ail tasks?5		A few?5
All tasks?		Some?
E26. Do you require special equipment, for devices to assist in dressing, because of in the use of your hands or fingers?		Most?
Yes 70	Sec	tion F: Limitations
No80	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?
Feelings		Yes10
E27. Would you describe yourself as usually.		No
Happy and interested in ilite?		Refused 3 Go to G1
Somewhat happy?		
Somewhat unhappy?		How are you limited? (Note: record limitation not problem)
Very unhappy?		
No opinion	50	
Memory		
E28. How would you describe your usual remember things	ability to	
Able to remember most things?	F3.	What is the main health problem which caused this
Somewhat forgetful?	70	limitation?
Very forgetful?	*0	
Unable to remember anything at ail?		
Thinking		
E29. How would you describe your usual ability to solve day to day problems	o think and	
Able to think clearly and solve problems:	210	tion G: Physical Condition and Activity
Having a little difficulty?	G1.	The next few questions concern your physical condition and physical activity.
Having some difficulty?	3O G2.	How tall are you without your shoes on?
Having a great deal of difficulty?	40	14 or 5
Unable to think or solve problems?	50	Feet Inches Centimetres
Pain and Discomfort		Don't know
E30. In general, do you have any trouble with discomfort?	th pain or G3.	How much do you weigh?
Yes		Pounds Kilograms
No	to F1	9998 ()
Refused8)		Boilt NIOW
E31. How would you describe you usual intens or discomfort	G4.	Do you consider yourself to be
Mild?		Overweight?
Moderate?		Underweight? 2
Severe? 3		Just about right?30

	of time you spend on physical activity at doing your daily chores, but not leisure	work or while	hours per week did you spend on moderate physical activity where your breathing was a lot
	A. How many hours per day do you u	sually spand	faster than normal but talking was still possible? Would that be
	standing or walking but not carryl things. Would that be		None? 28
	None?	010	Less than one hour?
	Less than 15 minutes?	020	One hour to less than 2 hours?
	15 minutes to less than 2 hours? .		Two hours to less than 3 hours?31
	Two to less than 4 hours?		Three hours or more?
	Four to less than 6 hours?		Don't know
	Six hours or more?		
	Don't know		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 talk-
	B. How many hours per day do you u.	sually spend	ing was very difficult or almost impossible? Would that be
	lifting or carrying light loads, climb hills? Would that be	ing stairs or	None?
	None?	08	Less than one hour?
	Less than 15 minutes?		One hour to less than 2 hours?
	15 minutes to less than 2 hours?		Two hours to less than 3 hours? ³⁷
	Two to less than 4 hours?		Three hours or more?
	Four to less than 6 hours?	120	Don't know
	Six hours or more?	13O G	7. Overall, do you consider the amount of physical activity you usually get to be
	Don't know	140	Too much?
	C. How many hours not day do you to	aually spand	Too little?8
	C. How many hours per day do you us doing heavy work or carrying very f Would that be		Too little?
	doing heavy work or carrying very t	neavy loads?	
	doing heavy work or carrying very he Would that be	15 Se	The right amount?
	doing heavy work or carrying very f Would that be None?	15 Se	The right amount? ection H: Sleep 1. Comment: Recent studies have shown that the amount of sleep a person gets may be related to their health. 2. How long do you usually spend sleeping each night?
	doing heavy work or carrying very heavild that be None? Less than 15 minutes?	15 Se	The right amount? ection H: Sleep 1. Comment: Recent studies have shown that the amount of sleep a person gets may be related to their health. 2. How long do you usually spend sleeping each night? (Do not include time spent resting.)
	doing heavy work or carrying very heavy would that be None? Less than 15 minutes? 15 minutes to less than 2 hours?	15 Se H:	The right amount?
	doing heavy work or carrying very f Would that be None? Less than 15 minutes? 15 minutes to less than 2 hours? Two to less than 4 hours?	15 Se Hi 17 Hi 18 19 19 19 19 19 19 19 19 19 19 19 19 19	The right amount? ection H: Sleep 1. Comment: Recent studies have shown that the amount of sleep a person gets may be related to their health. 2. How long do you usually spend sleeping each night? (Do not include time spent resting.)
	doing heavy work or carrying very heavily that be None? Less than 15 minutes? 15 minutes to less than 2 hours? Two to less than 4 hours? Four to less than 6 hours?	15 Se H: 17 H: 18 19 19 120 120 120 120 120 120 120 120 120 120	The right amount?
G6.	doing heavy work or carrying very f Would that be None? Less than 15 minutes? 15 minutes to less than 2 hours? Two to less than 4 hours? Four to less than 6 hours? Six hours or more?	15 Se H: 18 H: 18 H: 19 H: 20 H: 14 the amount	The right amount? ection H: Sleep 1. Comment: Recent studies have shown that the amount of sleep a person gets may be related to their health. 2. How long do you usually spend sleeping each night? (Do not include time spent resting.)
G6.	doing heavy work or carrying very f Would that be None? Less than 15 minutes? 15 minutes to less than 2 hours? Two to less than 4 hours? Four to less than 6 hours? Six hours or more? Don't know	15 Sa 16 H 17 H 18 20 H 21 H At the amount activity such	The right amount? ection H: Sleep 1. Comment: Recent studies have shown that the amount of sleep a person gets may be related to their health. 2. How long do you usually spend sleeping each night? (Do not include time spent resting.) Light hours imminutes Don't know 9998 3. Do you regularly have trouble going to sleep or staying asleep?
G6.	doing heavy work or carrying very f Would that be None? Less than 15 minutes? 15 minutes to less than 2 hours? Two to less than 4 hours? Four to less than 6 hours? Six hours or more? Don't know I am now going to ask you questions about of time you spent on leisure time physical as walking, sports, gardening or dancin last month. A. Thinking back over the past month.	15 Solution 18 Solution 18 Solution 18 Solution 19 Sol	The right amount? ection H: Sleep 1. Comment: Recent studies have shown that the amount of sleep a person gets may be related to their health. 2. How long do you usually spend sleeping each night? (Do not include time spent resting.)
G6.	doing heavy work or carrying very it would that be None? Less than 15 minutes? 15 minutes to less than 2 hours? Two to less than 4 hours? Four to less than 6 hours? Six hours or more? Don't know I am now going to ask you questions about of time you spent on leisure time physical as walking, sports, gardening or dancing last month. A. Thinking back over the past month hours per week did you spend on life activity so that your breathing was	15 Sec. 16 His 17 Hz 18 19 20 His 19 Hz 17 Hz 18 Hz 19 Hz 19 Hz 19 Hz 10 Hz 10 Hz 10 Hz 11 the amount activity such g during the ghysical only a little	The right amount? ection H: Sleep 1. Comment: Recent studies have shown that the amount of sleep a person gets may be related to their health. 2. How long do you usually spend sleeping each night? (Do not include time spent resting.)
G6.	doing heavy work or carrying very if Would that be None? Less than 15 minutes? 15 minutes to less than 2 hours? Two to less than 4 hours? Four to less than 6 hours? Six hours or more? Don't know I am now going to ask you questions about of time you spent on leisure time physical as walking, sports, gardening or dancin last month. A. Thinking back over the past month hours per week did you spend on life activity so that your breathing was faster than normal? Would that be.	15 Section 18 Section 18 Section 18 Section 18 Section 18 Section 19 Section	The right amount? ection H: Sleep 1. Comment: Recent studies have shown that the amount of sleep a person gets may be related to their health. 2. How long do you usually spend sleeping each night? (Do not include time spent resting.) Light hours light minutes Don't know 9998 3. Do you regularly have trouble going to sleep or staying asleep? Yes 9998 No 20 4. How often do you find your sleep refreshing?
G6.	doing heavy work or carrying very if Would that be None? Less than 15 minutes? 15 minutes to less than 2 hours? Two to less than 4 hours? Four to less than 6 hours? Six hours or more? Don't know I am now going to ask you questions about of time you spent on leisure time physical as walking, sports, gardening or dancing last month. A. Thinking back over the past month hours per week did you spend on life activity so that your breathing was faster than normal? Would that be.	15 Sa 16 H 17 H 18 20 H 21 H 24 H 25 H 26 H 27 H 28 H 29 H 20 H 20 H 20 H 21 H 20 H 21 H 21 H 22 H 24 H 25 H 26 H 27 H 28 H 29 H 20 H 20 H 20 H 20 H 21 H 22 H 23 H 24 H 25 H 26 H 27 H 28 H 28 H 28 H 28 H 29 H 20 H 20 H 20 H 20 H 21 H 22 H 23 H 24 H 25 H 26 H 27 H 28	The right amount? ection H: Sleep 1. Comment: Recent studies have shown that the amount of sleep a person gets may be related to their health. 2. How long do you usually spend sleeping each night? (Do not include time spent resting.)
G6.	doing heavy work or carrying very if Would that be None? Less than 15 minutes? 15 minutes to less than 2 hours? Two to less than 4 hours? Four to less than 6 hours? Six hours or more? Don't know I am now going to ask you questions about of time you spent on leisure time physical as walking, sports, gardening or dancin last month. A. Thinking back over the past month hours per week did you spend on life activity so that your breathing was faster than normal? Would that be.	15 Solution 18 His 19 H	The right amount? ection H: Sleep 1. Comment: Recent studies have shown that the amount of sleep a person gets may be related to their health. 2. How long do you usually spend sleeping each night? (Do not include time spent resting.)
G6.	doing heavy work or carrying very f Would that be None? Less than 15 minutes? 15 minutes to less than 2 hours? Two to less than 4 hours? Four to less than 6 hours? Six hours or more? Don't know I am now going to ask you questions about of time you spent on leisure time physical as walking, sports, gardening or dancin last month. A. Thinking back over the past month hours per week did you spend on liactivity so that your breathing was faster than normal? Would that be None? Less than one hour?	15 Set 16 History ioads? 15 Set 16 History ioads? 17 History ioads? 18 History ioads?	The right amount? ection H: Sleep 1. Comment: Recent studies have shown that the amount of sleep a person gets may be related to their health. 2. How long do you usually spend sleeping each night? (Do not include time spent resting.)
G6.	doing heavy work or carrying very if Would that be None? Less than 15 minutes? 15 minutes to less than 2 hours? Two to less than 4 hours? Four to less than 6 hours? Six hours or more? Don't know I am now going to ask you questions about of time you spent on leisure time physical as walking, sports, gardening or dancin last month. A. Thinking back over the past month hours per week did you spend on life activity so that your breathing was faster than normal? Would that be None? Less than one hour? One hour to less than 2 hours?	15 Sa 16 H 17 H 18 19 20 H 21 H 21 H 22 H 23 H 25 H 25 H 25 H 36 H 37 H 26 H 37 H 27 H 28 H 29 H 20	The right amount? ection H: Sleep 1. Comment: Recent studies have shown that the amount of sleep a person gets may be related to their health. 2. How long do you usually spend sleeping each night? (Do not include time spent resting.)

Yes	M3.	Did you have a job or were you self-employed at any time during the past 12 months?	M12.	Did you do any work at a job or business la
Refused		Yes Go to M12		
M13. Last week, did you have a job to which you expected to return? Yes		No²O		
to return? Yes		Refused		Refused
Yes	M4	Did you look for a lob in the last four weeks?	M13.	
No solution in the last four weeks? M5 How long have you been looking for a job? M6 Have you ever worked at a job, business or been self-employed? M7 What kind of work did you do for the longest time? M8 For how many years did you do this kind of work? M8 For whom did you work? (Name of business, government department or agency, or person). M8 What kind of business, industry or service was this? (Give full description, e.g., paper box manufacturing, retail shoe store, municipal board of education). M10 What kind of business, industry or service was this? (Give full description, e.g., paper box manufacturing, retail shoe store, municipal board of education). M11. In what year did you last work?	•			
M14. Did you look for a job in the last four weeks? M5. How long have you been looking for a job? M6. Have you ever worked at a job, business or been self- mployed? Yes				
M6 Have you ever worked at a job, business or been self-employed? M6 Have you ever worked at a job, business or been self-employed? Yes 70 No 60 Go to M40 Refused 90 Go to M40 Refused 90 Go to M40 Refused 90 What kind of work did you do for the longest time? (Give full describion e.g. accounts clerk, dairy farmer, primary school teacher) M8 For how many years did you do this kind of work? What work? (Include all yous) Refused 10 → Go to M17 M8 For whom did you work? (Name of business, government department or agency, or person). M10 What kind of business, industry or service was this? (Give full describion e.g. apare box manufacturing, retail shoe store, municipal board of education) M10 What kind of business, industry or service was this? (Give full describion e.g. apare box manufacturing, retail shoe store, municipal board of education) M11. In what year did you last work? M12 For whom did you work a night shift? Was it Regularly? 10 Other 30 M15 How long have you been without a job and looking for one? 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. 2 weeks M17. During those weeks, how many hours per week did you usually work? (Include all yobs) 3 hours M18. Which of the following best describes the hours you usually work? (Include all yobs) 3 hours M18. Which of the following best describes the hours you usually work? (Include all yobs) Regular day time schedule? 40 Regular afternoon or evening schedule? Regular night shift? 40 M19 How often did you work a night shift? Was it Regularly? 10 M10 What kind of business, industry or service was this? Never? 30 M20 For whom did you work for the longest time during the past 12 months? (Name of business, government department or agency, or person).			104.4	
M6. Have you ever worked at a job, business or been self- employed? Yes	145		M14.	
M6 Have you ever worked at a job, business or been self- employed? Yes	MD.			
## weeks ## we		weeks		Refused 90 Go to M16
No Refused What kind of work did you do for the longest time? (Give full description: e.g. accounts clerk, dairy farmer, primary school teacher) M15 For how many weeks during the past 12 months were you employed or self-employed. Include vecation, iffiness, strikes, lock- outs and maternity/paternity leave. 2 weeks M17. During those weeks, how many hours per week did you usually work? (Include all jobs) 3 hours M18. For how many years did you do this kind of work? years M19 For whom did you work? (Name of business, government department or agency, or person). M10 What kind of business, industry or service was this? (Give full description: e.g. paper box manufacturing, refails shoe store, municipal board of education) M10 What kind of business, industry or service was this? (Give full description: e.g. paper box manufacturing, refails shoe store, municipal board of education) M10 What kind of business, industry or service was this? M110 What kind of business, industry or service was this? M120 For whom did you work a night shift? Was it Regularly? Sometimes? 3 M20 For whom did you work for the longest time during the past 12 months? (Name of business, government department or agency, or person).	M6.	Have you ever worked at a job, business or been self- employed?		
Refused What kind of work did you do for the longest time? Give full description: e.g. accounts clerk, dairy farmer. primary school teacher) 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. 2 weeks M17. During those weeks, how many hours per week did you usually work? (Include all jobs) 3 hours M18. For how many years did you do this kind of work? Weeks M17. During those weeks, how many hours per week did you usually work? (Include all jobs) 3 hours M18. Which of the following best describes the hours you usually worked. Regular day time schedule? Regular afternoon or evening schedule? Regular afternoon or evening schedule? Regular inght shift? Rotating shift? (One that changes periodically)? Other M19. How often did you work a night shift? Was it Regularly? Other M19. How often did you work a night shift? Was it Regularly? Never? 30 M20. For whom did you work for the longest time during the past 12 months? (Name of business, government department or agency, or person).		Yes	M15.	
Refused 9 Go to M40 Employment 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. 2 weeks M17. During those weeks, how many hours per week did you usually work? (Include all jobs) 3 hours M18. For how many years did you do this kind of work? years M19. For whom did you work? (Name of business, government department or agency, or person). M10. What kind of business, industry or service was this? (Give full description, e.g. paper box manufacturing, retail shoe store, municipal board of education) M20. For whom did you work for the longest time during the past 12 months were you usually worked. M19. What kind of business, industry or service was this? (Give full description, e.g. paper box manufacturing, retail shoe store, municipal board of education) M20. For whom did you work for the longest time during the past 12 months? (Name of business, government department or agency, or person).		No 80)		weeks
M7 What kind of work did you do for the longest time? (Give full description: e.g., accounts clerk, dairy farmer, primary school teacher) M8 For how many years of layou do this kind of work? M8 For how many years did you do this kind of work? M9 For whom did you work? (Name of business, government department or agency, or person). M10 What kind of business, industry or service was this? Give full description: e.g., paper box manufacturing, retail shoe store, municipal board of education) M10 What kind of business, industry or service was this? M10 What kind of business, industry or service was this? M10 What kind of business, industry or service was this? M10 What kind of business, industry or service was this? M10 What kind of business, industry or service was this? M10 What kind of business, industry or service was this? M10 What kind of business, industry or service was this? M10 What kind of business, industry or service was this? M10 What kind of business, industry or service was this? M110 What kind of business, industry or service was this? M120 For whom did you work a night shift? Was it M131 No what kind of business, industry or service was this? M140 For whom did you work for the longest time during the past 12 months? (Name of business, government department or agency, or person).				Weeks
Give full description: e.g. accounts clerk, dairy farmer. Comparison of the content of the co	147		-	
Refused	M 17.	(Give full description: e.g. accounts clerk, dairy farmer,	M16.	you employed or self-employed include vacation, illness, strikes, lock- outs and maternity/paternity
M17. During those weeks, how many hours per week did you usually work? (Include all jobs) M18. For how many years did you do this kind of work?				leave.
Refused 'O → Go to M11 M8. For how many years did you do this kind of work? years M9. For whom did you work? (Name of business. government department or agency, or person). M10. What kind of business, industry or service was this? (Give full description: e.g. paper box manufacturing, retail shoe store, municipal board of education) M10. What kind of business, industry or service was this? (Give full description: e.g. paper box manufacturing, retail shoe store, municipal board of education) M10. For whom did you work a night shift? Was lt Regularly? Other M19. How often did you work a night shift? Was lt Regularly? Never? 30. M20. For whom did you work for the longest time during the past 12 months? (Name of business, government department or agency, or person).				2 weeks
Refused Go to M11 M8. For how many years dld you do this kind of work? years			M17.	
M8. For how many years dld you do this kind of work? years				a hours
M9. For whom did you work? (Name of business, government department or agency, or person). M10. What kind of business, industry or service was this? (Give full description: e.g. paper box manufacturing, retail shoe store, municipal board of education) M10. For whom did you work a night shift? Was it Regularly? Sometimes? Never? 30. M20. For whom did you work for the longest time during the past 12 months? (Name of business, government department or agency, or person).		Refused → Go to M11	M18.	
M9. For whom did you work? (Name of business, government department or agency, or person). M10. What kind of business, industry or service was this? (Give full description: e.g. paper box manufacturing, retail shoe store, municipal board of education) M10. What with the description and the description are agency or person. M10. What with the description are agency or person. M10. What with the description are agency or person. M110. In what year did you last work? Regular afternoon or evening schedule? Regular siterion or evening schedule? Regular siterion or evening schedule? Regular light shift? Other 8 M19. How often did you work a night shift? Was lt Regularly? Sometimes? Never? 3 M20. For whom did you work for the longest time during the past 12 months? (Name of business, government department or agency, or person).	M8.	For how many years dld you do this kind of work?		Regular day time schedule? 40
M9. For whom did you work? (Name of business, government department or agency, or person). Rotating shift? (One that changes periodically)? Other M19. How often did you work a night shift? Was it Regularly? Sometimes? Sometimes? Never? M20. For whom did you work for the longest time during the past 12 months? (Name of business, government department or agency, or person).		years		Regular afternoon or evening
M10 What kind of business, industry or service was this? (Give full description: e.g. paper box manufacturing, retail shoe store, municipal board of education) M20 For whom did you work for the longest time during the past 12 months? (Name of business, government department or agency, or person).	M9.			schedule?
changes periodically)? Other Other M19 How often did you work a night shift? Was it Regularly? Cometimes?		men departmen of agency, of person.		Regular night shift?
M10 What kind of business, industry or service was this? (Give full description: e.g. paper box manufacturing, retail shoe store, municipal board of education) M20. For whom did you work for the longest time during the past 12 months? (Name of business, government department or agency, or person).				Rotating shift? (One that changes periodically)?
M19. How often did you work a night shift? Was It Regularly? Sometimes? Sometimes? Never? M20. For whom did you work for the longest time during the past 12 months? (Name of business, government department or agency, or person). M11. In what year did you last work?				
M10 What kind of business, industry or service was this? (Give full description: e.g. paper box manufacturing, retail shoe store, municipal board of education) M20. For whom did you work for the longest time during the past 12 months? (Name of business, government department or agency, or person).			MIO	
M10 What kind of business, industry or service was this? (Give full description: e.g. paper box manufacturing, retail shoe store, municipal board of education) M20. For whom did you work for the longest time during the past 12 months? (Name of business, government department or agency, or person). M11. In what year did you last work?			MITS.	
(Give full description: e.g. paper box manufacturing, retail shoe store, municipal board of education) M20. For whom did you work for the longest time during the past 12 months? (Name of business, government department or agency, or person). M11. In what year did you last work?	M10.	What kind of business, industry or service was this?		
M20. For whom did you work for the longest time during the past 12 months? (Name of business, government department or agency, or person). M11. In what year did you last work?		(Give full description: e.g. paper box manufacturing, retail		
past 12 months? (Name of business, government department or agency, or person). M11. In what year did you last work?				
			M20.	past 12 months? (Name of business, government
	M11.	In what year did you last work?		

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)	d) Medical/surgical benefits beyond those provided by your provincial health care system?
		Yes ⁷ O
		No 80
		Don't know
M22	What kind of work were you doing? (Give full descrip-	e) Dental Care Benefits?
	tion: e.g. accounts clerk, dairy farmer, primary school teacher)	Yes1O
		No²○
		Don't know
		f) Counseiling or referral services for personal problems?
M23.	In that job, were you a paid worker or self-employed?	Yes
	Paid worker	No
	Self-employed	Don't know
	Other (e.g. unpaid family worker) ⁶	
	enefits	g) Paid maternity or paternity leave, in addition to the benefits provided by Unemployment insurance?
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.	Yes
M25.	Does/Did your employer provide you with a	No
	Retirement pension plan (in.addition to the Canada Pension Plan or Quebec Pension Plan contribution required of employers)?	Don't know
	Yes	M26. Are you a member of a labour union?
	No8	Yes10
	Don't know	No
	b) Blacklike leaves and a select of	Occupational Health
	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	M27. In the past 12 months, did you ever suffer a workplace injury or illness?
	Pension Plan)?	Yes
	Yes	No
	No	Refused 50 Go to M29
	DOTT NIOW	M28. How many days of work did you miss as a result?
	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	6 missed work days
	Pension Plan)?	M29. In total, during the past 12 months, how many days did you miss from work due to any illness or injury?
	Yes	Exclude vacations, holidays, strikes, lockouts and maternity/parternity leave.
	Don't know	7 missed work days

M30. I	environment caused y	OR BYCAS														
	past 12 months			Yes	No	Y	es					3	0			
	(a) Too many deman	ds or to	o many	٧		N	0					4	0	16	o to	M2
	hours of work?			010	020	R	efused					5	0)	0 10	101 3 4
((b) Risk of accident of	r injury?	7 1021	030	04()	M33. V	/hat dic	you	do?	Mari	k all t	hat a	pply)		
	(c) Poor interpersona			050	060		Resign	ed wi	thout	havir	ng an	other	job	line	d up	10
	(d) Sexual harassmer				080	•	Transfe	rred :	to a le	ss st	ressf	ul or l	ess	phy:	sical-	
	(e) Other harassment			090	100		ly demi	andin	g job	with	the s	ame	emp	loye	r	20
	(f) Discrimination of sex race ethnicit	y/disabilit	ty/sexua	·	120	•	Change									3
	(g) Threat of layoff or				140	•	Reduce	ed reg	gular t	nours	of w	vork .				40
	(h) Other?			150	160		Change	ed fro	m full-	-time	to p	art-tin	ne .			50
				↓ (Specify	,1	•	Took a without									6
Į						•	Took a									70
Į		111		11		•	Change									80
M31. /	Interviewer Check Item	7:					Other									9
•	Review M30.														(S	peci
,	Are any of the respons	ses <u>Yes</u> ?	>				1	1 1	1 !		1 1			1	, -,	-
													<u> </u>	لسل		
	Yes						1		1 1	1	1 1					- 1
	No/Refused		201 –			pose you	ı to					u fee				ır
1	No/Refused		² () –		ever ex		ı to			ľ	negat		прас	ct o	n you	
1	No/Refused	12 monti	hs, did		ever ex	often?	ı to			ľ	negat nealti ater)	ive ir	прас	ct or	n you	
M34-M	No/Refused	12 monti	² () –		(B) How Was	often?	? ⁰³ ○			ľ	negat nealtf ater)	ive ir 1? (O 'es	прас	ct or	may	
1	No/Refused A39. Over the past Dust or fibres in	12 monti	hs, did		(B) How Was	often? it the time	? ⁰³ ○ . ⁰⁴ ○	1-	<u> </u>	ľ	negat nealtf ater)	ive ir	прас	ct or	may	
M34-M	No/Refused	(A) No	20 - hs, did Yes		(B) How Was Most of Sometin	often? it the time	? ⁰³ ○ . ⁰⁴ ○ . ⁰⁵ ○		-	ľ	negat nealtf ater)	ive ir 1? (O 'es	прас	ct or	may	
M34-M	Dust or fibres in the air?	12 monti	hs, did		(B) How Was Most of Sometin Rarely?	often? it the time	? 03 . 04 . 05 ? 10		→	ľ	negat nealth ater)	ive ir 1? (O 'es	прас	ct or	may	
M34-M	No/Refused A39. Over the past Dust or fibres in the air?	(A) No	20 - hs, did Yes		(B) How Was Most of Sometin Rarely?	often? it the time	? 03 () .04 () .05 () ? 10 () .11 ()		→	ľ	negat nealth ater)	lve ir 1? (O 'es	прас	ct or	may No	
M34-M	Dust or fibres in the air?	(A) No	20 - hs, did Yes		(B) How Was Most of Sometin Rarely? Most of Sometin Rarely?	often? it the time nes?	? 03 () . 04 () 05 () 11 () 12 ()		→	ľ	negat nealth ater)	lve ir 1? (O 'es	прас	ct or	may No	
M34-M M34.	Dust or fibres in the air? Dangerous chemicals or fumes?	(A) No	20 - hs, did Yes 020 -		(B) How Was Most of Sometin Rarely? Most of Sometin Rarely?	often? it the time nes? the time nes?	? 03 () . 04 () . 05 () . 11 () . 12 () . 18 () . 18 ()		→ →	ľ	negatinealth ater)	lve ir 1? (O 'es	прас	ome 07	may No	
M34-M M34.	Dust or fibres in the air? Dangerous chemicals or fumes?	(A) No	20 - hs, did Yes 020 -		(B) How Was Most of Sometin Rarely? Most of Sometin Rarely?	often? it the time nes? the time	? 03 () . 04 () . 05 () . 11 () . 12 () . 18 () . 18 ()		→ →	ľ	negatinealth ater)	es	прас	ome 07	No	
M34-M M34.	Dust or fibres in the air? Dangerous chemicals or fumes? Loud noise?	(A) No	20 - hs, did Yes 020 -		(B) How Was Most of Sometin Rarely? Most of Sometin Rarely?	often? it the time nes? the time nes?	? 03 () . 04 () . 05 () . 11 () . 12 () . 18 () . 18 () . 19 ()		→ →	ľ	negatinealti	ves	прас	07	n you	
M34-M M34. M35.	Dust or fibres in the air? Dangerous chemicals or tumes? Loud noise?	(A) No	Yes 020 -		(B) How Was Most of Sometin Rarely? Most of Sometin Rarely? Most of Sometin Rarely?	the time nes? the time nes? the time nes?	2 03 0 05 0 11 0 12 0 12 0 19 0 19 0 25 0		→ → → →	ľ	negatinealti	es	прас	07	No	
M34-M M34. M35.	Dust or fibres In the air? Dangerous chemicals or fumes? Loud noise?	(A) No	Yes 020 -		(B) How Was Most of Sometin Rarely? Most of Sometin Rarely? Most of Sometin Rarely?	the timenes? the timenes? the timenes?	2 03 0 05 0 11 0 12 0 18 0 19 0 25 0 26 0		→ → → →	ľ	negatinealti	ves	прас	07	n you	
M34-M M34. M35.	Dust or fibres in the air? Dangerous chemicals or tumes? Loud noise?	(A) No	Yes 02 -		(B) How Was Most of Sometin Rarely? Most of Sometin Rarely? Most of Sometin Rarely? Most of Sometin Rarely? Most of Most of Sometin Rarely?	the time nes? the time nes? the time nes?	? 03 () . 05 () . 11 () . 12 () . 13 () . 19 () . 25 () . 26 () . 26 () . 26 () . 27 (→ → → → →	ľ	negaticater) Y 06	lve iri	прас	07 07 28 28	n you may	
M34-M M34. M35.	Dust or fibres in the air? Dangerous chemicals or tumes? Loud noise? Computer screens or display terminals?	12 montil (A) No 01 0 15 0	Yes 02 -		(B) How Was Most of Sometim Rarely? Most of Sometim Rarely? Most of Sometim Rarely? Most of Sometim Rarely?	the time nes? the time nes? the time nes?	? 03 0 04 0 05 0 05 0 11 0 12 0 18 0 19 0 26 0 26 0 26 0 31 0 32 0		→ → → → →	ľ	negaticater) Y 06	ves	прас	07 07 28 28	n you	
M34-M M34. M35. M36.	Dust or fibres in the air? Dangerous chemicals or fumes? Loud noise? Computer screens or display terminals? Poor quality air?	12 montil (A) No 01 0 15 0 220	20 − hs, did Yes 020 − 160 − 230 − 300 −		(B) How Was Most of Sometin Rarely? Most of Sometin Rarely? Most of Sometin Rarely? Most of Sometin Rarely?	the time nes? the time nes? the time nes?	? 03 () 05 () 11 () 12 () 18 () 19 () 26 () 26 () 32 () 33 () 33 ()		→ → → → →	ľ	negaticater) Y 06	lve iri	прас	07 07 28 28	n you may	
M34-M M34. M35.	Dust or fibres in the air? Dangerous chemicals or tumes? Loud noise? Computer screens or display terminals?	12 montil (A) No 01 0 15 0	Yes 02 -		(B) How Was Most of Sometin Rarely? the time nes? the time nes? the time nes?	? 03 0 04 0 05 0 11 0 12 0 18 0 19 0 26 0 26 0 33 0 33 0 2 38 0		→	ľ	negaticalitical (1)	lve iri	прас	07 07 144 21 28 35	n you may		

M40). Interviewe	Check Item:				Sect	tion P: Emotional Well-Being			
•		SS 6-1 (B), iter				P1.	Here is a list that described feel at different times. During often have you felt			
	Yes		10					Often	Sometimes	Never
		d					a) On top of the world? Was it	01 ()	02	03 (
M41	spouse's	past 12 moni MAIN activity	? Was he/s	he mainly .	s your		b) Very lonely or remote from other people?	040	05	oe⊖
		t a job or bus					c) Particularly excited or interested in something?	07 ()	08	09()
		ouse?			Al f		d) Depressed or very	10.0		10.0
		ouse?			14.1		e) Pleased about accom-	100	"0	12 🔾
							pilshing something?	13 🔾	140	150
			(Spe	cify)			f) Bored?	16 (17 🔾	180
							g) Proud because someone complimented you on something you had done?	19 O	20 🔾	21 🔾
1410					N1		h) So restless you couldn't sit long in a chair?	220	23 🔾	240
M42.		e working full					i) That things were going your way?	25 🔾	26 🔾	27 🔾
			2°C)			j) Upset because someone criticized you?	28	29	30 🔾
	on N: Satisfa					Secti	on Q: Classification			
N1.		general ques		Ab		Q1.	in what type of dwelling are	e you n	ow living?	
NZ.	Are you sa	tished or dis:					is it a			
			is that so	mewhat or			Single detached house?			.10
a) You	ur heafth?	Satisfied	01○→	Somewhat	very		Low-rise apartment of less	than 5	stories?	.20
	. ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Dissatisfied	040 →	05	∞ ∩		High-rise apartment of 5 or			
		No opinion	⁰⁷ O				Other		700	40
b) Yo	ur job or	Satisfied	08○ →	09 🔾	:°O	Q2.	Comment: We ask about mexpense, they are a good incoming situation of amily's overall economic situation.	dicator o		
ma	in activity?	Dissatisfied	"○→	12 (13 🔿	Q3.	is this dwelling owned by a m	ember	of this house	hold?
		No opinion	140				Yes 5○ → Q3A No 6○	this c	re a mortga welling?	
	ur life	Satisfied	15○ →	16 🔘	170					
ını	general?	Dissatisfied	18○ →	19 🔾	200				know	
		No opinion	21 ()					Don't	KNOW	
N3.	Would you	describe your	life as			Q4.	What is your postal code? (Note: of residence)			
	Very stress	iul?	3○							
	Somewhat :	stressful?	40				Don't know	1. 10)	
	Not very str	essful?	50			Q5.	Do you have more than one	telepho	ne in your h	ome?
		ressful?					Yes			
			70				No	3	- Go to	011

Q6. Do	all the telephones have the same number?		Q12.	In what year did you first immigrate to Canada?
Ye	Yes			1
No	5 · · · · · · · · · · · · · · · · · · ·			Canadian citizen by birth
	omment: Households with more than one telepartment: Households with more than one telepartment.		Q13.	What is your date of birth?
Su	survey. We ask these questions to adjust for this.		•	! 11
Q8. Ho	ow many different numbers are there?			Day Month Year
				Refused
Q9. Ar	re any of these numbers for business use or	nly?	Q14.	Interviewer Check Item:
Ye	es			Review year of birth in Q13.
No		Q11		is year 1940 or earlier?
Q10 Hc	ow many are for business use only?			Yes ¹ O
	business numbers			No
			Q15.	Did you have any war time service in the active military forces of Canada or its allied forces?
Q11. In	what country were you born?			
Ca	anada 10 - In which province or territory?			Yes ³ ○ → Q15A. Which conflict or war? (Mark all that apply)
	Newfoundland/Labrador 010			No 4O
	Prince Edward Island 02			World War I ⁵ ○
	Nova Scotia			World War II6
	New Brunswick 04			Korean conflict ⁷ 🔾
	Quebec	Co. 40		Other 8 ○
	Ontario	Go to Q13		Other
	Manitoba 070	(What language did you first speak in childhood? (Accept multiple responses only if languages were used
	Saskatchewan 06			equally)
	Alberta 09 🔾			Do you still
	British Columbia			understand that/ those language(s)?
	Yukon Territory			Yes No
	Northwest Territories 120			English ⁰¹
	ountry ² → Specify tside			French
Ca	nada England			Italian
	United States			German
	Germany 150			Ukrainian
	Scotland			
	Italy			
	Poland 18			Chinese
	China			Hungarian
	India 200			Portuguese 09 ○ → 37 ○ 38 ○
	USSR			Polish 10 → 39 ○ 40 ○
	Philippines 220			Other
	Other			→
	(Specify)			(Specify)
L				

Q17.	What language do you speak most often at home? (Accept multiple responses only if languages are spoken equally)	Q21. What is the highest level of education that you have attained?
	English 340	Masters (M.A., M.Sc., M.Ed.) or earned doctorate (Ph.D., D.Sc., D.Ed.) 1
	French	Degree in Medicine, Dentistry, Veterinary Medicine, or Optometry (M.D., D.D.S., D.M.D., D.V.M., D.D.) 2
	Italian ³⁶	Bachelor or undergraduate degree, or teacher's college (e.g. B.A., B.Sc., B.A.Sc.,
	German	⊔_В) . =
	Ukrainian	Diploma or certificate from community college, CEGEP or nursing school
	Dutch	Diploma or certificate from trade, technical or vocational school, or business college
	Chinese	• Some university 6
	Hungarian	Some community college, CEGEP or nursing school 7
	Portuguese 420	Some trade, technical or vocational school, or business college
	Polish	• Other
	Other	(Specify)
	(Specify)	
		Q22. What, if any, is your religion?
Q18.	Excluding kindergarten, how many years of elementary and high school education have you successfully completed?	No religion
Q18.	and high school education have you successfully completed?	Roman Catholic
Q18.	and high school education have you successfully completed? No schooling	Roman Catholic
Q18.	and high school education have you successfully completed? No schooling	Roman Catholic
Q18.	and high school education have you successfully completed? No schooling	Roman Catholic
Q18.	and high school education have you successfully completed? No schooling 45 → Go to Q22 One to five years 46 → Six 47 ← Seven 48 ← Go to Q20	Roman Catholic
Q18.	and high school education have you successfully completed? No schooling	Roman Catholic
Q18.	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 ○ Go to Q20	Roman Catholic
Q18.	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 ○	Roman Catholic
Q18.	and high school education have you successfully completed? No schooling 45 → Go to Q22 One to five years 46 → Six Six 47 → Seven Eight 49 → Go to Q20 Nine 50 → Go to Q20 Ten 51 → Go to Q20	Roman Catholic
Q18.	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 ○	Roman Catholic
	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 ○	Roman Catholic
	and high school education have you successfully completed? No schooling	Roman Catholic
	and high school education have you successfully completed? No schooling	Roman Catholic
Q19.	and high school education have you successfully completed? No schooling	Roman Catholic
Q19.	and high school education have you successfully completed? No schooling	Roman Catholic
Q19.	and high school education have you successfully completed? No schooling	Roman Catholic

Q23.	Other than on special occasions, such as weddings, funerals or baptisms, how often did you attend	Q26. Are you receiving		
	services or meetings connected with your religion in		Yes	No
	the last 12 months? Was it		100	
	At least once a week?	a) Basic Old Age Security benefits paid by the Federal Government?	010	020
	At least once a month?	These benefits are paid monthly by the		
	A few times a year?	Federal Government to all Canadians and Landed Immigrants who are 65 years of age of older and meet the minimum		
	At least once a year?	residency requirements. This benefit increases every 3 months in relation to the		
	Not at all?	cost of living.		
Q24.	The ancestors of Canadians come from many ethnic and cultural groups such as Inuit, French, Scottish and Chinese. To which ethnic or cultural group(s) did your ancestors belong? (Accept multiple responses)	b) Supplements to the Old Age Security pension: the Guaranteed Income Supplement or the Spouse's Allowance?	03 🔾	040
	English ⁰¹	The Guaranteed Income Supplement is paid by the Federal Government to Old Age Security Pensioners who have little		
	French	or no income. The pensioner must reapply every year to receive it.		
111	German	Spouse's Allowance is paid by the Federal Government if a person is between 60		
	Scottish	and 65 years of age, has little or no in- come, and is widowed or is the spouse		
	italian	of a pensioner.		
	Irish	Both the Guaranteed Income Supplement and the Spouse's Allowance are increas- ed every 3 months in relation to the cost		
	Ukrainian	of living.		
	Chinese	c) A retirement pension from Canada Pension Plan or Quebec Pension Plan?	05	06O
	Dutch (Netherlands)	This pension is paid by the Federal or		
	Jewish 10.0	Quebec government to individuals who have contributed to the plan. Benefits		
	Polish	usually begin when the individual reaches 65 years of age but may be applied for as early as 60 years of age. This pension		
	Black	is increased in January of each year in relation to the cost of living.		
	North American Indian	d) A retirement pension from a former		
	Métis	employer?	07 🔾	080
	Inuit/Eskimo	This pension is paid by a former employer upon retirement. It may be a pension that		
	Other 160	was either cost shared with your employer or one provided entirely by your employer.		
	(Specify)			
		e) A survivor benefit plan from the Canada Pension Plan or Quebec Pen- sion Plan?	09 🔿	100
	Canadian (probe: Any other group?)	This benefit is paid by the Federal or Quebec Government to surviving spouses of individuals who have contributed to the Canada or Quebec Pension Plan. An in-		
	Don't know 18 O	dividual must apply for these benefits. This pension is increased in January of		
Q25.	Are you currently receiving any income from a retirement pension, old age security or survivor benefits?	each year in relation to the cost of living.		
	(Exclude lump sum payments).	f) A survivor benefit plan from some source other than the Canada Pension Plan or Quebec Pension		12.0
	Yes 60	Piatr	110	120
	No	This benefit is paid by a source other than the Federal or Quebec government to a surviving spouse.		
	Refused*	darwing operate.		

Q27. Are you currently receiving any income to disability pension. (Exclude lump sum payment) Yes	rom a	Q31. Not including yourself, how many other people in your household received income from any source, during the past 12 months?
No	120	8 people
Refused3	730	Q32. Interviewer Check Item
Q28. Are you receiving	No	Review Q31. Is Q31 = 00?
a) A disability pension from Canada Pension Plan or Quebec Pension Plan?	5 (Yes
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.		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
b) A disability pension from an employer benefit plan?	70	\$5,000? ²⁸
This is a pension paid by a former employer as a result of a disability.		\$10,000? ²⁴
c) A disability pension from some source other than Canada Pension Plan, the Quebec Pension Plan or an employer benefit plan?	90	\$20,000? 19
Q29. Comment: Both individual and household income are ed to study the relationship between an individual's o economic situation and his/her health.		15,000 and more? ³¹ ○
Q30. What is your best estimate of your own income from sources, before deductions during the past 12 more	om all nths?	Less than \$30,000? ³² O
Was your income Less than \$5,000?	100	Less than \$40,000? ²⁶ \$30,000 and more? ³³
Less than \$10,000? 06	110	\$20,000 and more? 200 { Less than \$60,000? 340
\$20,000? 01	120	\$40,000 to less than \$80,000 350
15,000 and more?	¹³ 0	\$80,000 and more? ³⁶
Less than \$30,000?	40	No income 210
\$40,000? ⁰⁸ \$30,000 and more? ¹	*O	Don't know . 22 C
\$20,000 and more? 02 \ Less than \$60,000?	60	
\$40,000 and more? 09 \$60,000 to less than \$80,000	70	
\$80,000 and more? 10	80	
No income 03		
Don't know 04 O		
Refused ⁰⁵		

Secti	on 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 O
	Refused to participate in future surveys
R2.	Name of Respondent
	Given Name
	Surname
R3.	Address of Respondent
	Street and Number/ Lot and Concession
	City, Town, Village
	Municipality 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 ⁵ ○ → Go to R8
R5.	Refused to provide contact
R5.	Name of Contact
R5.	Name of Contact Given Name
	Name of Contact
R5.	Name of Contact Given Name
	Name of Contact Given Name Surname
	Name of Contact Given Name Surname Address of Contact Street and Number/
	Name of Contact Given Name Surname Address of Contact Street and Number/ Lot and Concession City, Town, Village Municipality Province/
	Name of Contact Given Name Surname Address of Contact Street and Number/ Lot and Concession City, Town, Village Municipality
	Name of Contact Given Name Surname Address of Contact Street and Number/ Lot and Concession City, Town, Village Municipality Province/
	Name of Contact Given Name Surname Address of Contact Street and Number/ Lot and Concession City, Town, Village Municipality Province/ Territory
R6.	Name of Contact Given Name Surname Address of Contact Street and Number/ Lot and Concession City, Town, Village Municipality Province/ Territory Postal Code
R6.	Name of Contact Given Name Surname Address of Contact Street and Number/ Lot and Concession City, Town, Village Municipality Province/ Territory Postal Code Home Telephone of Contact
R6.	Name of Contact Given Name Surname Address of Contact Street and Number/ Lot and Concession City, Town, Village Municipality Province/ Territory Postal Code Home Telephone of Contact (Area code)
R6.	Name of Contact Given Name Surname Address of Contact Street and Number/ Lot and Concession City, Town, Village Municipality Province/ Territory Postal Code Interviewer:
R6.	Name of Contact Given Name
R6.	Name of Contact Given Name

99. COMMENTS

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 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 questionniare includes:

Section of GSS 7-2 Content

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
н.	Respondent's Main Activity
J.	Spouse's Main Activity
K.	Classification
M.	Contacts for Follow-up
N.	Interviewer Check Items

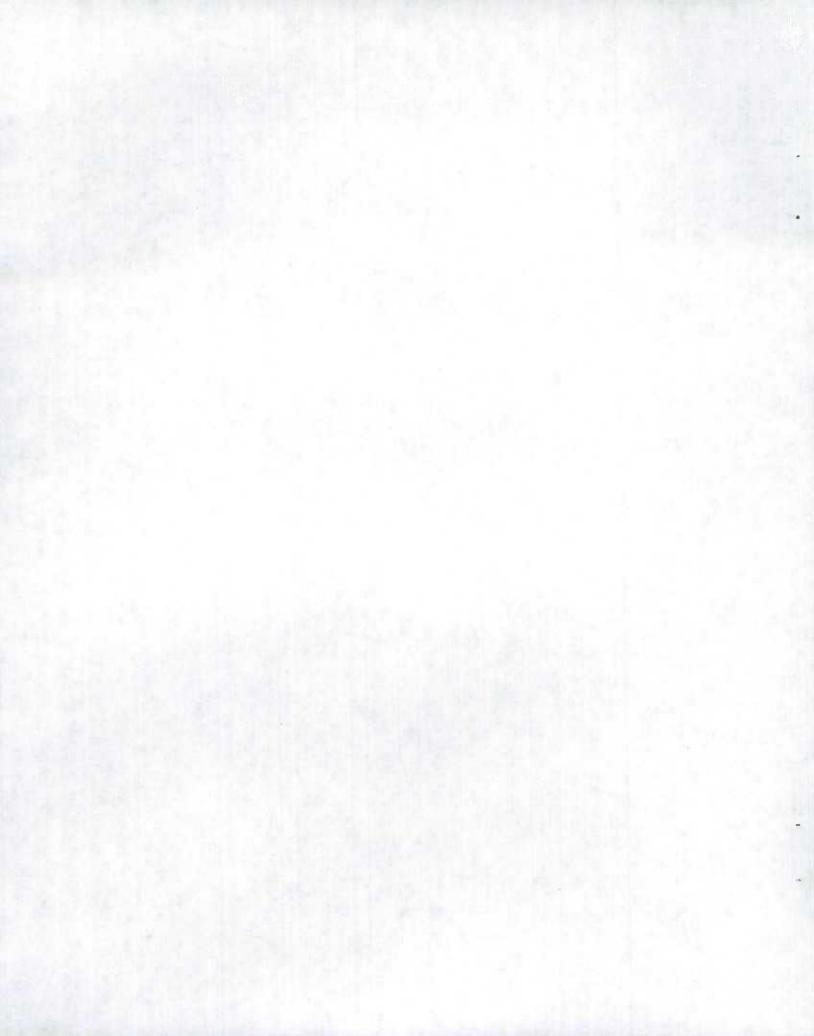
Sample

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.

APPENDIX A GSS CONTROL FORM 7-1





General Social Enquête sociale GSS / ESS Survey générale Control Form Confidential when completed Confidential une tois rempli

GSS / ESG 7-1

Confidential when completed

GS 3:	M P/S/E	L	ephone n	/		teleph				Collected under the authority of th Statistics Act, Revised Statutes of Canada, 1985, Chapter S19. Renseignements recueillis en ventu d la Loi sur la statistique, Lois revisée du Canada, 1985, Chapitre S19.
						ECORD		- REGISTRE D	DES APPELS	ou cariada, 1965, Criapitre 519.
10	Date 12 Sta						14 Result	15 Interviewer's	16	
	Day Jour	Month Mois	Hour Heure	Min. Min.	Hour Houre	Min. Min.	Résultat	Name Nom de l'intervieweur		Comments Remarques
01	1		1	,		1				
02						-				
03						1	1			
04										
05			1	1						
06		1				1				
07							1			
08				0 7		-				
09										
10	1									
11				1						
12										
13										
14										
15									-	
16										
17										
18										
19							1			
20										
21						1			- 1	
22										
23										
Final	Call -	Appel F	inal							
99			1		1	1		To Take		
17.	Call Co Appels	verage b	y Time	of Day a	nd Day o	of Week		18. Forms	Control e des formules	19. Interviewer Number
Tim	ne Period	1		-	. Thur.	Fri.	Sat.	. Form	Number of	1 1 1 1
	Heure	Lur	. Mar	Mer.	Jeu.	Ven.	Sam.	Formule	forms Nombre de	
09:00) - 12:0	00							formules	Senior Interviewer Only
12:01	- 16:0	00						GSS / ESG		Intervieweur principal seulement
16:01	- 19:0	0						7 - 1		20. Final Status État final
19:01	- 21:0	ю						GSS / ESG 7 · 2		

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_ 2 _

21.		om Statistics Canada. I'm calling you the way Canadians spend their time.	app	elons c	i de Statistique Cana oncernant une étude sur la utilisent leur temps.	da. Nou a façon	is vous dont les	
22.	I'd like to make : is this (read ! Yes		J'aimerais m'assurer que j'ai composé le bon numero. S'agit-il du no (lire le numero)? Oui					
	No	Dial again, if still wrong, END	Non		Composez d s'agit encore numero, MB	d'un		
23.	will be kept	you provide in this voluntary survey confidential. Your participation is survey results are to be accurate.	Vot	re parti	enseignements que vous éte volontaire resteront cipation est essentielle ient précis.	fournir	ez pour	
24.			etal resi Mai:	olisseme dence s son prive	ent, d'une maison precondaire?	Pass	u d'une sez à 27	
	Business, institution other non residence Vacation home	œ 6 O	Entr	eprise, ét euble no	maison privée 5	► Pass	sez à 27	
25.	phone number?	e this telephone number as a home	Que	lqu'un u	tilise-t-il ce numéro de télesonnel?	ephone	comme	
	No				_	epondar U 'INTER	nt et RVIEW	
26.	a usual place of	e live or stay at this address without residence elsewhere and use this le phone number?	tele	phone (leurent	te personnes utilisant comme numero personn à cette adresse sans a	ce nun	néro de	
	None	and END	Aucı	une	METTEZ FIN A			
	15 or more		15 ou plus ○ ▶ Fixez un rendez-vous					
27.	an interview. Whi person living or s of residence else	one person from your household for at is the first name and age of each staying there who has no usual place where? Please start with the oldest. ages in items Z3 and Z5.)	pers pas com	intervie sonne qu d'autre mencer	isir une personne de votri w. Quel est le prenom et l' il vlt ou demeure à cet en lieu habituel de résid par la personne la plus àg nom et l'âge aux rubrique	age de droit et lence. lee du m	chaque qui n'a Veuillez nénage.	
28.	INTERVIEWER:	Complete items Z6 through Z12 for each person recorded in item Z3. Refer to Interviewer Reference Card for instructions and codes. Then go to item 29.		RVIEWE		iques Zt ine insci s et les référen	6 à Z12 rite à la codes, nce de	
			I.S.					
1:	Telephone Numi	2:	Z1.	Z2.	Z3. Names of Household Members	Z4.	Z5.	
SE		ABEL/ÉTIQUETTE GRILLE DE SÉLECTION	Page	Ligne	Noms des membres du ménage	No. No de Sél.	Âge	
				1		-		
А	= Eligible Household Members	Membres admissibles du ménage		2				
В	= Selection Number	Numéro de sélection		3				
				4		-		
				5		-		
				6				
				7		-		
				8		-		

29. INTERVIEWER: Enter the Page-Line Number of INTERVIEWEUR: inscrivez le numero de page-ligi person giving the preceding de la personne qui donne information renseignements precedents ... Page-Line Number of Numéro de page-ligne du household respondent répondant du ménage Are there any people away from this household Y a-t-il d'autres personnes qui sont absentes c attending school, visiting, travelling or in the hospital who USUALLY live there? menage parce qu'elles sont aux études, en visite, € voyage ou a l'hôpital mais qui demeure HABITUELLEMENT la? 1 D Enter names and complete items 25 les rubnques Z5 à Z12.

Inscrivez leur nom et remplisse les rubnques Z5 à Z12. through Z12. Non 20 Does anyone else live there, such as other Y a-t-il d'autres personnes qui demeurent là, pa relatives, roomers, boarders or employees? exemple des personnes apparentees, des chambreur: des pensionnaires ou des employes? Yes 3 ○ ▶ Enter names and 3 ○ Inscrivez leur nom et remplisse complete items 25 les rubriques Z5 à Z12. through 212. Non 40 No 40 32. INTERVIEWER: In item 24 number the people 15 INTERVIEWEUR: A la rubrique Z4, attribuez un numer years of age and over, in order, from oldest to youngest. Enter aux personnes âgees de 15 ans et plu - de la plus agée à la plus jeune Inscrivez le nombre de personne number household of eligible members... admissibles du ménage ... Number of eligible Nombre de personnes household members admissibles du ménage 33. INTERVIEWER: Determine the selected respondent INTERVIEWEUR: Déterminez le répondant sélectionné el by referring to the Selection Grid utilisant l'étiquette grille de sélecion. in item Z4 circle the Label. la rubrique Z4, encerclez le numero de selection number of the selected selection du répondant sélectionné e respondent and enter Page-Line inscrivez le numero de page-ligne ... Number ... Page-Line Number of Numéro de page-ligne du selected respondent repondant selectionne The person I am to interview is ... (read name). La personne que je vais interviewer est ... (Is he/she there?) (lisez le nom). (Est-il/elle là?) Yes ○ ▶ Go to Form GSS 7-2 Passez à la formule ESG 7-2 e 0 and begin interview. commencez l'interview. No ○ ▶ Set up appointment Non 0 Fixez un rendez-vous et inscrivez and enter details in les détails à la rubrique 16. item 16. **Z6 Z7** Z8. Z9. Page-Line Number of: Numéro de page-ligne de: Is ...'s marital status .. (refer to form GSS 7-5) Sex Family What is . . .'s relationship to . . .' Z10. Z11. Z12. Identifier (the family reference person)? Quel est l'état matrimonial Spouse / Mother Father Code-Quel est le lien de ...avec ... de ...? Est-ce ... (Reportez-vous à la formule ESG 7-5) Partner familie (la personne de relérence de la famille)? M/CL? W? Sep./Div.? Single? Conjoint / Mera Père M F M/UL? V? Sep./Drv.? Cel.? partenaire 00 If "0", specify - Si "0", precisez 1111 Õ 211 31 1 0 0 0 199 n/a-s/0 299 n/a-s/o 399()n/a-s/o If "0", specify - Si "0", précisez 41 1 51 | 611 00 0 0 0 499 (n/a-s/o 599 n/a-s/o 699 n/a-s/o 6 If "0", specify - Si "0", precisez 111 211 311 0 0 0 199 n/a-s/o 299 n/a-s/o 399 n/a-s/0 00 ° 9 If "0", specify - Si "0", précisez 411 O 51 1 499 n/a-s/0 599 n/a-s/o 699 n/a-s/o If "0", specify - Si "0", precisez 111 31 1 00 0 0 0 0 199 n/a-s/o 299 n/a-s/o 399 n/a-s/o If "0", specify - Si "0", precisez 41 1 00 0 511 6 1 0 0 599 n/a-s/o 499 n/a-s/o 699 n/a-s/o If "0", specify - Si "0", precisez 111 2111 31 1 00 0 0 199 (Na-s/o 299 (Na-s/o 399 n/a-s/o

If "0", specify - Si "0", precisez

51

499 n/a-s/o 599 n/a-s/o 699 n/a-s/o

61

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0

10	11 Date		12 Start Début		13 Finish		14 Result	15 Interviewer's	DES APPELS	
	Day Jour	Month Mois	Hour Heure	Min. Min.	Hour	Min. Min.	Résultat	Interviewer's Name Nom de l'intervieweur	Comments Remarques	
24					1					
25										
26			1							
27			1							
28						,			4-114-21	
29		1								
30		,								
31										
32										
33										
34										
35										
6										
7										
8										
9										
0										
1							1			
2		-								
-			-			1				
3	1	1	-			1				
4	1		-	1						
5	1	1		1						
6		-				1				
7		1	1							
3			-							
-										
		-1-	1		1					
-	1	1								
							1			
		1								
						1			Merensesilannan	
		1		1		1				

f the last call to the household is recorded on this page, ranscribe the information for this call to line 99 on page 1.



³i le dernier appel effectué pour ce ménage est enregistré sur cette page, reuillez transcrire l'information relative à cet appel à la ligne 99 de la page 1.



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.

5		ephone mber		
	Page-line Number			
	lype	ne of riviewer		
Sect	tion A: General Questions	Section B: Time Use Diary		
41	START TIME:	B1 Interviewer – "X" day to which activities refer		
		Sunday 10		
A2.	INTERVIEWER: Repeat the introduction below if the selected respondent is different from nousehold respondent.			
	Hello, I'm from Statistics Canada. I'm calling you	Tuesday 3		
	for a study on the way Canadians spend their time. All the information you provide in this voluntary	Wednesday 4		
	survey will be kept strictly confidential. Your participation is essential if the survey results are to be accurate.	Thursday 5		
1000		Friday 6		
АЗ.	I will start with a few general questions related to time.	Saturday ⁷		
A4	How often do you feel rushed? Would you say it is every day?	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		
	a few times a week? 2	of the people are asleep at that time.		
	about once a week?	(Optional):		
	about once a month?			
	less than once a month?	Let me give you an example: (read only the example		
	Never 6	that is most appropriate for this household)		
A5.	Compared to five years ago, do you feel more rushed, about the same or less rushed?	EXAMPLE 1: (Family with children)		
		Yesterday morning I was asleep until 7:15. From 7:15 to 7:30 I got dressed. Then from 7:30 to 7:45		
	More rushed 7 About the same 8	I made breakfast. Then I ate breakfast with my		
	About the same	spouse and children until 8:10.		
A6.	How often do you feel you have time on your hands	EXAMPLE 2: (Person living alone)		
	that you don't know what to do with? Would you say it is	Yesterday morning I was asleep until 8:30. From 8:30 to 8:40 I had a shower and got dressed.		
	every day?	Then from 8:40 until 8:55, I made breakfast.		
	a few times a week?			
	about once a week?	EXAMPLE 3: (Spouse with no children)		
	about once a month?	Yesterday morning I was asleep until 6:00. From		
	Never 5	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.		

B2. Let's begin		Do not ask que personal care	estion "e" about sleep, sex or other activities.
1 (a) On (designa	ted day), at 4:00 a.n	m. what were you doing?	
01			
(Interviewer: sleep, then a	If the respondent's a isk: What time did y	activity was you fall asleep?)	9797 • Not applicable
(b) Time	0 4:00		(e) Who was with you
(c) When did then end?		1	
			10 20 30 40 50 60
2. (a) And then, wi	nat did you do next	?	
. 02			
(b) When did thi start?	S	(d) Where were you?/ Were you still	(e) Who was with you? Were you still
(c) When did thi end?		Piace or In-	Transit
(a) And then, wh	at did you do next?	?	
03			
(b) When did this start?	: 1	(d) Where were you?/ Were you still	(e) Who was with you?/ Were you still
(c) When did this end?	:	10 10 10 10 10 10 10 10 10 10 10 10 10 1	
	\ \delta^{\varepsilon}	\\ \\ \delta \\ \del	\\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\

	Do	not ask question	"e" about sleep, sex or other persona	il care activities.
4	(a) And then, what	did you do next?		
	0.4			
	(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	20 20 20 20 20 20 20 20 20 20 20 20 20 2
5.	(a) And then, what			10 20 30 40 50 60
	(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?			1 2 3 4 5 6
6.	(a) And then, what o	did you do next?		
	(b) When did this start?		(d) Where were you?/ Were you still	(e) Who was with you?
	(c) When did this end?	:	Place or In Transit	2 3 4 5 6
7.	(a) And then, what d	4		
	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	100 100 100 100 100 100 100 100 100 100

Do	o not ask question **e	" about sleep, sex or other person	al care activities.
12. (a) And then, what	did you do next?		
.2			
(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?	1 2 3		20 20 10 10 10 10 10 10 10 10 10 10 10 10 10
13. (a) And then, what			10 20 30 40 50 60
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?	1 2 3		102030405060
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?	5, 1 2 3 3 C	Place or in Transit	1 2 3 4 5 6
15. (a) And then, what d			0.0.0.0.0
15			
(b) When did this start?	- : A	(d) Where were you?! Were you still	(e) Who was with you?/
(c) When did this end?	The state of the s	Place or in Transit	20 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
	102030		2 3 4 5 6

De	not ask question	"e" about sleep, sex or other personal	care activities.
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?	1020		1
17. (a) And then, what			0 20 30 40 50 60
(b) When did this start?		(d) Where were you?/	(e) Who was with you?
201111		Were you still	Were you still
(c) When did this end?	1020		** S S S S S S S S S
18. (a) And then, what o	did you do next?		
(b) When did this start?	<u> </u>	(d) Where were you?/ Were you still	(e) Who was with you?/ Were you still
(c) When did this end?		Place or In Transit	10 20 30 40 50 60
19. (a) And then, what d			
19			
(b) When did this start?	77: 1	(d) Where were you?/ Were you still	(e) Who was with you?/ Were you still
(c) When did this end?	:	Place or In Transit	20 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	10203		2030405060

	did you do next?		
20			
(b) When did this start?		(d) Where were you?! Were you still	(e) Who was with were you still
(c) When did this end?		Place or in Transit	20 20 20 20 20 20 20 20 20 20 20 20 20 2
(a) And then, what	1020		0 2 0 3 0 4 0 5 0 6 0
(b) When did this start?		(d) Where were you?/ Were you still	(e) Who was with y Were you still .
(c) When did this end?	:	Place or In Transit	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
(a) And then, what 22 (b) When did this start?	did you do next?	(d) Where were you?/	
(b) When did this	:	Place or In Transit	Were you still .
(b) When did this start? (c) When did this end?	:	Were you still Place or In Transit Solution of the Solut	(e) Who was with you was with you still
(b) When did this start? (c) When did this end?	:	Place or In Transit	Were you still :
(b) When did this start? (c) When did this end?	:	Place or In Transit	Were you still :

	o not ask question	"e" about sleep, sex or other personal	care activities.
24. (a) And then, what	t did you do next?		The state of the s
24			
(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?	1020	Place or In Transit	1 2 3 4 5 6
25. (a) And then, what	did you do next?		
25			
(b) When did this start?	b 0	(d) Where were you?! Were you still	(e) Who was with you?/ Were you still
(c) When did this end?	1020		1 2 3 4 5 6
26. (a) And then, what	did you do next?		
26			
(b) When did this start?	1:	(d) Where were you?/ Were you still	(e) Who was with you?! Were you still
(c) When did this end?	1020	Place or In Transit	2030 40 50 60
27. (a) And then, what (did you do next?		
(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 InTransit	2 3 4 5 6 6

, , , , , , , , , , , , , , , , , , , ,	do next?	NAME OF STREET
28		
(b) When did this start?	(d) Where were you?/ Were you still	(e) Who was with yo Were you still
(c) When did this end?	Place or In Transit	2 3 4 5 6
9. (a) And then, what did you o		0 2 0 3 0 4 0 5 0 6 0
(b) When did this start?	(d) Where were you?/ Were you still	(e) Who was with yo Were you still
(c) When did this end?	Place or In Transit	20 30 40 50 60
0. (a) And then, what did you d		
	(d) Where were you?/	
(b) When did this start?	Were you still	(e) Who was with you Were you still
	Place or In Transit	Were you still
start? :	Place or In Transit Place or In Transit 1 2 3 4 5 8 7 8 9 0 1 1 1	Were you still
start? :	Place or In Transit Place or In Transit 1 2 3 4 5 8 7 8 9 0 1 1 1	Were you still
start? : (c) When did this end? :	Place or In Transit Place or In Transit 1 2 3 4 5 8 7 8 9 0 1 1 1	Were you still

Do	not ask question	"e" about sleep, sex or other personal of	care activities.
32. (a) And then, what	did you do next?		
34			
(b) When did this start?	:	(d) Where were you?/ Were you still	(e) Who was with yo Were you still
		Place or In Transit	- / / / / / / /
(c) When did this end?			\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
	/\$		\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
	1020	30 40 50 60 70 80 90 00 11	2030405060
3. (a) And then, what	did you do next?		
33			
(b) When did this start?		(d) Where were you?! Were you still	(e) Who was with yo Were you still
		Place or In Transit	7/////
(c) When did this end?	0 0		\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
	/		
	/ \$		\$ \$ \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	1020		
	-0-0		0 20 30 40 50 60
. (a) And then, what	did you do next?		
34			
(b) When did this		(d) Where were you?/	(e) Who was with yo
start?		Were you still	Were you still
(c) When did this			
end?			
	/		
	/ E &		\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
	1020	3040 506070809000 10	2030405060
(a) And then, what	did you do payt?		
35	did you do next:		
(b) When did this start?		(d) Where were you?/ Were you still	(e) Who was with yo Were you still
		Place or In Transit	1////
(c) When did this end?	:		\$\partial \partial \part
	/		
	/ Bay		
	1020	3 4 5 6 7 8 9 0 1	2030405060
	0.0		

0	o not ask question	''e'' about sleep, sex or other persona	l care activities.
36. (a) And then, what	t did you do next?		THE PROPERTY OF
36			
(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	25 25 25 25 25 25 25 25 25 25 25 25 25 2
37. (a) And then, what	1 0 2 (\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\
37			
(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	10 20 30 40 50 60
38. (a) And then, what	did you do next?		
(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?	1::	Place or in Transit	\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
39. (a) And then, what (did you do next?		
39			
(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	2

		"e" about sleep, sex or other personal	care activities.
40. (a) And then, wha	t did you do next?		
(b) When did this start?	1:1	(d) Where were you?/ Were you still	(e) Who was with you Were you still
(c) When did this end?		Place or In Transit	
11. (a) And then, what		30 40 50 60 70 80 90 60 1	2030405080
(b) When did this start?	74:1	(d) Where were you?/ Were you still	(e) Who was with you Were you still
(c) When did this end?		Place or In Transit	\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
2. (a) And then, what	1020		
42			
(b) When did this start?	n: 91	(d) Where were you?/ Were you still	(e) Who was with you were you still
		Were you still Place or in Transit	Were you still
(c) When did this end?	1020	Were you still Place or in Transit	Were you still
(c) When did this end?	1020	Place or in Transit	Were you still
(c) When did this end? 3. (a) And then, what (1020	Place or in Transit	Were you still

	at did you do next?		
44			
(b) When did this start?		(d) Where were you?/ Were you still	(e) Who was with Were you still
(c) When did this end?		Place or in Transit	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
5. (a) And then, wha	1 2 2 1 1 did you do next?	0 3 0 4 0 5 0 6 0 7 0 8 0 9 0 0 0 1	2030405060
(b) When did this start?		(d) Where were you?/ Were you still	(e) Who was with
(c) When did this		Place or In Transit	Were you still
6. (a) And then, what	10 2C		\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
46			
		(d) Where were you?/	
(b) When did this start?		Were you still	(e) Who was with y
		Were you still Place or InTransit	Were you still .
start?	1020	Were you still Place or InTransit	(e) Who was with Were you still
start? (c) When did this end?	1020	Were you still Place or InTransit	Were you still

48			
(b) When did this start?		(d) Where were you?/ Were you still	(e) Who was with
		Place or In Transit	7////
(c) When did this end?	1 2 3		\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
(a) And then, what di	d you do next?		
49			
(b) When did this start?	#: 1	(d) Where were you?! Were you still	(e) Who was with Were you still
(c) When did this end?	1:1	Place or In Transit	\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
			\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
	102030	50 60 70 80 90 00 1	2030405080
	10 20 30	50 60 70 80 90 00 1	(\$/\$/\$/\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$
(a) And then, what did	10 20 30	50 60 70 80 90 00 1	O 2O 3O 4O 5O 8O
(a) And then, what did 50 (b) When did this start?	10 20 30	(d) Where were you?/ Were you still	O 2O 3O 4O 5O 8O
50 (b) When did this	1 2 3 3 d you do next?	(d) Where were you?/ Were you still Place or In Transit	(e) Who was with Were you still
(b) When did this start?	1 2 3 3 d you do next?	(d) Where were you?/ Were you still Place or in Transit	(e) Who was with
b) When did this start?	d you do next?	(d) Where were you?/ Were you still Place or in Transit	(e) Who was with Were you still
b) When did this start? c) When did this end?	d you do next?	(d) Where were you?/ Were you still Place or in Transit	(e) Who was with Were you still

Se	ction 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?	D1 INTERVIEWER CHECK ITEM
	(Record the episode number from B2.) None	Is there anyone less than 15 years old living in the household? (Review Z5 of GSS 7-1.)
	All (INTERVIEWER: Probe the respondent for the most enjoyable activity.)	Yes
	(Record the episode number from B2.)	No
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	D2. Last week, how many hours did you spend looking after children who live in your household?
	No	
	Relused ³ ○ ► Go to D1	4 hours
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	D3. Last week, did you spend any time doing housework including cooking, cleaning, grocery shopping and laundry for your household?
	something else at the same time such as preparing meals or watching TV.	Yes
C4.	When did your child/children wake up on (designated day)?	7 hours
	(INTERVIEWER: Record the time of the child who woke up first.)	No 6 🔾
	4 : :	
C5.	When did your child/children go to sleep on (designated day)?	D4. Last week, did you do any unpaid work to maintain or improve your house, yard or automobile?
	(INTERVIEWER: Record the time of the chifd who went to sleep last.)	Yes ⁸ ○ ▶ D4A. For how many hours?
П	5 :	9 hours
C6.	On (designated day), at what limes were you looking after your child/children?	No10
	Start End	
	1)	D5. Do you pay anyone, on a regular basis, to help out with cleaning your house?
	2) :	Yes
	3)	No
	5)	Refused ⁴○ ► Go to D7
	6)	
	7)	D6. How often do you use this service?
	8)	Every day 5
	9)	Every week 6
	10)	Every second week 7
		Once a month
		Less than once a month 9

	Now let's talk about unpaid help you may have given		30.3 0. 1010		and not tire with y
8.	Last month,				
		No	Yes ►	D8A	For how many
			100 p	0071	hours? (last month)
	a) did you help someone else with housework, including cooking, cleaning, grocery shopping and laundry?	01 🔾	02○▶		1 hou
	b) did you help someone else with repairs or maintenance on a house, yard or automobile?	03	04 🗇 🕨		2 . hou
	c) did you look after another person's child?	05	06○▶		3 hou
	Now, I would like to ask about other types of unpaid to other household members.	nelp that you gav	e to organiza	itions (or persons including
0.	Last month,			will)	A. S. E.
		No	Yes ►	D10A.	For how many hours? (last month)
	a) did you help someone else with trans- portation, shopping or getting around outdoors?	07	08○▶		4 hou
	b) did you provide personal care to someone who was disabled or ill?	09	10 >		5 hou
	c) did you help anyone to write letters, solve problems, find information or fill out forms?	110	12○▶		6 hou
	d) did you help anyone with carrying on a business or with farming?	130	140 ▶		7 hou
	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 . hou

Se			r use of time.	
E1.	Now I would like to ask you some questions on	your outlook towards you		
E2				
	a) Do you plan to slow down in the coming	Yes	No	Don't k
	year?	010	020	03
	b) Do you consider yourself a workaholic?	040	05	06 🔾
	c) When you need more time, do you tend to cut back on your sleep?	070	08	090
	d) At the end of the day, do you often feel that you have not accomplished what you had set out to do?	10 🔾	11 🔾	12 🔾
	e) Do you worry that you don't spend enough time with your family or friends?	130	14 ()	15 🔾
	Do you feel that you're constantly under stress trying to accomplish more than you can handle?	16 🔾	17 🔾	18 🔾
	g) Do you feel trapped in a daily routine?	190	20 🔾	21 🔾
	h) Do you feel that you just don't have time for fun any more?	220	23 🔾	24 🔾
	i) Do you often feel under stress when you don't have enough time?	25	26 🔾	27 🔾
	j) Would you like to spend more time alone? tion F: Educational, Cultural and Recreati	onal Activities	29 🔾	30)
	j) Would you like to spend more time alone?	onal Activities		
1.	j) Would you like to spend more time alone? tion F: Educational, Cultural and Recreati Last month, did you attend any courses or training	onal Activities		
1.	i) Would you like to spend more time alone? Ition F: Educational, Cultural and Recreati Last month, did you attend any courses or training Yes	onal Activities ng sessions?		
2.	i) Would you like to spend more time alone? tion F: Educational, Cultural and Recreati Last month, did you attend any courses or training Yes No. 20 So to F3 Were these courses	onal Activities ng sessions?	29 🔾	
1.	i) Would you like to spend more time alone? tion F: Educational, Cultural and Recreati Last month, did you attend any courses or training Yes	onal Activities ng sessions? F2A. For how mail	ny hours?	30 🔾
2.	i) Would you like to spend more time alone? Stion F: Educational, Cultural and Recreation Last month, did you attend any courses or training Yes No 20 Go to F3 Were these courses No Ye a) credit courses? 3 4	onal Activities ng sessions? F2A. For how mai (last month) F2B. For how mai (last month)	ny hours?	30 O
2.	i) Would you like to spend more time alone? Ition F: Educational, Cultural and Recreati Last month, did you attend any courses or training Yes No. 20 So to F3 Were these courses No Ye a) credit courses? 30 40 Now, I would like to ask you about your leisure acceptance.	onal Activities ng sessions? F2A. For how mai (last month) F2B. For how mai (last month)	ny hours? 5	30 O
. 1	i) Would you like to spend more time alone? Ition F: Educational, Cultural and Recreation Last month, did you attend any courses or training Yes No. 20 So to F3 Were these courses. No Yes a) credit courses? No would like to ask you about your leisure accounting the past 12 months, as a leisure activity (notes).	onal Activities ng sessions? F2A. For how mai (last month) F2B. For how mai (last month) tivities. ot for work or studies) did F4A. Was this during the	ny hours? 5	30 O
	i) Would you like to spend more time alone? Ition F: Educational, Cultural and Recreation Last month, did you attend any courses or training Yes No. 20 So to F3 Were these courses. No Yes a) credit courses? No would like to ask you about your leisure accounting the past 12 months, as a leisure activity (notes).	onal Activities ng sessions? F2A. For how man (last month) F2B. For how man (last month) citivities. ot for work or studies) did F4A. Was this during the past month?	ny hours? 8!	30 O
	i) Would you like to spend more time alone? Ition F: Educational, Cultural and Recreation Last month, did you attend any courses or training Yes	onal Activities Ing sessions? F2A. For how man (last month) F2B. For how man (last month) Attivities. ot for work or studies) did F4A. Was this during the past month? No Yes	ny hours? 5 syou read a	hou hou
	i) Would you like to spend more time alone? Ition F: Educational, Cultural and Recreation Last month, did you attend any courses or training Yes	onal Activities ng sessions? F2A. For how man (last month) F2B. For how man (last month) citivities. ot for work or studies) did F4A. Was this during the past month?	ny hours? 5 syou read a	houring the
2.	i) Would you like to spend more time alone? Ition F: Educational, Cultural and Recreation Last month, did you attend any courses or training Yes	onal Activities Ing sessions? F2A. For how man (last month) F2B. For how man (last month) Attivities. ot for work or studies) did F4A. Was this during the past month? No Yes	ny hours? 5 ny hours? 8: you read a	hou hou s during the ek?
2	i) Would you like to spend more time alone? Ition F: Educational, Cultural and Recreation Last month, did you attend any courses or training Yes	onal Activities ag sessions? F2A. For how mai (last month) F2B. For how mai (last month) ctivities. ot for work or studies) did F4A. Was this during the past month? No Ye 03 04	ny hours? 5 ny hours? 8: you read a s ► F4B. What this past were No	hour hour s during the ek?

	Fiction ¹9○ ►	F5A.	Was	it a novel, poe	try, a play or	something	else?			
			A not	vel				210 -		
			Poetr	у				22		
			A pla	y				23 🔘		Go to F
			Other	See See				240 _		
	Non-fiction 20 ○ ►	F5B.	Was else?	it a biography,	an autobiogra	aphy, histo	ry, self-	heip o	r som	nething
			Biogra	aphy or autobio	graphy			25 🔾		
			Histor	ry				26		
			Self-h	elp				27 🔾		
			Other					28		
).	During the past 12 months did yo	ш								
			No	Yes ▶ F6	SA. Was this	furina				
	a) borrow a book from a library (for self or family)?	2:	90	30 🔿	the past n	nonth?	500	10/1	Abin	during
	(for sen or family)?			0	No	Yes >	rob.		ast w	
					31 🔾	32			Vo	Yes
								33		34 (
	b) listen to records, cassettes or CDs?	35	•0	36 ○ ▶	37 🔾	38 ○ ▶		39	0	400
	c) view a film, rented or purchased, on VCR (or videodisc							_		
	player) at home or at a friend's home?	4.0								
	nome:	41	0	42○▶	430	44○▶		45	0	460
	During the past 12 months did you	atten	d any What	popular music	al performanc	ce by profe				460
	During the past 12 months did you	atten	d any What	popular music	al performance F7B. Was th	ce by profe e? Was it				460
	During the past 12 months did you	atten	d any What	popular music type of music: p/rock music?	al performance F7B. Was the passible p	e? Was it		artist	s?	
	During the past 12 months did you	atten	What	popular music type of music: p/rock music?	F7B. Was the the pas	e? Was it is during t month? Yes	F7C. 1	artist	s?	uring
	During the past 12 months did you	atten	What	popular music type of music: p/rock music?	al performance F7B. Was the passible p	e? Was it	F7C. 1	artist:	s?	uring
	During the past 12 months did you	atten	What	popular music type of music: p/rock music?	F7B. Was the the pas	e? Was it is during t month? Yes	F7C. 1	artist:	s?	uring ek?
	During the past 12 months did you	F7A.	What i) po N 49	popular musical type of musical plrock musical polytock musical plrock musical polytock musical plrock musical	F7B. Was the the pas	e? Was it is during t month? Yes	F7C. 1	what the pa	s? this d st we	uring ek?
	During the past 12 months did you	F7A.	d any What i) po N 49/	popular musical type of musical pirock musical piro	F7B. Was the passion of the passion	ce by profe e? Was it is during it month? Yes >	F7C. 1	what the pa	s? this dist we Yes	uring ek?
	During the past 12 months did you	F7A.	What i) po N 49	popular musical type of musical plrock musical plro	F7B. Was the the pas	e? Was it is during t month? Yes	F7C. 1	what the pa	s? this d st we	uring ek?
	During the past 12 months did you	F7A.	d any What i) po N 49:	popular musical type of musical pirock musical piro	F7B. Was the passion of the passion	ce by profe e? Was it is during it month? Yes >	F7C. 1	what the pa	s? this dist we Yes	uring ek?
	During the past 12 months did you	F7A.	d any What i) po N 49:	popular music: type of music: p/rock music? lo Yes 500 z/blues? 560 k music?	F7B. Was the passion of the passion	ce by profe e? Was it is during it month? Yes >	F7C. 1	what the pa	s? this dist we Yes	uring ek?
	During the past 12 months did you	F7A.	What i) po N 49?	popular music: type of music: p/rock music? lo Yes 500 z/blues? 560 k music?	F7B. Was the passion of the passion	ce by profe e? Was it is during it month? Yes > 520	F7C. 1	what the pa	Yes	uring ek?
	During the past 12 months did you	F7A.	d any What i) po N 49 ii) jaz 55 (iii) foli 61 (iv) con	popular music type of music? lo Yes z/blues? 62 https://doi.org/10.10000/10.10000/10.1000/10.1000/10.10000/10.10000/10.10000/10.1000/10	F7B. Was the the passion of the pass	ee by profee? Was it is during it month? Yes > 58 >	F7C. 1	what the pa	Yes	uring ek?
	During the past 12 months did you	F7A.	d any What i) po N 49; ii) jaz 55(popular music type of music? lo Yes z/blues? 62 https://doi.org/10.10000/10.10000/10.1000/10.1000/10.10000/10.10000/10.10000/10.1000/10	F7B. Was the the passion of the pass	ce by profe e? Was it is during it month? Yes > 520	F7C. 1	what the pa	Yes	uring ek?
	During the past 12 months did you	F7A.	d any What i) po N 49 ii) jaz 55 (iii) foli 61 (iv) con	popular music type of music? lo Yes z/blues? 62 https://doi.org/10.10000/10.10000/10.1000/10.1000/10.10000/10.10000/10.10000/10.1000/10	F7B. Was the passion of the passion	ee by profee? Was it is during it month? Yes > 58 >	F7C. 1	What I the pa	Yes	uring ek?
	During the past 12 months did you Yes	F7A.	d any What i) po N 49 ii) jaz 55 iii) foli 61 iv) cot	popular music type of music? lo Yes > 5000 z/blues? 6600 > untry and west	F7B. Was the the pass No 51 0 63 0 cern music?	ce by profe e? Was it is during it month? Yes > 52	F7C. 1	What the pa	see 60 72 72 0	uring ek?
	During the past 12 months did you Yes	F7A.	d any What i) po N 49 ii) jaz 55 iii) foli 61 iv) cot	popular music type of music? lo Yes > 5000 z/blues? 6600 > untry and west	F7B. Was the the pass No 51 0 63 0 cern music?	ce by profe e? Was it is during it month? Yes > 52	F7C. 1	What the pa	see 60 72 72 0	uring ek?
	During the past 12 months did you Yes	F7A.	d any What i) po N 49 ii) jaz 55 iii) foli 61 67	popular music type of music? lo Yes > 5000 z/blues? 6600 > untry and west	F7B. Was the the pass No 51 0 63 0 cern music?	ce by profe e? Was it is during it month? Yes > 52	F7C. 1	What the pa	see 60 72 72 0	uring ek?

	Did you attend a dance	performance?					
		⁰¹ ○ ▶ F9A.					
			i) ballet?				
			No Yes ► F9E	. Was this	during		
			03 040		month?		
				No	Yes 🏲		
				05	96	the past	Yes
						07	08
			ii) contemporary dance?	,			
			090 100	110	120 D	13 🔾	14 🔾
	No	¹² O					
0.			al musical performance?				
	Yes	15○ ► F10A					
			i) symphonic music?	ND 144 - 11 1			
			No Yes ► F10	the past	s during I month?		
			17 🔾 18 🔾	No	Yes ▶		s during
				19 🔾	20 🔿	the past	week?
					-	No	Yes
						21 🔾	220
			ii) symphonic "pops" c	oncerts?	26 0	27 🔾	28
						0	
			iii) contemporary classic	al music?			
			29○ 30○ ▶	31 🔾	32 ○ ▶	33 🔾	34 🔾
			iv) chamber music and				
			35○ 36○ ▶	37 🔾	38○ ▶	39	400
			v) opera? 41○ 42○ ▶	43	440	45 (46
			vi) choral music?				
			47○ 48○ ▶	490	500	51 🔾	52
	No	0					
	Did you attend a theatric						1
	Yes 53	B○ ► F11A.	What type of theatrical p	erformance	? Was it		
			i) drama? No Yes ► F11E	Was this	during		
			55 56	the past	month?		
			550	No	Yes -	F11C. What this	during
				57	58	the past w	Yes
						NO	100
						59	60 🔾
			ii) comodu?			59	60 🔾
			ii) comedy?	63 (64 🔿 🕨		
			ii) comedy? 61 ○ 62 ○ ▶	63 (64 O >	59 0	66 (
			61 62 b				
			ii) comedy? 61 62 ► iii) avant-garde theatre? 67 68 ►		540 >		
			61 62 iii) avant-garde theatre? 67 68			65	66 (
			61 62 iii) avant-garde theatre? 67 68 iv) a musical?	69 7	►	65 71 0	66 ()
			61 62 iii) avant-garde theatre? 67 68	69 7		65	66 (
			61 62	69 7	►	65 71 0	66 ()
			61 62	69 7 75 7	*************************************	71 O	72 O
			61 62	69 7 75 7	►	65 71 0	66 ()

14.	During the past 12 months did you at	nenu an	y						
	a) performance of children's	No	Yes ►	F12A	Was this				
	music, theatre and dance by professional artists?	010	02		No	Yes >	F12B.	What the	
					03	04 🔾			
								No	Yes
								05	06
	b) performance of ethnic and heritage dance/music?	07	080		09O	10○ ▶		"0	12 (
3.	During the past 12 months did you at	tend any	profession	nal spor	ting event	?			
		No	Yes ►	F13A.	Was this				
		13 🔾	14 🔾		No	Yes >	F13B	What thi	e durin
					15 (16 (1 100.	the past	
					.50	.00		No	Yes
								17 🔾	16
4.	During the past 12 months did you go								
		No 19 (Yes ►	F14A.	Was this the past				
					No	Yes -	F14B.	What thi	
					21 🔾	22 🔾		the past	week?
								No	Yes
								23	24()
	During the past 12 months did you go Yes	to a mu	iseum or ai	n art ga	llery?		11		
		to F17	iseum or ai	n art ga	llery?	<u> </u>			
1	Yes ¹○ No ²○ ▶ Go Refused ³○ ▶ Go	to F17	iseum or al	n art ga	llery?				
1	Yes 1○ No 2○ ► Go	to F17	seum or al	n art ga	llery?				
1	Yes ¹○ No ²○ ▶ Go Refused ³○ ▶ Go	to F17	yes ▶		Was this				
6. 1	Yes ¹○ No ²○ ▶ Go Refused ³○ ▶ Go	to F17					F16B.	What this	s during
6. 1	Yes	to F17 to F17 No	Yes ▶		Was this the past	month?	F16B.		s during
6. 1	Yes	to F17 to F17 No	Yes ▶		Was this the past (month? Yes ▶	F16B.	What this	s during
16. 1	Yes	to F17 to F17 No	Yes ▶		Was this the past (month? Yes ▶	F16B.	What this	s during week?
6. 1	Yes	to F17 to F17 No	Yes ▶		Was this the past (month? Yes ▶	F16B.	What this the past	during week? Yes
16. 1	Yes	to F17 to F17 No	Yes ►		Was this the past No	month? Yes ►	F16B.	What this the past	s during week? Yes
6. 1	Yes 1	to F17 to F17 No	Yes ►		Was this the past No	month? Yes ►	F16B.	What this the past	s during week? Yes
6. 1	Yes	to F17 to F17 No 01 07	Yes ▶ 02○		Was this the past No	04 ○ 10 ►	F16B.	What this the past	during week? Yes 06
6. 11	Yes	to F17 to F17 No 01 07	Yes ▶ 02 ○ 08 ○ ▶		Was this the past (No 03)	16 ►	F16B.	What this the past No 05 11 1	s during week? Yes 06

		No	Yes -	F17A.	Was this the past				
	a) archaeological site?	37	38		No	Yes ▶	F17B	What the	nis dur t week
								No	Ye
								410	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
	During the past 12 months did you go	to any							
	a) festivals, fairs or	No	Yes ►	F18A.	Was this	during			
	exhibitions?	61 (62		No	Yes -	F18B.	What thi	
					63	64 (No	Yes
								65	66
0	formance such as a circus, ice show, etc.?	67 🔾	68○ ▶		69	70○▶		710	720
			Va.	510.					
a	do any individual art activities such as painting	No	Yes ►	F19A.	Was this the past r	during nonth?			
	or sculpturing?	010	050		No	Yes -	F19B.	What this	durin
					03 🔾	04		No	
								05	Yes 06
b	do any crafts such as woodcarving, knitting,								
	pottery, jewelry making.	07	08○ ▶		09	10○ ▶		110	12 (
c)	play or practise a musical instrument?	13 🔾	14 ○ ▶		15 🔾	16 >		17 ()	18 🔾
d)	engage in artistic photo- graphy?	190	20○ ▶		21 🔾	22○ ▶		23 (24 ()
	iring the past 12 months did you take	any cou	rses or les	sons fo	r pleasure	(not for we	ork or st	udies)?	
Du									
	s 40								

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		F21A.	Was thi	s during t month?			
			No	Yes -	F21B.	Was this	
a)	Music 01 O		02	03		the past	WCCF
						No	Yes
						04	05
b)	Singing 06 >		07	08	111	09 🔾	10 (
c)	Ballet or other dance		12 🔾	13()		14 ()	15 (
d)	Fine arts		17 🔾	18 🔾		19 🔾	20 (
e)	Crafts 21○ ▶		220	23 🔾		24	25
f)	Acting or other theatre activities		27 🔾	28		29	30
g)	Writing		32 🔾	33 🔾		34 🔾	35
h)	Television, radio broadcasting or recording 36 ►		37 🔾	38		39 🔾	40 (
i)	Photography		420	43		440	45
j)	Other		47 🔾	48		49 🔾	50 (
		11					
k)	Other 51 ○ ► (Specify)		52 🔾	53 🔾		54 🔾	55
			U la				
1)	Other		57 🔾	58		59	60
		4 1					
Ho	w many hours did you watch CBC (Radio-Canada) television	last w	reek? Wa	s it			
noi	ne at all?						
1 to	o 2 hours?						
3 to	o 4 hours?03						
5 to	o 9 hours?						
	or more hours?						
Doi	n't know						
	w many hours did you listen to CBC radio last week? Was	it					
	ne at all?						
1 to	08 O						
3 to	09 O						
5 to	o 9 hours? 10 0						
10	or more hours?						
Dor	n't know						

_	ction G: Organized Sport					
31.	During the past 12 months did you regularly			orts such as	- volteyball, bowling	or skiing?
	Yes					
	No		⁸ ○ ► Go to	G4		
	Refused		9 ○ ► Go to	G6		
32.	Which sports did you participate in?	G2A	Was this org through a cl community i program, a l provincial sp	ub, a recreation eague or a port	G2B. Did you part competition tournament 12 months?	and/or
			organization	?		
	(Sport code)		Yes	No	Yes	No
		•	01 🔾	02 🔾	03 🔾	040
		•	05	06	07 🔾	08
		•	09	100	11 🔿	12 🔿
		•	13 🔾	14 🔿	15 🔾	16
		•	170	18 🔿	19	20 🔾
_	N.T. SOLUTION OF THE STATE OF T					
٥.	INTERVIEWER: Go to G6.					
	No					
5.	What are they? (Mark all that apply.)					
	Programs are not available in the community	0	10			
	Programs are not available for women	02	20			
	Not interested	03	30			
	Have not got time		0			
	Do not want to be committed to regular schedule		50			
	Facilities are not available		30			
	Too expensive		0			
	No one ever invited me to participate					
	Health					
	Age					
	Disability					
	Other					
	(Specify) ▼					
		101				

G6.	INTERVIEWE	R CHECK ITEM				
	Is this a singi	le-person household? (Review	Z3 of GSS	7-1.)		
	Yes			1○ ▶ Go	to G9	
	No			2 🔾		
	Refused			3 ○ ► Go	to G9	
G7.	During the p	ast 12 months, did anyone e	else in your	household p	participate regularly in	any sports?
	Yes			40		
	No			5○ ► Go t	0 G9	4
	Refused			6○ ► Go !	o G9	
G8.	Which memb	ers participated?				
		G8A. For which sports?				
	Page-line			(Sport cod	te)	(Sport code)
				14		
	20.0					
				, , , , , , , , , , , , , , , , , , ,		
GO	Do you balan	g to a sport club or a local,	provincial s	a patienal es		
40.		y to a sport clob of a local,			ort organization:	
				10		
G10.	During the pa	st 12 months have you or ar	ny member	of your hous	sehold been involved in	n amateur sport as a
			No Yes	► G10A.	Which members of y	our household?
					(Page-line)	(Page-line)
	a) coach?		10 20	>		
			30 40			
	b) referee or	umpire?	30 40			
	c) uniumtoor b	elper as needed?	5 6			
	C/ Withteer n	orbar as needed;	0 -0			
	d) spectator a	t competitions?	70 °0			

G1	 When you werelare at school, did/do you ever participate in organized school sport, other than in physical education classes? 	H5.	In	wha	at ye	ar (did	you	las	t d	o a	ny p	aid	i wo	rk?	1	
	Yes10	1															
	No		1	9	1												
	Refused ³ ○ ► Go to H1																
	Go to H)		No	vor	WOL	ked	at a	. 62	id ic	h E	30						
G1:	2. Were you ever involved in competition between schools?		146	vei	WOI	NEG	at c	т ра	id je	,,,							
	Yes40	110	14.17		11001	V.C.O.	_			-	-	-	-	_		_	_
	No	110.	IN1	EHI	VIEV	VEH	: 60	0 10	J1.								
So	ction H: Respondent's Main Activity																
	Last week, was your main activity working at a job or	H7	For	ho	w m	anv	wo	oke	due	ina	4 lbs		mt 1	12 00	ont		_
191.	business, looking for work, going to school, keeping house, retired or something else?	117.	YOU	ет	plo	red?	(In	clud	e va	cat	ion,	illne	SS, S	strik	es, k	ns w)U
	(Note: If sickness or short-term illness is reported, ask for usual major activity.)				_												
	Working at a job or business				Jw	eek	s										
	Vacation (from paid work)	1															
	Looking for work ° ○ ○ ■ Go to H3	Н8.	For	who	om o	tid v	nu i	wori	c the	e lo	nge	et ti	me	duri	ina t	ha r	-
	Going to school 04		12 1	поп	ths	? (N	ame	of .	busi	nes	ss, g	ove	rnn	ent	dep	artm	eı
	Keeping house 05○ ► Go to H3		UI e	iyer	rcy,	or p	ers	011.3									
	Retired 06 ○ ► Go to H3																
	Something else:			Ī					1			1					
				-		-	-		-	-	-	-	-				
	Maternity/ paternity leave ⁰⁷ ○ ► Go to H3																
	Long term illness ⁰⁸ ○ ► Go to H3				10				-	1	1						
	Other						111		-				1	-			
	(Specify)																
	(deceny)										Ī	T	13				
	Refused	H9.															
H2.	Were you studying full-time or part-time?		(Give								वास	901	verr	imei	71, C	ann	ng
	Full-time																
	Part-time 2			1				1		ı							
H3.	Did you have a job or were you self-employed at any time last week?																
	Yes 3○ ▶ Go to H13					i				-			j				
	No 4 O																
14.	Did you have a job or were you self-employed at any time			1	· ·	i !				1							
1-4.	during the past 12 months?																
	Yes 5○ ► Go to H7																
1-4.																	

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H10.	What kind of work were you doing? (Give full description: e.g. office clerk, factory worker, forestry technician.)	H16	About how many employees did you have?
	eg. omee derk, factory worker, forestry toomboard,		(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.)
		K	
H11.	In that work, what were your most important activities or duties? (Give full description: e.g. filing documents, drying vegetables, forestry examiner.)		
		H18	What kind of business, industry or service was this? (Give full description: e.g. federal government, canning industry, forestry services.)
H12.	INTERVIEWER: Go to J1.	H19	What kind of work were you doing? (Give full description:
H13.	For how many weeks during the past 12 months were you employed? (Include vacation, illness, strikes, lock-outs and maternity/paternity leave.)		e.g. office clerk, factory worker, forestry technician.)
	weeks		
H14.	Were you a paid worker or self-employed?		
	Paid worker¹○ ► Go to H17		
	Self-employed 2		
	Other	H20	In that work, what were your most important activities or duties? (Give full description: e.g. filing documents, drying vegetables, forestry examiner.)
	Refused		
H15.	Did you have any paid employees?		
	Yes 5 O		
	No		
	Refused		

H21. Are you a union member or covered by a union contract or collective agreement in this job?	H26. Which of the following best describes the hours you usually work at this job? (For respondent's main job.)
Yes 'O	A regular daytime schedule or shift?
No	
H22. Did you have more than one paid job last week?	A regular evening shift?
Yes3	
No	A regular night shift?
H23. How many hours a week do you usually work at your	A rotating shift? (one that changes periodically from days to evenings to/or nights)
(main) job? 5 hours	A split shift? (one consisting of two or more distinct periods each day)
other jobs? 6 hours (Only if H22 = Yes.)	Other?6
H24. INTERVIEWER: Is total in H23 30 or more hours?	(Specify)
Yes	
No	
Refused ⁹ ○ ► Go to H26	
H25. Why do you usually work less than 30 hours a week? (Mark all that apply.)	
Own illness or disability	H27 Do you have a flexible schedule that allows you to choose the time you begin and end your work day?
Child care responsibilities	Yes ⁷
Elderly care responsibilities	No
Other personal or family responsibilities 4 🔾	
Going to school	Don't know 90
Could only find part-time work 6	H28. Excluding overtime, do you usually work any of your
Did not want full-time work	scheduled hours at home?
Full-time work under 30 hours per week	Yes10
Other	No
(Specify) ▼	
	H29. Do you
	Yes No
	a) have a compressed work week? ³ 40
	b) do on call work?

Se	ection J: Spouse's Main Activity	
131	INTERVIEWER CHECK ITEM	J5 How many hours did he/she work? (Include all jobs.)
	Is the respondent living with his her spouse or partner? (Review Z7 of GSS 7-1.)	
	Yes 70	. hours
	No B Go to K1	
	Refused ³ → Go to K1	J6. Did he/she work on (designated day)?
J2.	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	No ⁷ ○ ▶ Go to J8
	business 01 ○ ► Go to J5 Vacation (from	
	self-employment or paid work) □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	J7. What hours did he/she work?
	Looking for work 03○ ► Go to J4	
	Going to school Neeping house O5 ○ ► Go to J4	Start time 1 :
	Retired 06 ○ ► Go to J4	Finish time
	Something else:	Finish time 2
	Maternity/ paternity leave 07 ○ ► Go to J4 Long term illness 08 ○ ► Go to J4	If he/she works a split shift:
	Other Ogo to J4	2 nd Start time 3 :
	(Specify) ▼	2 nd Finish time
	Refused 10 ○ ▶ Go to J4	J8 Last week, did he/she spend any time doing housework including cooking, cleaning, grocery shopping and laundry for your household? Yes 10 J8A. For how many hours?
J3.	Was he/she studying full-time or part-time?	No 2 3 hours
	Full-time 10	
	Part-time ²C	J9. Last week, did he/she do any unpaid work to maintain or improve your house, yard or automobile?
J4.	Did he/she have a job or were they self-employed at any time last week? Yes 3	Yes 40 J9A. For how many hours?
	No	
	Refused 5○ ► Go to J8	No 6 hours

J10.	INTERVIEWER CHECK ITEM		Se	ction K: Classification
	is there anyone less than 15 years old living housenold? (Review Z5 of GSS 7-1)	in the	K1	Now a few general questions.
	Yes			
	No		K2.	Is this dwelling owned by a member of this household?
	Refused		1/5	Yes
J11.	Last week, how many hours did he/she spend to after children who live in your household?	ooki n g		No²
	hours		КЗ.	What is your postal code (for this residence)?
J12.	What is the highest level of education that he/sh attained?	ne has		
	Masters (M.A., M.Sc., M.Ed.) or earned doctorate (Ph.D., D.Sc., D.Ed.)	010		
	Degree in Medicine, Dentistry, Veterinary Medicine, or Optometry (M.D., D.D.S., D.M.D.,	020		Don't know
		020	K4.	Do you have more than one telephone in your home?
	Bachelor or undergraduate degree, or teacher's college (e.g. B.A., B.Sc., B.A.Sc., LL.B)	03		Yes
	Diploma or certificate from community college, CEGEP or nursing school	04		No
	Diploma or certificate from trade, technical or vocational school, or business college	05	K5.	Do all the telephones have the same number?
	Some university	060		Yes
	Some community college, CEGEP or nursing school	070		No
	Some trade, technical or vocational school, or business college	08	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.
	High School diploma	090	W7	How many different numbers are there?
	Some High School	10 🔾	N/.	now many otherent numbers are there:
	Elementary School diploma	"0		
i	Some Elementary	120	V0	Are any of those numbers for business we will be
	No schooling	130		Are any of these numbers for business use only? Yes 8
	Other (Specify)	14 (No
	V Comments		K9.	How many are for business use only?
				Business numbers

Canada 1 ► In which province or territory? Newfoundland/ Labrador 01 ○ Prince Edward Island 02 ○ Nova Scotia 03 ○ New Brunswick 04 ○	Canadian citizen by birth
Prince Edward Island 02 Nova Scotia 03	
Nova Scotia	Canadian citizen by birth
New Brunswick 04	
Quebec 050	K12. What is your date of birth?
Ontano	
Manitoba	
Saskatchewan 08	Day Month Year
Alberta	Between 50
British Columbia 10 🔾	Refused5
Yukon Territory 11 🔾	
Northwest Territories	K13. What language did you first speak in childhood (Accept multiple responses only if languages were use equally.)
Country outside Canada	K13A. Do you still understand that/those language(s)?
(Specify)	turiguagetor.
▼	Yes No
China 15	5.00
England 13	English
France 18 O	French
Germany 14	
Haiti	Italian
Holland	German 04 18 19 19
India	German
Ireland 220	Ukrainian
Italy 23	
Jamaica	Dutch. 22 23 23 23 23 23 23 23 23 23
Philippines 25	Chinese
Poland 26	
Portugal	Hunganan
Scotland 16	
United States 17 🔾	Portuguese
USSR 28	Polish 10 ▶ 30 31 ○
Other 290	
	Other 11 > 32 33
(Specify)	
	(Specify)

K14. What language do you speak most often at home? (Accept multiple responses only if languages are spoken equally.)	K18. What is the highest level of education that you have attained?
English	Masters (M.A., M.Sc., M.Ed.) or earned doctorate (Ph.D., D.Sc., D.Ed.)
French	Degree in Medicine, Dentistry, Veterinary Medicine, or Optometry (M.D., D.D.S., D.M.D., DV.M. D.D.)
Italian	
German 35	Bachelor or undergraduate degree, or teacher's college (e.g. B.A., B.Sc., B.A.Sc., LL.B)
Ukrainian 36	Diploma or certificate from community college, CEGEP or nursing school
Dutch	Diploma or certificate from trade, technical or vocational school, or business college
Chinese38	Some university 6
Hungarian	Some community college, CEGEP or nursing school
Portuguese	Some trade, technical or vocational school.
Polish 410	or business college
Other 42 🔾	Other 90
Other	(Specify)
(Specify)	Value Value and the second se
	K19. What, if any, is your religion?
	No religion
K15. Excluding kindergarten, how many years of elementary and high school education have you successfully	Roman Catholic
completed?	United Church
No schooling	Anglican
One to five years 44 O	Presbyterian ⁰⁵
Six	Lutheran
Seven 48 Go to K17	Baptist
Eight	
Nine	Cabitati Ottilodox
Ten	
Eleven 50	Islam (Muslim)
Twelve 51	Buddhist
Thirteen 52	Hindu
	Sikh
	Jehovah's Witnesses 14 🔾
K16. Have you graduated from high school?	Other
Yes1	(Specify)
No20	V DESCRIPTION OF THE PROPERTY
K17. Have you had any further schooling beyond elementary/	
high school?	
Yes	

	funerals or baptisms) how often did you attend religious	K25. In what country was your mother born?	
	services or meetings in the last 12 months? Was it	Canada 30	
		Country outside Canada 40	
	at least once a week?	(Specify)	
		▼	
	at least once a month?	China 25($_{\cap}$
	at least once a month:		_
		anguaria .	_
	a few times a year?	France 28(
		Germany	
	at least once a year?	Haiti	0
		Holland 30(0
	not at all?	India31(
	not at all:	Ireland	5
		22	
K21.	Compared to other people your age, how would you	36	_
	describe your state of health? Would you say it was		_
		Poland 36(_
	excellent?	Portugal	
		Scotland 26(
	very good? ⁰⁷	United States	
	70.7 good	USSR 38(5
	20042	20.4	
	good?		
		(Specify)	
	fair?	▼ · · ·	
	poor? ¹⁰		
	Are you limited in the amount or kind of activity you		
	Yes ³	K26. In what country was your father born?	
		Canada 6	
		Canada	
	No	Country outside Canada 7	
	No		
		Country outside Canada 7	
	No	Country outside Canada (Specify)	
		Country outside Canada . ⁷ ○ (Specify) China	
	Refused 5○ ► Go to K24	Country outside Canada 7 (Specify) China 45 (England 43 (5
	Refused	Country outside Canada 7 (Specify) China 45 (England 43 (France 48 (
	Refused 5○ ► Go to K24	Country outside Canada 7 (Specify) China 45 (England 43 (France 48 (Germany 44 (
	Refused	Country outside Canada 7 (Specify) China 45(England 43(France 48(Germany 44(Haiti 49(
	Refused	Country outside Canada 7 (Specify) China 45 (England 43 (France 48 (Germany 44 (Haiti 49 (Holland 50	
	Refused	Country outside Canada 7 (Specify) China 45(England 43(France 48(Germany 44(Haiti 49(
	Refused	Country outside Canada 7 (Specify) China 45 (England 43 (France 48 (Germany 44 (Haiti 49 (Holland 50	
	Refused	Country outside Canada 7 (Specify) China 45 (Specify) France 48 (Specify) Haiti 49 (Specify) Holland 50 (Specify)	
	Refused	Country outside Canada 7 (Specify) China 45 (Specify) France 48 (Specify) Haiti 49 (Specify) Holland 50 (Specify) India 51 (Specify) Ireland 52 (Specify)	
	Refused	Country outside Canada 7 (Specify) China 45 (England 43) France 48 (Germany 44) Haiti 49 (Holland 50) India 51 (Ireland 52) Italy 53 (Section 1)	
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	Refused	Country outside Canada	
K23.	Refused 5 ○ ▶ Go to K24 What is the main condition or health problem that limits you?	Country outside Canada (Specify) China 45 (Specify) China 45 (Specify) China 45 (Specify) China 45 (Specify) China 45 (Specify) China 45 (Specify) India 47 (Specify) China 45 (Specify) India 47 (Specify) China 45 (Specify) India 45 (Specify) India 50 (Specify) India 51 (Specify) India 52 (Specify) India 52 (Specify) India 53 (Specify) India 54 (Specify) India 55 (Specify) India 55 (Specify) India 56 (Specify) India 57 (
K23.	Refused 5 • Go to K24 What is the main condition or health problem that limits you? Do you regularly have trouble going to sleep or staying	Country outside Canada (Specify) China 45 (Specify) China 45 (Specify) China 45 (Specify) China 45 (Specify) China 45 (Specify) China 45 (Specify) India 47 (Specify) China 45 (Specify) India 47 (Specify) China 45 (Specify) India 45 (Specify) India 50 (Specify) India 51 (Specify) India 52 (Specify) India 52 (Specify) India 53 (Specify) India 54 (Specify) India 55 (Specify) India 55 (Specify) India 56 (Specify) India 57 (
K23.	Refused 5 ○ ▶ Go to K24 What is the main condition or health problem that limits you?	Country outside Canada (Specify) China 45 (Specify) China 45 (Specify) China 45 (Specify) China 45 (Specify) China 45 (Specify) China 45 (Specify) India 47 (Specify) China 45 (Specify) India 47 (Specify) China 45 (Specify) India 45 (Specify) India 50 (Specify) India 51 (Specify) India 52 (Specify) India 52 (Specify) India 53 (Specify) India 54 (Specify) India 55 (Specify) India 55 (Specify) India 56 (Specify) India 57 (
K23.	Refused 5 • Go to K24 What is the main condition or health problem that limits you? Do you regularly have trouble going to sleep or staying	Country outside Canada (Specify) China 45 (Specify) China 45 (Specify) China 45 (Specify) China 45 (Specify) China 45 (Specify) China 45 (Specify) India 47 (Specify) China 45 (Specify) India 47 (Specify) China 45 (Specify) India 45 (Specify) India 50 (Specify) India 51 (Specify) India 52 (Specify) India 52 (Specify) India 53 (Specify) India 54 (Specify) India 55 (Specify) India 55 (Specify) India 56 (Specify) India 57 (
K23.	Refused 5 • Go to K24 What is the main condition or health problem that limits you? Do you regularly have trouble going to sleep or staying	Country outside Canada (Specify) China 45 (Specify) China 45 (Specify) China 45 (Specify) China 45 (Specify) China 45 (Specify) China 45 (Specify) India 47 (Specify) China 45 (Specify) India 47 (Specify) China 45 (Specify) India 45 (Specify) India 50 (Specify) India 51 (Specify) India 52 (Specify) India 52 (Specify) India 53 (Specify) India 54 (Specify) India 55 (Specify) India 55 (Specify) India 56 (Specify) India 57 (
K23.	What is the main condition or health problem that limits you? Do you regularly have trouble going to sleep or staying asleep?	Country outside Canada (Specify) China 45 (Specify) China 45 (Specify) China 45 (Specify) China 45 (Specify) China 45 (Specify) China 45 (Specify) India 47 (Specify) China 45 (Specify) India 47 (Specify) China 45 (Specify) India 45 (Specify) India 50 (Specify) India 51 (Specify) India 52 (Specify) India 52 (Specify) India 53 (Specify) India 54 (Specify) India 55 (Specify) India 55 (Specify) India 56 (Specify) India 57 (
K23.	What is the main condition or health problem that limits you? Do you regularly have trouble going to sleep or staying asleep?	Country outside Canada (Specify) China 45 (Specify) China 45 (Specify) China 45 (Specify) China 45 (Specify) China 45 (Specify) China 45 (Specify) India 47 (Specify) China 45 (Specify) India 47 (Specify) China 45 (Specify) India 45 (Specify) India 50 (Specify) India 51 (Specify) India 52 (Specify) India 52 (Specify) India 53 (Specify) India 54 (Specify) India 55 (Specify) India 55 (Specify) India 56 (Specify) India 57 (

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	less than 10
	Output HISA	\$5,000?
	Review H14	less than 060 <
	If H14 = Paid worker 1○ ► Go to K29	\$5,000 nd more?
	If H14 = Self-employed^2 → Go to K30	less than
	If H14 = Other 20 ▶ Go to K29	\$20,000?
	If H14 is blank Go to K30	less than 12 0
	II H14 = Refused	\$10,000 °7 ○ <
		\$15,000 13 O and more?
(29.	At your (main) job, what is your usual wage or salary before taxes and other deductions?	
	s	less than 14 ()
	Hourly	\$40,000? \$30,000 15 and more?
	Daily	\$20,000 and more?
	Weekly 3	less than 16 () \$50,000?
	Every two weeks	
	Twice a month	\$50,000 to less than 17 () \$60,000?
	Monthly	\$40,000 09 O
	Yearly 7	\$60,000 to 18 C
	Other	\$80,000?
	(Specify) ▼	\$80,000 and more? 19
		No income . 03
Г		Don't know . 04 🔾
-		Refused ⁰⁵

Ka	31. INTERVIEWER CHECK ITEM Is this a single-person household? (Review 23 of GSS 7-1.)	household me	best estimate of the mbers from all sour as the total housel	e total income of all rces during the past hold income
	Yes Go to M1			less than 100 \$5,000?
	No		less than 06 0	\$5,000 and more?
		less than \$20,000?	•	less than 120 \$15,000?
КЗ	32. Not including yourself, how many other people in your household received income from any source, during the past 12 months?		\$10,000 or or and more?	\$15,000 13 O and more?
	people			less than 140
КЗ	3. INTERVIEWER CHECK ITEM		less than 080 1	\$30,000 15 G and more?
	Review K32: Is K32 = 00? Yes ${}^{4}\Box$ ${}^{\bullet}$ Go to M1	\$20,000 o2 o2	•	less than 16 O
	No			\$50,000 to less than 17 () \$60,000?
	Refused 6		\$40,000 09 09 and more?	\$60,000 to less than 18 0 \$80,000?
				\$80,000 and more?
		No income . 03 O Don't know 04 O Refused 05 O		
Sec	ction M: Contacts for follow-up	-	_	
	INTERVIEWER:	12-731	IS VALUE	100,000
	Read the following section for each person interviewed. This survey is part of a longer-term project to investigate	the relationship bets		
	ror this reason, we may need to contact your household	ld in a year or more	from now.	
	In case you move or change phone numbers, we would like will be kept strictly confidential and will only be used	to obtain your completo maintain contact v	ete name and addres with you.	ss. This information
		► Go to N1		
	Refused to participate in future surveys	► Go to N1		
M2.	Name of Respondent			
	Given Name ▶			
	Sumame ▶			

М3.	. Address of Respondent	
	Street and Number/Lot ar	and Concession
	Prince Street	
	City, Town, Village Munici	singlish.
	oney, lower, vinage widing	правку
	Province, Territory	
	Postal Code -	
M4.	Would you please give me	the name, address and telephone number of someone we could contact if you move
	as a friend, relative or ne only to obtain your new :	te the name, address and telephone number of someone we could contact if you move, eighbour. (I want to emphasize that we will contact this person only if you move and address or telephone number.)
		t
15 .	Name of Contact	
	7.02.7	
	Given Name	
	Surname >	
16.	Address of Contact	
	Street and Number/ Lot an	nd Concession —
	City, Town, Village Municipa	pality 🔻
	3 6	
	Province, Territory	
		AND A STATE OF BUILDING TO BE BOUNDED.
	Postal Code	
	ge of La Mila	
17. 1	Home Telephone of Contac	
17. 1		

35	ction N: Interviewer Check Items	
NT	INTERVIEWER	
	Thank the respondent and end interview.	
N2.	INTERVIEWER CHECK ITEM	
142.		
	What is the sex of the respondent?	
	Male	3-
	Female	4 %
N.3	End Time hours	
140	Life Table	
99	Comments	THE RESIDENCE OF THE PARTY OF T
	Commonts	
	version described by the second	
-		
-		

APPENDIX C ACTIVITY CODE LIST

DAILY ACTIVITY CODE LIST

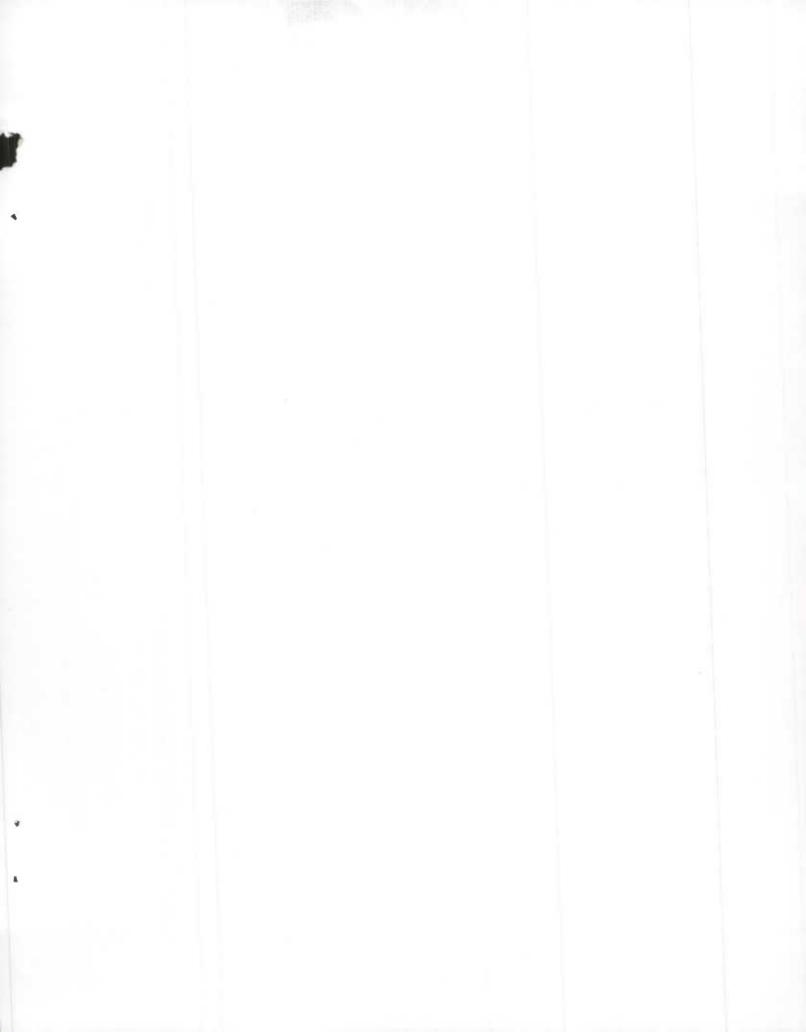
Employed Wo	rk	Shonning a	nd Services	
Work for		Shopping and Services Everyday Shopping		
011	Work for Pay at Main Job		Groceries	
012	Work for Pay at Other Job(s)		Clothing, Gas, etc.	
021	Overtime Work		Take-out Food	
022	Looking for Work	310	Shopping for Durable Household Goods	
023	Unpaid Work in a Family Business or Farm	320	Personal Care Services (e.g Haircut)	
	Travel During Work	Governa	ment and Financial Services	
	Waiting/Delays at Work	331	Financial Services (e.g. banking)	
	Meals/Snacks at Work	332	Government Services (e.g. UIC)	
	Idle Time Before/After Work	340	Adult Medical and Dental Care	
	Coffee/Other Breaks	350	Other Professional Services	
	Other Work Activity		nance and Repair Services	
090	Travel: To/From Work	361		
			Other Repair Services (T.V., Appliance)	
		370	Waiting for Purchases or Services	
Domestic Wor		380	Other Shopping and Services	
	paration	390	Travel: Goods/Services	
	Meal Preparation			
	Baking, Preserving Food, Home Brewing, etc.			
	Food (or Meal) Cleanup	Personal C		
	Indoor Cleaning	400	Washing, Dressing	
	Outdoor Cleaning	410	Personal Medical Care (Home)	
	Laundry, Ironing, Folding nd Mending	430	Meals at Home/Snacks/Coffee	
	Mending/Shoe Care	440	Restaurant Meals	
	Dressmaking and Sewing	450	Night Sleep/Essential Sleep	
	nd Improvement	460 470	Incidental Sleep, Naps	
	Interior Maintenance and Repair	480	Relaxing, Thinking, Resting	
162	Exterior Maintenance and Repair	490	Other Personal Care or Private Activities Travel: Personal	
	Vehicle Maintenance	490	Travet: Personat	
	Other Home Improvements			
	g and Pet Care	School and	Education	
	Gardening/Grounds Maintenance	500	Full-Time Classes	
	Pet Care		me Classes	
173	Care of House Plants		Other Classes (Part-Time)	
Other Do	mestic Work		Credit Courses on Television	
181	Household Administration, e.g. Paying Bills,	520	Special Lectures: Occasional	
	Menu Planning, etc.	530	Homework: Course, Career/Self-Development	
182	Stacking and Cutting Firewood	540	Meals/Snacks/Coffee at School	
183	Other Domestic Work (not specified above)	550	Breaks/Waiting for Class	
190	Travel: Domestic	560	Leisure and Special Interest Classes	
		580	Other Study	
		590	Travel: Education	
	for Household Newbers			
0.0	Baby Care - Household Child			
	Child Care - Household Child	Organizatio	onal, Voluntary and Religious Activity	
	Helping/Teaching/Reprimanding	600	Professional, Union, General	
	Reading/Talking/Conversation with Child	610	Political, Civic Activity	
	Play with Children	620	Child, Youth, Family Organization	
250	Medical Care - Household Child	630	Religious Meetings, Organizations	
	Unpaid Babysitting	640	Religious Services/Prayer/Bible Readings	
	Personal Care for Adults		Organizations and Support Groups	
277	Personal Care - Household Adults	651	Fraternal and Social Organizations (e.g.	
	Medical Care - Household Adults Other Child Care	150	Lions' Club)	
	Household Members		Support Groups (e.g. Al-Anon, AA)	
	Travel: Household Child	660	Volunteer Work, (Organizations)	
	Travel: Household Adults		nce to Member of Another Household	
676	Travet: Household Adults		Housework and Cooking Assistance	
			House Maintenance and Repair Assistance	
			Unpaid Babysitting	
			Transportation Assistance	
			Care for Disabled or Ill	
			Correspondence Assistance	
		677		
		680	Other unpaid help	
		000	Other Organizational, Voluntary and Religious Activity	
		690	Travel: Organisations, Voluntary or Religious	
		070	activities	

DAILY ACTIVITY CODE LIST

Entertainment (Attending) Sports Events 701 Professional 702 Amateur Pop Music, Fairs, Concerts 711 Pop Music, Concerts 712 Fairs 712 713 Zoos Movies, Films Opera, Ballet, Theatre 720 730 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 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 Other Pleasure Drives (e.g. bus tour) Other Sport or Active Leisure 890 Travel: Sports, Hobbies

Media and Communication 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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