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General Social Survey

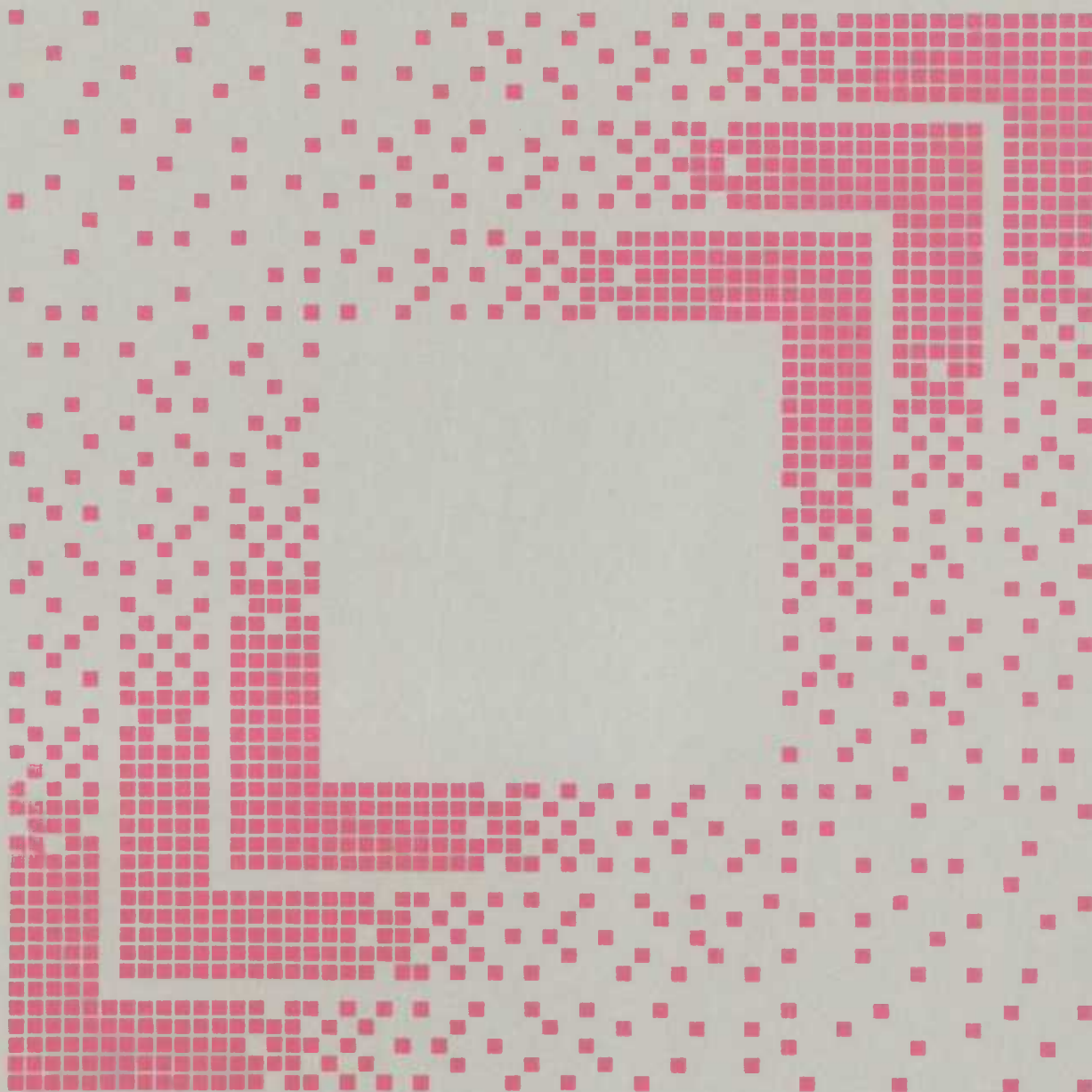
**QUESTIONNAIRE PACKAGES
CYCLES 1, 2, 3, 4, AND 5**

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GENERAL SOCIAL SURVEYS

QUESTIONNAIRE PACKAGES

CYCLES 1, 2, 3, 4 AND 5

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GENERAL SOCIAL SURVEY
CYCLE ONE QUESTIONNAIRE PACKAGE

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

Content and Questionnaires

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

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

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

GSS-3 Sections:

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

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

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

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

Samples

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

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

Nov. 29, 1985



Statistics Canada

Statistique Canada

APPENDIX A

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

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

Age (Item 44, GSS-1)

GSS-3

CONFIDENTIAL when completed

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

<p>SECTION A</p> <p>I would now like to ask you some questions related to your health. Most of the questions are about specific health concerns but the first question is about health in general.</p> <p>1. How would you describe your state of health? Compared to other persons your age, would you say it was...</p> <p> <input type="radio"/> Excellent <input type="radio"/> Good <input type="radio"/> Fair, or <input type="radio"/> Poor? </p>	<p>7. Do you have diabetes?</p> <p> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know </p> <p style="text-align: right;">} Go to 9</p>
<p>2. Now I'd like to ask you some questions about your blood pressure. How long ago did you last have your blood pressure checked?</p> <p> <input type="radio"/> Within last 6 months <input type="radio"/> 7 to 12 months ago <input type="radio"/> 13 to 24 months ago <input type="radio"/> More than 2 years ago <input type="radio"/> Never <input type="radio"/> Don't know </p> <p style="text-align: right;">} Go to 5</p>	<p>8. At what age were you first diagnosed?</p> <p> <input style="width: 30px; border: 1px solid black;" type="text"/> <input style="width: 30px; border: 1px solid black;" type="text"/> </p> <p> <input type="radio"/> Never diagnosed <input type="radio"/> Don't know </p>
<p>3. Have you ever been told by a doctor or nurse that you have high blood pressure?</p> <p> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know </p> <p style="text-align: right;">} Go to 5</p> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> <p>Note: Women should exclude high blood pressure due to pregnancy.</p> </div>	<p>9. Do you have any respiratory problems such as asthma, emphysema, chronic bronchitis, persistent cough or shortness of breath?</p> <p> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know </p>
<p>4. Has any medication or treatment such as a change in diet ever been prescribed for your high blood pressure?</p> <p> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know </p>	<p>10. Do you have arthritis, rheumatism or bursitis?</p> <p> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know </p>
<p>5. The next few questions refer to certain other health problems. Have you ever had trouble with your heart, such as a heart attack, angina, heart failure or rheumatic heart disease?</p> <p> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know </p> <p style="text-align: right;">} Go to 7</p>	<p>SECTION B</p> <p>11. It is important in the next few questions for you to refer to the 14 day period from Sunday _____ to Saturday _____. During those two weeks, was your main activity working, going to school, keeping house or something else?</p> <p> <input type="radio"/> Working <input type="radio"/> Going to school <input type="radio"/> Keeping house <input type="radio"/> Other (specify) _____ </p> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> <p>Note: If sickness or illness is reported, ask for usual major activity.</p> </div>
<p>6. At what age were you first diagnosed?</p> <p> <input style="width: 30px; border: 1px solid black;" type="text"/> <input style="width: 30px; border: 1px solid black;" type="text"/> </p> <p> <input type="radio"/> Never diagnosed <input type="radio"/> Don't know </p>	<p>12. During those 14 days did you stay in bed at all because of your health, including any nights spent as a patient in a hospital?</p> <p> <input type="radio"/> Yes <input type="radio"/> No </p> <p style="text-align: right;">→ Go to 16</p>
<p>13. How many days did you stay in bed for all or most of the day?</p> <p> <input style="width: 30px; border: 1px solid black;" type="text"/> <input style="width: 30px; border: 1px solid black;" type="text"/> </p>	<p>14. <u>Interviewer:</u></p> <p>If code 4, 5 or 6 in Q 11. <input type="radio"/> Go to 15</p> <p>Otherwise. <input type="radio"/> Go to 16</p>

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

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

- ☐ Yes → Are you completely unable to do this?
☐ No ☐ Yes
☐ No

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

- ☐ Yes → Are you completely unable to do this?
☐ No ☐ Yes
☐ No

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

- ☐ Yes → Are you completely unable to do this?
☐ No ☐ Yes
☐ No

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

- ☐ Yes → Are you completely unable to do this?
☐ No ☐ Yes
☐ No

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

- ☐ Yes → Are you completely unable to do this?
☐ No ☐ Yes
☐ No

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

- ☐ Yes → Are you completely unable to do this?
☐ No ☐ Yes
☐ No

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

- ☐ Yes → Are you completely unable to do this?
☐ No ☐ Yes
☐ No

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

- ☐ Yes → How are you limited?
☐ No

SECTION E

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

38. What is your height?

1 2
feet inches or centimetres

☐ Don't know

39. What is your weight?

3 4
lbs. or kilograms

☐ Don't know

40. Do you consider yourself to be ...

- ☐ Overweight
☐ Underweight
☐ About the proper weight?

SECTION F

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

- ☐ Yes
☐ No → Go to 50

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

- ☐ Running or jogging
☐ Bicycling
☐ Tennis
☐ Exercise in a class or at home
☐ Swimming
☐ Raquetball or squash
☐ Other (specify) _____
☐ Other (specify) _____
☐ Other (specify) _____

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

- ☐ Running or jogging
☐ Bicycling
☐ Tennis
☐ Exercise in a class or at home
☐ Swimming
☐ Raquetball or squash
☐ Other (specify) _____

<p>44. How frequently did you participate in this activity?</p> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 20px; display: flex; align-items: center; justify-content: center; margin-right: 5px;">1</div> <div style="border: 1px solid black; width: 30px; height: 20px; display: flex; align-items: center; justify-content: center; margin-right: 5px;"></div> <div style="margin-left: 5px;">times per week</div> </div> <p style="text-align: center; margin: 0;">OR</p> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 20px; display: flex; align-items: center; justify-content: center; margin-right: 5px;">2</div> <div style="border: 1px solid black; width: 30px; height: 20px; display: flex; align-items: center; justify-content: center; margin-right: 5px;"></div> <div style="margin-left: 5px;">times per month</div> </div> <p>³ <input type="radio"/> Less than once a month</p> <p>⁴ <input type="radio"/> Don't know</p>	<p>50. Which of the following best describes the level of physical effort in your work or daily activities?</p> <p>¹ <input type="radio"/> Light – such as office work, driving, sitting...</p> <p>² <input type="radio"/> Moderate – such as vacuuming, carpentry, walking...</p> <p>³ <input type="radio"/> Heavy – such as pushing or carrying heavy objects...</p> <p>⁴ <input type="radio"/> Don't know</p>
<p>45. About how much time did you spend on each occasion?</p> <p>³ <input type="radio"/> More than one hour</p> <p>⁴ <input type="radio"/> 46 minutes to one hour</p> <p>⁵ <input type="radio"/> 31 minutes to 45 minutes</p> <p>⁶ <input type="radio"/> 16 minutes to 30 minutes</p> <p>⁷ <input type="radio"/> 15 minutes or less</p> <p>⁸ <input type="radio"/> Don't know</p>	<p>51. Over the past 3 months how frequently did you participate in light physical exercise or recreation such as walking, dancing, golfing, gardening, baseball, etc.?</p> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 20px; display: flex; align-items: center; justify-content: center; margin-right: 5px;">1</div> <div style="border: 1px solid black; width: 30px; height: 20px; display: flex; align-items: center; justify-content: center; margin-right: 5px;"></div> <div style="margin-left: 5px;">times a week</div> </div> <p style="text-align: center; margin: 0;">OR</p> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 20px; display: flex; align-items: center; justify-content: center; margin-right: 5px;">2</div> <div style="border: 1px solid black; width: 30px; height: 20px; display: flex; align-items: center; justify-content: center; margin-right: 5px;"></div> <div style="margin-left: 5px;">times a month</div> </div> <p>³ <input type="radio"/> Less than once a month</p> <p>⁴ <input type="radio"/> Don't know</p>
<p>46. Interviewer:</p> <p>If only <u>one circle</u> marked in Q. 42 ... ¹ <input type="radio"/> Go to 50</p> <p>Otherwise, ... ² <input type="radio"/> Go to 47</p>	<p>52. Overall, do you consider the amount of physical activity you usually get to be ...</p> <p>¹ <input type="radio"/> Too much</p> <p>⁶ <input type="radio"/> Too little</p> <p>⁹ <input type="radio"/> The right amount?</p>
<p>47. Which was the next most frequent exercise you participated in during the last 3 months?</p> <p>³ <input type="radio"/> Running or jogging</p> <p>⁴ <input type="radio"/> Bicycling</p> <p>⁵ <input type="radio"/> Tennis</p> <p>⁶ <input type="radio"/> Exercise in a class or at home</p> <p>⁷ <input type="radio"/> Swimming</p> <p>⁸ <input type="radio"/> Raquetball or squash</p> <p>⁹ <input type="radio"/> Other (specify) _____</p>	<p>SECTION G</p> <p>The next questions are about smoking.</p> <p>53. At the present time do you smoke cigarettes daily, occasionally or not at all?</p> <div style="display: flex; align-items: center;"> <div style="margin-right: 20px;"> <p>¹ <input type="radio"/> Daily</p> <p>² <input type="radio"/> Occasionally</p> <p>³ <input type="radio"/> Not at all</p> </div> <div style="font-size: 3em; margin-right: 10px;">}</div> <div>Go to 57</div> </div>
<p>48. How frequently did you do this activity?</p> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 20px; display: flex; align-items: center; justify-content: center; margin-right: 5px;">1</div> <div style="border: 1px solid black; width: 30px; height: 20px; display: flex; align-items: center; justify-content: center; margin-right: 5px;"></div> <div style="margin-left: 5px;">times a week</div> </div> <p style="text-align: center; margin: 0;">OR</p> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 20px; display: flex; align-items: center; justify-content: center; margin-right: 5px;">2</div> <div style="border: 1px solid black; width: 30px; height: 20px; display: flex; align-items: center; justify-content: center; margin-right: 5px;"></div> <div style="margin-left: 5px;">times a month</div> </div> <p>³ <input type="radio"/> Less than once a month</p> <p>⁴ <input type="radio"/> Don't know</p>	<p>54. At what age did you start smoking cigarettes daily?</p> <div style="border: 1px solid black; width: 40px; height: 20px; display: flex; align-items: center; justify-content: center; margin-bottom: 10px;"></div> <p>⁵ <input type="radio"/> Don't know</p>
<p>49. About how much time did you spend on each occasion?</p> <p>³ <input type="radio"/> More than one hour</p> <p>⁴ <input type="radio"/> 46 minutes to one hour</p> <p>⁵ <input type="radio"/> 31 minutes to 45 minutes</p> <p>⁶ <input type="radio"/> 16 minutes to 30 minutes</p> <p>⁷ <input type="radio"/> 15 minutes or less</p> <p>⁸ <input type="radio"/> Don't know</p>	<p>55. About how many cigarettes do you smoke each day?</p> <div style="border: 1px solid black; width: 40px; height: 20px; display: flex; align-items: center; justify-content: center; margin-bottom: 10px;"></div>
<p>56. What brand of cigarettes do you usually smoke?</p> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border-bottom: 1px solid black; width: 150px; margin-right: 10px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; display: flex; align-items: center; justify-content: center; margin-right: 10px;"></div> <div>→ Go to 62</div> </div> <p style="text-align: right; font-size: 0.8em;">(code from brand chart)</p>	<p>57. Do you smoke pipes, cigars, or cigarillos daily?</p> <p>⁵ <input type="radio"/> Yes</p> <p>⁶ <input type="radio"/> No</p>

<p>58. Have you ever smoked cigarettes daily?</p> <p>¹ <input type="radio"/> Yes</p> <p>² <input type="radio"/> No → Go to 62</p>	<p>The next question concerns drinking in the last 7 days. By a drink we mean:</p> <ul style="list-style-type: none"> - One pint bottle of beer - One small glass of wine - 1 1/2 ounces of liquor
<p>59. At what age did you start smoking daily?</p> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 5px auto;"></div>	<p>66. (a) Thinking back over the last 7 days, on how many of these days did you have any alcoholic drinks?</p> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 5px auto;"></div> <p>³ <input type="radio"/> None → Go to 67</p>
<p>60. At what age did you last stop smoking daily?</p> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 5px auto;"></div>	<p>(b) On how many of these days did you have 2 or more drinks?</p> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 5px auto;"></div> <p>⁴ <input type="radio"/> None → Go to 67</p>
<p>61. About how many cigarettes did you usually smoke daily?</p> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 5px auto;"></div>	<p>(c) On how many of these days did you have 4 or more drinks?</p> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 5px auto;"></div> <p>⁵ <input type="radio"/> None → Go to 67</p>
<p>62. How many people in your household, excluding yourself, smoke daily?</p> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 5px auto;"></div> <p>⁶ <input type="radio"/> Don't know</p>	<p>(d) On how many of these days did you have 8 or more drinks?</p> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 5px auto;"></div> <p>⁶ <input type="radio"/> None → Go to 67</p>
<p>SECTION H</p> <p>The following questions are about drinking wine, beer or liquor -- all kinds of alcoholic beverages.</p>	
<p>63. In the last 12 months have you taken a drink of beer, wine, liquor or other alcoholic beverage?</p> <p>¹ <input type="radio"/> Yes</p> <p>² <input type="radio"/> No → Go to 68</p>	<p>67. Compared to this time last year are you now drinking...</p> <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <p>¹ <input type="radio"/> More</p> <p>² <input type="radio"/> About the same</p> <p>³ <input type="radio"/> Less</p> </div> <div style="font-size: 3em; margin-right: 10px;">}</div> <p>Go to 70</p> </div>
<p>64. How often did you take a drink? Was it....</p> <p>⁴ <input type="radio"/> Everyday</p> <p>⁵ <input type="radio"/> At least once a week</p> <p>⁶ <input type="radio"/> One or more times a month</p> <p>⁷ <input type="radio"/> Less often than once a month?</p> <p>⁸ <input type="radio"/> Don't know</p>	<p>68. Did you ever drink alcoholic beverages?</p> <p>⁴ <input type="radio"/> Yes</p> <p>⁵ <input type="radio"/> No → Go to 70</p>
<p>65. At what age did you start drinking alcoholic beverages?</p> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 5px auto;"></div> <p>⁶ <input type="radio"/> Don't know</p>	<p>69. Why did you stop?</p> <p>⁴ <input type="radio"/> Health</p> <p>⁵ <input type="radio"/> Other (specify) _____</p>
<p>SECTION I</p> <p>Recent studies have shown that the amount of sleep a person gets may be related to their health.</p>	
<p>70. Within a 24-hour period, how much time do you usually spend in bed resting, reading and sleeping?</p> <div style="display: flex; justify-content: space-around; align-items: flex-end; margin-top: 10px;"> <div style="text-align: center;"> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> <p>hours</p> </div> <div style="text-align: center;"> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> <p>minutes</p> </div> </div> <p>⁶ <input type="radio"/> Don't know</p>	

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

--	--	--	--

hours minutes

☐ Don't know

72. Do you consider that you get...

☐ Too much sleep

☐ Too little sleep

☐ About the right amount?

SECTION J

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

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

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

☐ Very satisfied

☐ Somewhat satisfied

☐ Somewhat dissatisfied

☐ Very dissatisfied?

☐ No opinion

75. Would you describe yourself as...

☐ Very happy

☐ Somewhat happy

☐ Somewhat unhappy

☐ Very unhappy?

☐ No opinion

SECTION K

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

☐ Never → Go to 76(b)

--	--

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

☐ Alone

☐ Spouse/Partner

☐ Son/Daughter

☐ Other relative

☐ Friend

☐ Other (specify) _____

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

☐ Never → Go to 76(c)

--	--

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

☐ Alone

☐ Spouse/Partner

☐ Son/Daughter

☐ Other Relative

☐ Friend

☐ Other (specify) _____

76(c) Go to senior centres or clubs?

--	--

☐ Never

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

☐ Never → Go to 76(e)

--	--

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

☐ Alone

☐ Spouse/Partner

☐ Son/Daughter

☐ Other Relative

☐ Friend

☐ Other (specify) _____

76(e) Attend meetings of clubs or organizations?

--	--

☐ Never

SECTION L

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

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

☐ Yes > For which person or for which organization? (Mark all that apply)

☐ No

☐ Son/Daughter

☐ Parent

☐ Other relative

☐ Friend, neighbour, etc.

☐ Organization (specify) _____

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

☐ Yes

For which person or for which organization? (Mark all that apply)

☐ No

☐ Son/Daughter

☐ Parent

☐ Other relative

☐ Friend, neighbour, etc.

☐ Organization (specify) _____

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

☐ Yes >

For which person or for which organization? (Mark all that apply)

☐ No

☐ Son/Daughter

☐ Parent

☐ Other relative

☐ Friend, neighbour, etc.

☐ Organization (specify) _____

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

☐ Yes >

For which person or for which organization? (Mark all that apply)

☐ No

☐ Son/Daughter

☐ Parent

☐ Other relative

☐ Friend, neighbour, etc.

☐ Organization (specify) _____

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

☐ Yes >

For which person or for which organization? (Mark all that apply)

☐ No

☐ Son/Daughter

☐ Parent

☐ Other relative

☐ Friend, neighbour, etc.

☐ Organization (specify) _____

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

☐ Yes >

For which person or for which organization? (Mark all that apply)

☐ No

☐ Son/Daughter

☐ Parent

☐ Other relative

☐ Friend, neighbour, etc.

☐ Organization (specify) _____

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

☐ Yes >

For which person or for which organization? (Mark all that apply)

☐ No

☐ Son/Daughter

☐ Parent

☐ Other relative

☐ Friend, neighbour, etc.

☐ Organization (specify) _____

SECTION M

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

84. Interviewer: Ask if not known:

Do you live in an apartment?

☐ Yes → Go to 88

☐ No

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

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

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

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

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

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

¹ ☐ Yes

² ☐ No →

Are you completely unable to do it?

³ ☐ Yes

⁴ ☐ No

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

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

89. Who (besides yourself) does the housework?

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

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

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

¹ ☐ Yes → Go to 92

² ☐ No →

Are you completely unable to do heavy housework?

³ ☐ Yes

⁴ ☐ No

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

¹ ☐ Yes

² ☐ No

Are you completely unable to do light housework?

³ ☐ Yes

⁴ ☐ No

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

⁵ ☐ Yourself alone → Go to 95

⁶ ☐ Yourself and someone else

⁷ ☐ Someone else

93. Who (besides yourself) makes the meals?

For each circle marked ask:
How often is _____ involved in making meals?

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

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

¹ ☐ Yes

² ☐ No

Are you completely unable to make meals?

³ ☐ Yes

⁴ ☐ No

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

³ ☐ Yourself alone → Go to 98

⁴ ☐ Yourself and someone else

⁷ ☐ Someone else

96. Who (besides yourself) shops for groceries?

For each circle marked ask:
How often is _____ involved in grocery shopping?

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

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

¹ ☐ Yes

² ☐ No

Are you completely unable to do shopping?

³ ☐ Yes

⁴ ☐ No

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

⁵ ☐ Yes

⁶ ☐ No

Go to 101

99. Who usually helps you?

For each circle marked ask:
How often does _____ help?

Once or more
per week

Once or more
per month

Less than
once a month

⁰¹ ☐ Spouse

⁰² ☐

⁰³ ☐

⁰⁴ ☐

⁰⁵ ☐ Daughter

⁰⁶ ☐

⁰⁷ ☐

⁰⁸ ☐

⁰⁹ ☐ Son

¹⁰ ☐

¹¹ ☐

¹² ☐

¹³ ☐ Other relative

¹⁴ ☐

¹⁵ ☐

¹⁶ ☐

¹⁷ ☐ Friend or neighbour

¹⁸ ☐

¹⁹ ☐

²⁰ ☐

²¹ ☐ Counselling service

²² ☐

²³ ☐

²⁴ ☐

²⁵ ☐ Legal/accounting service

²⁶ ☐

²⁷ ☐

²⁸ ☐

²⁹ ☐ Senior centre or club

³⁰ ☐

³¹ ☐

³² ☐

³³ ☐ Other (specify) _____

³⁴ ☐

³⁵ ☐

³⁶ ☐

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

¹ ☐ Yes

² ☐ No

Are you completely unable to do it?

³ ☐ Yes

⁴ ☐ No

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

⁵ ☐ Yes

⁶ ☐ No

Go to 104

102. Who usually helps you?

For each circle marked ask:
How often does _____ help?

Once or more
per week

Once or more
per month

Less than
once a month

⁰¹ ☐ Spouse

⁰² ☐

⁰³ ☐

⁰⁴ ☐

⁰⁵ ☐ Daughter

⁰⁶ ☐

⁰⁷ ☐

⁰⁸ ☐

⁰⁹ ☐ Son

¹⁰ ☐

¹¹ ☐

¹² ☐

¹³ ☐ Other relative

¹⁴ ☐

¹⁵ ☐

¹⁶ ☐

¹⁷ ☐ Friend or neighbour

¹⁸ ☐

¹⁹ ☐

²⁰ ☐

²¹ ☐ Nursing service

²² ☐

²³ ☐

²⁴ ☐

²⁵ ☐ Friendly visitor service

²⁶ ☐

²⁷ ☐

²⁸ ☐

²⁹ ☐ Homemaker service

³⁰ ☐

³¹ ☐

³² ☐

³³ ☐ Other (specify) _____

³⁴ ☐

³⁵ ☐

³⁶ ☐

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

¹○ Yes

²○ No →

Are you completely unable to care for yourself?

¹○ Yes

⁴○ No

SECTION N

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

104. Interviewer: Ask if not known:

Is your mother still living?

¹○ Yes

²○ No

³○ Don't know

} Go to 109

105. How old is your mother?

⁴○ Don't know

106. Does she live in this household?

¹○ Yes → Go to 109

²○ No

107. How often do you see your mother?

²○ Daily

⁴○ At least once a week

¹○ At least once a month

⁴○ Less than once a month

⁷○ Never

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

¹○ Daily

²○ At least once a week

¹○ At least once a month

⁴○ Less than once a month

³○ Never

109. Interviewer: Ask if not known:

Is your father still living?

¹○ Yes

²○ No

³○ Don't know

} Go to 114

110. How old is your father?

⁴○ Don't know

111. Does he live in this household?

¹○ Yes → Go to 114

²○ No

112. How often do you see your father?

³○ Daily

⁴○ At least once a week

¹○ At least once a month

⁴○ Less than once a month

⁷○ Never

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

¹○ Daily

²○ At least once a week

³○ At least once a month

⁴○ Less than once a month

³○ Never

114. Do you have any children?

¹○ Yes → How many?

²○ No → Go to 119

<p>115. Do all of them live in this household?</p> <p>¹ <input type="radio"/> Yes —————→ Go to 118</p> <p>⁴ <input type="radio"/> No</p>	<p>122. How often do you have contact by letter or telephone with them?</p> <p>¹ <input type="radio"/> Daily</p> <p>² <input type="radio"/> At least once a week</p> <p>³ <input type="radio"/> At least once a month</p> <p>⁴ <input type="radio"/> Less than once a month</p> <p>⁵ <input type="radio"/> Never</p>
<p>The next questions concern your children <u>not</u> living in this household.</p>	
<p>116. How often do you see them?</p> <p>¹ <input type="radio"/> Daily</p> <p>⁴ <input type="radio"/> At least once a week</p> <p>⁷ <input type="radio"/> At least once a month</p> <p>⁸ <input type="radio"/> Less than once a month</p> <p>⁹ <input type="radio"/> Never</p>	<p>123. About how many <u>other</u> relatives have you had contact with in the last 3 months? Include aunts, uncles, cousins, nieces, nephews, in-laws.</p> <p><input type="text"/> <input type="text"/></p> <p>⁹⁹ <input type="radio"/> None —————→ Go to 126</p>
<p>117. How often do you have contact by letter or telephone with them?</p> <p>¹ <input type="radio"/> Daily</p> <p>² <input type="radio"/> At least once a week</p> <p>³ <input type="radio"/> At least once a month</p> <p>⁴ <input type="radio"/> Less than once a month</p> <p>⁵ <input type="radio"/> Never</p>	<p>124. How often do you see your relatives?</p> <p>¹ <input type="radio"/> Daily</p> <p>² <input type="radio"/> At least once a week</p> <p>³ <input type="radio"/> At least once a month</p> <p>⁴ <input type="radio"/> Less than once a month</p> <p>⁵ <input type="radio"/> Never</p>
<p>118. Do you have any grandchildren?</p> <p>⁴ <input type="radio"/> Yes —————→ How many? <input type="text"/> <input type="text"/></p> <p>⁷ <input type="radio"/> No</p>	<p>125. How often do you have contact by letter or telephone with them?</p> <p>¹ <input type="radio"/> Daily</p> <p>² <input type="radio"/> At least once a week</p> <p>³ <input type="radio"/> At least once a month</p> <p>⁴ <input type="radio"/> Less than once a month</p> <p>⁵ <input type="radio"/> Never</p>
<p>119. Do you have any sisters or brothers?</p> <p>⁴ <input type="radio"/> Yes —————→ How many? <input type="text"/> <input type="text"/></p> <p>⁵ <input type="radio"/> No —————→ Go to 123</p>	<p>126. Other than relatives, how many people do you consider close friends? That is, friends you feel close to and can confide in.</p> <p><input type="text"/> <input type="text"/></p> <p>⁹⁹ <input type="radio"/> None —————→ Go to 129</p>
<p>120. Do all of them live in this household?</p> <p>¹ <input type="radio"/> Yes —————→ Go to 123</p> <p>² <input type="radio"/> No</p>	<p>127. How often do you see your close friends?</p> <p>¹ <input type="radio"/> Daily</p> <p>² <input type="radio"/> At least once a week</p> <p>³ <input type="radio"/> At least once a month</p> <p>⁴ <input type="radio"/> Less than once a month</p> <p>⁵ <input type="radio"/> Never</p>
<p>The next questions concern your brothers and sisters <u>not</u> living in this household.</p>	
<p>121. How often do you see your brothers and sisters?</p> <p>¹ <input type="radio"/> Daily</p> <p>⁴ <input type="radio"/> At least once a week</p> <p>⁵ <input type="radio"/> At least once a month</p> <p>⁸ <input type="radio"/> Less than once a month</p> <p>⁹ <input type="radio"/> Never</p>	<p>128. How often do you see your close friends?</p> <p>¹ <input type="radio"/> Daily</p> <p>² <input type="radio"/> At least once a week</p> <p>³ <input type="radio"/> At least once a month</p> <p>⁴ <input type="radio"/> Less than once a month</p> <p>⁵ <input type="radio"/> Never</p>

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

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

SECTION 0

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

- ⁰¹ ☐ No schooling
 - ⁰² ☐ One
 - ⁰³ ☐ Two
 - ⁰⁴ ☐ Three
 - ⁰⁵ ☐ Four
 - ⁰⁶ ☐ Five
 - ⁰⁷ ☐ Six
 - ⁰⁸ ☐ Seven
 - ⁰⁹ ☐ Eight
 - ¹⁰ ☐ Nine
 - ¹¹ ☐ Ten
 - ¹² ☐ Eleven
 - ¹³ ☐ Twelve
 - ¹⁴ ☐ Thirteen
 - ¹⁵ ☐ Don't know
- Go to 131

130. Have you graduated from secondary school?

- ¹ ☐ Yes
- ² ☐ No

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

- ⁰ ☐ Yes
- ¹ ☐ No → Go to 133

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

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

133. What is your date of birth?

Day		Month		Year	

134. Where were you born?

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

Go to 136

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

1	9		
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- ⁰ ☐ Canadian citizen by birth

136. What language did you first speak in childhood?

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

137. Do you still understand that language?

- ¹ ☐ Yes
- ² ☐ No

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

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

<p>139. What, if any, is your religion?</p> <p>¹ <input type="radio"/> No religion → Go to 141</p> <p>² <input type="radio"/> Roman Catholic</p> <p>³ <input type="radio"/> United Church</p> <p>⁴ <input type="radio"/> Anglican</p> <p>⁵ <input type="radio"/> Presbyterian</p> <p>⁶ <input type="radio"/> Lutheran</p> <p>⁷ <input type="radio"/> Baptist</p> <p>⁸ <input type="radio"/> Eastern Orthodox</p> <p>⁹ <input type="radio"/> Jewish</p> <p>¹⁰ <input type="radio"/> Other (specify) _____</p>	<p>144. Is this dwelling owned or being rented by a member of this household?</p> <p>¹ <input type="radio"/> Owned</p> <p>² <input type="radio"/> Rented</p>
<p>140. Other than on special occasions such as weddings, funerals or baptisms, how often do you attend services or meetings connected with your religion?</p> <p>¹ <input type="radio"/> At least once a week</p> <p>² <input type="radio"/> At least once a month</p> <p>³ <input type="radio"/> At least once a year</p> <p>⁴ <input type="radio"/> Less than once a year</p> <p>⁵ <input type="radio"/> Never</p> <p>⁶ <input type="radio"/> Don't know</p>	<p>145. Who is the person (or one of the persons) that lives here and is responsible for paying the rent, or mortgage, or taxes, electricity, etc. for this dwelling?</p> <p><input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> (enter page-line number)</p> <p>²⁷ <input type="radio"/> Person lives elsewhere</p>
<p>141. To which ethnic or cultural group do you or did your ancestors belong? (accept multiple response).</p> <p>¹ <input type="radio"/> French</p> <p>² <input type="radio"/> English</p> <p>³ <input type="radio"/> Irish</p> <p>⁴ <input type="radio"/> Scottish</p> <p>⁵ <input type="radio"/> German</p> <p>⁶ <input type="radio"/> Italian</p> <p>⁷ <input type="radio"/> Ukrainian</p> <p>⁸ <input type="radio"/> Don't know</p> <p>⁹ <input type="radio"/> Other (specify) _____</p>	<p>146. How many telephones, counting extensions, are there in your dwelling?</p> <p>⁴ <input type="radio"/> One → Go to 151</p> <p>⁵ <input type="radio"/> Two or more</p>
<p>142. In what type of dwelling are you now living?</p> <p>¹ <input type="radio"/> Single detached house</p> <p>² <input type="radio"/> Semi-detached or double (side-by-side)</p> <p>³ <input type="radio"/> Garden house, town-house or row house</p> <p>⁴ <input type="radio"/> Duplex (one above the other)</p> <p>⁵ <input type="radio"/> Low-rise apartment (less than 5 stories)</p> <p>⁶ <input type="radio"/> High-rise apartment (5 or more stories)</p> <p>⁷ <input type="radio"/> Other (specify) _____</p>	<p>147. Do all the telephones have the same number?</p> <p>⁶ <input type="radio"/> No</p> <p>⁷ <input type="radio"/> Yes → Go to 151</p>
<p>143. What is the Postal Code for this dwelling?</p> <p><input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/></p> <p>⁷ <input type="radio"/> Don't know</p>	<p>148. How many different numbers are there?</p> <p><input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/></p>
	<p>149. Are any of these numbers for business use only?</p> <p>⁶ <input type="radio"/> No → Go to 151</p> <p>⁷ <input type="radio"/> Yes</p>
	<p>150. How many are for business use only?</p> <p><input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/></p>
	<p>151. Last week, did you do any work at a job or business? (not counting work around the house)</p> <p>¹ <input type="radio"/> Yes → Go to 162</p> <p>² <input type="radio"/> No</p> <p>³ <input type="radio"/> Permanently unable to work → Go to 165</p>
	<p>152. During that week did you have a job or business at which you did not work?</p> <p>⁴ <input type="radio"/> Yes → Go to 154</p> <p>⁵ <input type="radio"/> No</p>
	<p>153. Last week, did you have a job to start in the next 4 weeks?</p> <p>⁶ <input type="radio"/> Yes</p> <p>⁷ <input type="radio"/> No } Go to 155</p>

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

APPENDIX B



Statistics Canada Statistique Canada

GSS-1

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General social survey Selection control form

1: 2:
3: 4:

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

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

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

☐ Yes

☐ No → Dial again. If still wrong, END

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

☐ Private home

☐ Both home and business/institution

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

Go to 30

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

☐ Yes

☐ No → Thank respondent and END

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

☐ Less than 15 → Go to 30

☐ 15 or more → Complete form GSS-1A

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

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

Enter names and ages in 42 and 44

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

☐ Yes → Enter names and ages in 42 and 44

☐ No

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

☐ Yes → Enter names and ages in 42 and 44

☐ No

34. INTERVIEWER:

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

• Then go to 50.

40/41	42	43	44	45	46	47	48	49
PgLn	Names of household members	SEL #	AGE	S E X	M S	F a m i l y	R e s i d e n c e	H o u s e
1	Given Name _____ Surname _____							
2	Given Name _____ Surname _____							
3	Given Name _____ Surname _____							
4	Given Name _____ Surname _____							
5	Given Name _____ Surname _____							
6	Given Name _____ Surname _____							
7	Given Name _____ Surname _____							
8	Given Name _____ Surname _____							

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

51. INTERVIEWER:

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

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

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

Selection Grid Label

A = Eligible Household Members
B = Select #

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

Is he/she there?

☐ Yes → Go to 70

☐ No → Set up appointment and go to 70

53. Best time to contact selected person.

60. Final Status

61. Number of Eligible Household Members

62. Interviewer Number

63. Notes
Item No.

70. INTERVIEWER:

• If the selected person is aged 15 to 64

☐ Complete GSS-2

• If the selected person is aged 65 to 84

☐ Complete GSS-3

GENERAL SOCIAL SURVEY
CYCLE TWO QUESTIONNAIRE PACKAGE

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

Content and Questionnaires

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

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

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

Sections of the GSS 2-2

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

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

Sample

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



- - Telephone Number

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

Interviewer Number (Item 76, GSS 2-1)

Type

GSS 2-2

Confidential when completed

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

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

SECTION A

A1 In what country were you born?

☐ 1 Canada → In which province or territory?

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

→ Go to A3

☐ 14 Country outside Canada (specify)

A2 In what year did you first immigrate to Canada?

☐ 1 Canadian citizen by birth

A3 What is your date of birth?

____ Day ____ Month ____ Year

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

☐ 1 Yes → Go to A7

☐ 2 No

☐ 3 Don't know → Go to SECTION B

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

_____ communities

☐ 0 Don't know → Go to SECTION B

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

_____ years

☐ 0 Don't know

A7 What was the approximate size of that community?

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

A8 Was this place in Canada or elsewhere?

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

Town → _____

Prov → _____

☐ 7 Elsewhere → Which country? (specify)

SECTION B

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

☐ 1 Yes → Go to B4

☐ 2 No

B2 Why was this? Was it because ...

☐ 3 Your father died

☐ 4 Parents were divorced or separated

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

☐ 6 Other (specify)

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

☐ 7 Yes

☐ 8 No → Go to B8

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

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

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

☐ 7 Self-employed → Go to B6

☐ 2 A student → Go to B8

☐ 3 Retired → Go to B8

☐ 4 Keeping house → Go to B8

☐ 5 Other (specify)

_____ → Go to B8

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

☐ 1 Don't know

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

☐ 2 Don't know

<p>B7 What kind of work was he doing? (Give a full description e.g., posting invoices, selling shoes, teaching primary school)</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>3 <input type="radio"/> Don't know</p>	<p>B13 What was the first language he learned in childhood? (Accept multiple response only if languages learned at same time)</p> <p>1 <input type="radio"/> English</p> <p>2 <input type="radio"/> French</p> <p>3 <input type="radio"/> Other (specify) _____</p> <p>_____</p> <p>4 <input type="radio"/> Don't know</p>
<p>B8 In total, how many years of elementary or secondary education did your father (or father substitute) complete?</p> <p>98 <input type="radio"/> No schooling → Go to B11</p> <p>_____ years</p> <p>99 <input type="radio"/> Don't know</p>	<p>B14 The next questions ask about your mother. When you were 15 years old, did you live with your own mother? (Include adoptive mother)</p> <p>1 <input type="radio"/> Yes → Go to B17</p> <p>2 <input type="radio"/> No</p>
<p>B9 Did he have any further schooling beyond elementary/secondary school?</p> <p>3 <input type="radio"/> Yes</p> <p>4 <input type="radio"/> No</p> <p>5 <input type="radio"/> Don't know } → Go to B17</p>	<p>B15 Why was this? Was it because ...</p> <p>3 <input type="radio"/> Your mother died</p> <p>4 <input type="radio"/> Parents were divorced or separated</p> <p>5 <input type="radio"/> You or your mother were temporarily living away from home → Go to B17</p> <p>6 <input type="radio"/> Other (specify)</p> <p>_____</p> <p>_____</p>
<p>B10 What was the highest level he attained? (Accept one response only)</p> <p>1 <input type="radio"/> Some community college, CEGEP or nursing school</p> <p>2 <input type="radio"/> Diploma or certificate from community college, CEGEP or nursing school</p> <p>3 <input type="radio"/> Some university</p> <p>4 <input type="radio"/> Bachelor or undergraduate degree or teacher's college</p> <p>5 <input type="radio"/> Master's or earned doctorate</p> <p>6 <input type="radio"/> Other (specify)</p> <p>_____</p> <p>_____</p> <p>7 <input type="radio"/> Don't know</p>	<p>B16 During that time, was there a female who took the role of your mother?</p> <p>7 <input type="radio"/> Yes</p> <p>8 <input type="radio"/> No → Go to B21</p>
<p>B11 In what country was he born?</p> <p>01 <input type="radio"/> Canada → In which province or territory?</p> <p>02 <input type="radio"/> Newfoundland</p> <p>03 <input type="radio"/> Prince Edward Island</p> <p>04 <input type="radio"/> Nova Scotia</p> <p>05 <input type="radio"/> New Brunswick</p> <p>06 <input type="radio"/> Québec</p> <p>07 <input type="radio"/> Ontario</p> <p>08 <input type="radio"/> Manitoba</p> <p>09 <input type="radio"/> Saskatchewan</p> <p>10 <input type="radio"/> Alberta</p> <p>11 <input type="radio"/> British Columbia</p> <p>12 <input type="radio"/> Yukon Territory</p> <p>13 <input type="radio"/> Northwest Territories</p> <p>14 <input type="radio"/> Country outside Canada (specify)</p> <p>_____</p>	<p>B17 Which of the following best describes your mother's (or mother substitute's) main activity when you were 15 years old? (Accept one response only)</p> <p>1 <input type="radio"/> Working at a job or business → In this job was she mainly ...</p> <p>6 <input type="radio"/> An employee working for someone else → Go to B18</p> <p>7 <input type="radio"/> Self-employed → Go to B19</p> <p>2 <input type="radio"/> Keeping house → Go to B21</p> <p>3 <input type="radio"/> A student → Go to B21</p> <p>4 <input type="radio"/> Retired → Go to B21</p> <p>5 <input type="radio"/> Other (specify)</p> <p>_____</p> <p>_____ → Go to B21</p>
<p>B12 To which ethnic or cultural group did he belong? (Accept multiple response)</p> <p>1 <input type="radio"/> English</p> <p>2 <input type="radio"/> French</p> <p>3 <input type="radio"/> Irish</p> <p>4 <input type="radio"/> Scottish</p> <p>5 <input type="radio"/> German</p> <p>6 <input type="radio"/> Italian</p> <p>7 <input type="radio"/> Ukrainian</p> <p>8 <input type="radio"/> Other (specify)</p> <p>_____</p> <p>_____</p> <p>9 <input type="radio"/> Don't know</p>	<p>B18 For whom did she work? (Name of business, government department or agency or person)</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>1 <input type="radio"/> Don't know</p>

<p>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)</p> <p>_____</p> <p>_____</p> <p>_____</p> <p><input type="radio"/> Don't know</p>	<p>B25 To which ethnic or cultural group did she belong? (Accept multiple response)</p> <p><input type="radio"/> English</p> <p><input type="radio"/> French</p> <p><input type="radio"/> Irish</p> <p><input type="radio"/> Scottish</p> <p><input type="radio"/> German</p> <p><input type="radio"/> Italian</p> <p><input type="radio"/> Ukrainian</p> <p><input type="radio"/> Other (specify) _____</p> <p>_____</p> <p><input type="radio"/> Don't know</p>
<p>B20 What kind of work was she doing? (Give a full description: e.g. posting invoices, selling shoes, teaching primary school)</p> <p>_____</p> <p>_____</p> <p>_____</p> <p><input type="radio"/> Don't know</p>	<p>B26 What was the first language she learned in childhood? (Accept multiple response only if languages learned at same time)</p> <p><input type="radio"/> English</p> <p><input type="radio"/> French</p> <p><input type="radio"/> Other (specify) _____</p> <p>_____</p> <p><input type="radio"/> Don't know</p>
<p>B21 In total, how many years of elementary or secondary education did your mother (or mother substitute) complete?</p> <p><input type="radio"/> No schooling → Go to B24</p> <p>_____ years</p> <p><input type="radio"/> Don't know</p>	<p>B27 What language did you yourself first speak in childhood? (Accept multiple response only if languages were spoken equally)</p> <p><input type="radio"/> English</p> <p><input type="radio"/> French</p> <p><input type="radio"/> Other (specify) _____</p> <p>_____</p>
<p>B22 Did she have any further schooling beyond elementary/secondary school?</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> Don't know } → Go to B24</p>	<p>B28 How many brothers have you ever had? (Include step-, half- and adopted brothers and those no longer living)</p> <p>_____ brothers</p>
<p>B23 What was the highest level she attained? (Accept one response only)</p> <p><input type="radio"/> Some community college, CEGEP or nursing school</p> <p><input type="radio"/> Diploma or certificate from community college, CEGEP or nursing school</p> <p><input type="radio"/> Some university</p> <p><input type="radio"/> Bachelor or undergraduate degree or teacher's college</p> <p><input type="radio"/> Master's or earned doctorate</p> <p><input type="radio"/> Other (specify) _____</p> <p>_____</p> <p>_____</p> <p><input type="radio"/> Don't know</p>	<p>B29 How many sisters have you ever had? (Include step-, half- and adopted sisters and those no longer living)</p> <p>_____ sisters</p>
<p>B24 In what country was she born?</p> <p><input type="radio"/> Canada → In which province or territory?</p> <p><input type="radio"/> Newfoundland</p> <p><input type="radio"/> Prince Edward Island</p> <p><input type="radio"/> Nova Scotia</p> <p><input type="radio"/> New Brunswick</p> <p><input type="radio"/> Québec</p> <p><input type="radio"/> Ontario</p> <p><input type="radio"/> Manitoba</p> <p><input type="radio"/> Saskatchewan</p> <p><input type="radio"/> Alberta</p> <p><input type="radio"/> British Columbia</p> <p><input type="radio"/> Yukon Territory</p> <p><input type="radio"/> Northwest Territories</p> <p><input type="radio"/> Country outside Canada (specify) _____</p> <p>_____</p>	

SECTION D

INTERVIEWER - "X" DAY TO WHICH ACTIVITIES REFER

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

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

Would you like an example?

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

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

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

 0 4 0 0

c. When did this end?

 :

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

Place			or			In Transit		
R's Home	Work Place	Other Place	Car	Walk	Bus & Subway	Other	Alone	Spouse/Partner
1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>

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

Children of Household	Other Family Member(s)	Friends(s)	Other Person(s)
1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>

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

 :

c. When did this end?

 :

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

Place			or			In Transit		
R's Home	Work Place	Other Place	Car	Walk	Bus & Subway	Other	Alone	Spouse/Partner
1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>

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

Children of Household	Other Family Member(s)	Friends(s)	Other Person(s)
1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>

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

 :

c. When did this end?

 :

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

Place			or			In Transit		
R's Home	Work Place	Other Place	Car	Walk	Bus & Subway	Other	Alone	Spouse/Partner
1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>

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

Children of Household	Other Family Member(s)	Friends(s)	Other Person(s)
1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>

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

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

b. When did this start?

c. When did this end?

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

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

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

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

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

b. When did this start?

c. When did this end?

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

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

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

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

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

b. When did this start?

c. When did this end?

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

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

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

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

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

b. When did this start?

c. When did this end?

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

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

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

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

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

b. When did this start?

c. When did this end?

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

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

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

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

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

b. When did this start?

c. When did this end?

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

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

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

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

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

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

b. When did this start?

c. When did this end?

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

Place			or			In Transit			
R's Home	Work Place	Other Place	Car	Walk	Bus & Subway	Other	Alone	Spouse/Partner	
1	2	3	4	5	6	7	1	2	3
0	0	0	0	0	0	0	0	0	0

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

Children of Household	Other Family Member(s)	Friend(s)	Other Person(s)
1	2	3	4
0	0	0	0

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

b. When did this start?

c. When did this end?

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

Place			or			In Transit			
R's Home	Work Place	Other Place	Car	Walk	Bus & Subway	Other	Alone	Spouse/Partner	
1	2	3	4	5	6	7	1	2	3
0	0	0	0	0	0	0	0	0	0

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

Children of Household	Other Family Member(s)	Friend(s)	Other Person(s)
1	2	3	4
0	0	0	0

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

b. When did this start?

c. When did this end?

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

Place			or			In Transit			
R's Home	Work Place	Other Place	Car	Walk	Bus & Subway	Other	Alone	Spouse/Partner	
1	2	3	4	5	6	7	1	2	3
0	0	0	0	0	0	0	0	0	0

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

Children of Household	Other Family Member(s)	Friend(s)	Other Person(s)
1	2	3	4
0	0	0	0

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

b. When did this start?

c. When did this end?

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

Place			or			In Transit			
R's Home	Work Place	Other Place	Car	Walk	Bus & Subway	Other	Alone	Spouse/Partner	
1	2	3	4	5	6	7	1	2	3
0	0	0	0	0	0	0	0	0	0

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

Children of Household	Other Family Member(s)	Friend(s)	Other Person(s)
1	2	3	4
0	0	0	0

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

b. When did this start?

c. When did this end?

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

Place			or			In Transit			
R's Home	Work Place	Other Place	Car	Walk	Bus & Subway	Other	Alone	Spouse/Partner	
1	2	3	4	5	6	7	1	2	3
0	0	0	0	0	0	0	0	0	0

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

Children of Household	Other Family Member(s)	Friend(s)	Other Person(s)
1	2	3	4
0	0	0	0

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

b. When did this start?

c. When did this end?

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

Place			or			In Transit			
R's Home	Work Place	Other Place	Car	Walk	Bus & Subway	Other	Alone	Spouse/Partner	
1	2	3	4	5	6	7	1	2	3
0	0	0	0	0	0	0	0	0	0

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

Children of Household	Other Family Member(s)	Friend(s)	Other Person(s)
1	2	3	4
0	0	0	0

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

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

b. When did this start?

c. When did this end?

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

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

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

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

1 2 3

4 5 6 7

1 2 3 4 5 6

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

b. When did this start?

c. When did this end?

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

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

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

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

1 2 3

4 5 6 7

1 2 3 4 5 6

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

b. When did this start?

c. When did this end?

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

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

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

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

1 2 3

4 5 6 7

1 2 3 4 5 6

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

b. When did this start?

c. When did this end?

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

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

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

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

1 2 3

4 5 6 7

1 2 3 4 5 6

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

b. When did this start?

c. When did this end?

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

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

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

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

1 2 3

4 5 6 7

1 2 3 4 5 6

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

b. When did this start?

c. When did this end?

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

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

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

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

1 2 3

4 5 6 7

1 2 3 4 5 6

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

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

b. When did this start?

c. When did this end?

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

Place

or

In Transit

R's Home

Work Place

Other Place

Car

Walk

Bus & Subway

Other

Alone

Spouse/Partner

Children of Household

Other Family Member(s)

Friends

Other Person(s)

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

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

b. When did this start?

c. When did this end?

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

Place

or

In Transit

R's Home

Work Place

Other Place

Car

Walk

Bus & Subway

Other

Alone

Spouse/Partner

Children of Household

Other Family Member(s)

Friends

Other Person(s)

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

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

b. When did this start?

c. When did this end?

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

Place

or

In Transit

R's Home

Work Place

Other Place

Car

Walk

Bus & Subway

Other

Alone

Spouse/Partner

Children of Household

Other Family Member(s)

Friends

Other Person(s)

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

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

b. When did this start?

c. When did this end?

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

Place

or

In Transit

R's Home

Work Place

Other Place

Car

Walk

Bus & Subway

Other

Alone

Spouse/Partner

Children of Household

Other Family Member(s)

Friends

Other Person(s)

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

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

b. When did this start?

c. When did this end?

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

Place

or

In Transit

R's Home

Work Place

Other Place

Car

Walk

Bus & Subway

Other

Alone

Spouse/Partner

Children of Household

Other Family Member(s)

Friends

Other Person(s)

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

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

b. When did this start?

c. When did this end?

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

Place

or

In Transit

R's Home

Work Place

Other Place

Car

Walk

Bus & Subway

Other

Alone

Spouse/Partner

Children of Household

Other Family Member(s)

Friends

Other Person(s)

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

B-4500-33.1

Do not ask questions about: sleep sex
or other personal care activities

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

b. When did this
start?

c. When did this
end?

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

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

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

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

1 2 3

4 5 6 7

1 2 3 4 5 6

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

b. When did this
start?

c. When did this
end?

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

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

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

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

1 2 3

4 5 6 7

1 2 3 4 5 6

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

b. When did this
start?

c. When did this
end?

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

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

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

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

1 2 3

4 5 6 7

1 2 3 4 5 6

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

b. When did this
start?

c. When did this
end?

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

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

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

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

1 2 3

4 5 6 7

1 2 3 4 5 6

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

b. When did this
start?

c. When did this
end?

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

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

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

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

1 2 3

4 5 6 7

1 2 3 4 5 6

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

b. When did this
start?

c. When did this
end?

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

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

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

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

1 2 3

4 5 6 7

1 2 3 4 5 6

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

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

b. When did this start?

c. When did this end?

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

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

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

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

b. When did this start?

c. When did this end?

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

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

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

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

b. When did this start?

c. When did this end?

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

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

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

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

b. When did this start?

c. When did this end?

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

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

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

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

b. When did this start?

c. When did this end?

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

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

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

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

b. When did this start?

c. When did this end?

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

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

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

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

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

b. When did this start?

c. When did this end?

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

Place	or	In Transit
At Home		Alone
Work Place		Spouse/Partner
Other Place		Children of Household
		Other Family Member(s)
		Friends
		Other Person(s)

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

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

b. When did this start?

c. When did this end?

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

Place	or	In Transit
At Home		Alone
Work Place		Spouse/Partner
Other Place		Children of Household
		Other Family Member(s)
		Friends
		Other Person(s)

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

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

b. When did this start?

c. When did this end?

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

Place	or	In Transit
At Home		Alone
Work Place		Spouse/Partner
Other Place		Children of Household
		Other Family Member(s)
		Friends
		Other Person(s)

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

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

b. When did this start?

c. When did this end?

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

Place	or	In Transit
At Home		Alone
Work Place		Spouse/Partner
Other Place		Children of Household
		Other Family Member(s)
		Friends
		Other Person(s)

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

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

b. When did this start?

c. When did this end?

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

Place	or	In Transit
At Home		Alone
Work Place		Spouse/Partner
Other Place		Children of Household
		Other Family Member(s)
		Friends
		Other Person(s)

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

INTERVIEWER: To record additional activities, use Form GSS2-2D and "X" the circle below. Also indicate the number of forms used.

☐ (If you use GSS2-2D)

Number of forms

Number the questions sequentially starting with 45

SECTION E

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

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

Very
happy
1 ☐

Somewhat
happy
2 ☐

Somewhat
unhappy
3 ☐

Very
unhappy
4 ☐

No
opinion
5 ☐

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

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

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

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

SECTION F

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

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

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

7 ☐ Yes → Go to Section G (Below)

8 ☐ No → Go to SECTION T (Page 23)

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

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

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

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

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

SECTION G

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

1 ☐ Yes

2 ☐ No → Go to G6

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

1 ☐ During the last week

2 ☐ During the last month

3 ☐ During the last year

4 ☐ More than a year

5 ☐ Never

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

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

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

1 ☐ Language instruction at school

2 ☐ Other language courses

3 ☐ Speaking with family

4 ☐ Speaking with friends

5 ☐ Speaking at work

6 ☐ Watching television

7 ☐ Other (specify) _____

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

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

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

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

3 ☐ One language (specify)

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

2 ☐ No → Go to G9

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

1 ☐ During the last week

2 ☐ During the last month

3 ☐ During the last year

4 ☐ More than a year

5 ☐ Never

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

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

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

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

1 ☐ More

2 ☐ Less

3 ☐ Same

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

SECTION H

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

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

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

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

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

- 1 ☐ Yes → How many other languages do you know or understand?
- 3 ☐ One language (specify)
- 4 ☐ languages → Which one do you know best? (specify)
- 2 ☐ No → Go to SECTION N (Page 17)

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

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

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

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

H6 INTERVIEWER: Go to SECTION N (PAGE 17)

SECTION J

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

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

J2 Do you have any knowledge or understanding of French?

- 7 ☐ Yes
- 8 ☐ No → Go to J7

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

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

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

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

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

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

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

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

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

languages

J8 INTERVIEWER: Go to SECTION N (PAGE 17)

SECTION K

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

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

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

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

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

- | | |
|------------------------------|------------------------------|
| KNOW | USE |
| 1 <input type="radio"/> More | 7 <input type="radio"/> More |
| 3 <input type="radio"/> Less | 8 <input type="radio"/> Less |
| 4 <input type="radio"/> Same | 9 <input type="radio"/> Same |

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

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

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

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

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

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

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

- 1 ☐ More
 2 ☐ Less
 3 ☐ Same

K8 INTERVIEWER: Go to SECTION N (Page 17)

SECTION L

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

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

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

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

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

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

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

- | | |
|------------------------------|------------------------------|
| KNOW | USE |
| 1 <input type="radio"/> More | 7 <input type="radio"/> More |
| 3 <input type="radio"/> Less | 8 <input type="radio"/> Less |
| 4 <input type="radio"/> Same | 9 <input type="radio"/> Same |

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

 languages

L6 INTERVIEWER: Go to SECTION N (PAGE 17)

SECTION M

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

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

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

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

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

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

M4 Do you have any knowledge or understanding of French?

- 1 ☐ Yes
2 ☐ No → Go to M9

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

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

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

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

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

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

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

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

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

_____ languages

SECTION N

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

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

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

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

N3 Which languages did you yourself speak at home?

(Most often)

- | | | |
|---|-------------------------|--|
| 1 <input type="radio"/> English | 4 <input type="radio"/> | } Did you speak this language at home more than 90% of the time? |
| 2 <input type="radio"/> French | 5 <input type="radio"/> | |
| 3 <input type="radio"/> Other (specify) _____ | 6 <input type="radio"/> | |
| _____ | 7 <input type="radio"/> | |
| | | 8 <input type="radio"/> Yes |
| | | 9 <input type="radio"/> No |

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

(Most often)

- | | |
|---|-------------------------|
| 3 <input type="radio"/> English | 6 <input type="radio"/> |
| 4 <input type="radio"/> French | 7 <input type="radio"/> |
| 5 <input type="radio"/> Other (specify) _____ | 8 <input type="radio"/> |
| _____ | 9 <input type="radio"/> |

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

(Most often)

- | | |
|---|-------------------------|
| 1 <input type="radio"/> English | 4 <input type="radio"/> |
| 2 <input type="radio"/> French | 5 <input type="radio"/> |
| 3 <input type="radio"/> Other (specify) _____ | 6 <input type="radio"/> |
| _____ | 7 <input type="radio"/> |

N6 INTERVIEWER Go to SECTION P (Page 18)

SECTION P

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

00 ☐ No schooling → Go to P14

01 ☐ One to five years

06 ☐ Six

07 ☐ Seven

08 ☐ Eight

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

(Most often)

1 ☐ English

4 ☐

2 ☐ French

5 ☐

3 ☐ Other (specify)

6 ☐

7 ☐

→ Go to P4

09 ☐ Nine

10 ☐ Ten

→ Go to P2

11 ☐ Eleven

12 ☐ Twelve

13 ☐ Thirteen

Have you graduated from secondary school?

1 ☐ Yes

2 ☐ No

→ Go to P2

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

(Most often)

1 ☐ English

4 ☐

2 ☐ French

5 ☐

3 ☐ Other (specify)

6 ☐

7 ☐

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

(Most often)

3 ☐ English

6 ☐

4 ☐ French

7 ☐

5 ☐ Other (specify)

8 ☐

9 ☐

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

1 ☐ Yes

2 ☐ No → Go to P7

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

(Most often)

3 ☐ English

6 ☐

4 ☐ French

7 ☐

5 ☐ Other (specify)

8 ☐

9 ☐

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

1 ☐ Some community college, CEGEP or nursing school

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

3 ☐ Some university

4 ☐ Bachelor or undergraduate degree or teacher's college

5 ☐ Master's or earned doctorate

6 ☐ Other (specify)

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

Year

P8 Think about the first full-time job you had after reaching your highest level of education in ... (date reported in P7). Were you an employee working for someone else or self-employed?

- 1 ☐ An employee working for someone else
 2 ☐ Self-employed → Go to P10
 3 ☐ Never had a full-time job after this date → Go to P13

P9 For whom did you work?
 (Name of business, government department or agency or person)

P10 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)

P11 What kind of work were you doing?
 (Give a full description: e.g., posting invoices, selling shoes, teaching primary school)

P12 In what year did you begin working at this job?

 Year

P13 Have you ever taken any language courses as part of full-time school?

- 1 ☐ Yes → Which languages?
 3 ☐ English
 4 ☐ French
 5 ☐ Other (specify) _____

- 2 ☐ No

P14 Have you ever taken any language courses outside of full-time school?

- 3 ☐ Yes → Which languages?
 5 ☐ English
 6 ☐ French
 7 ☐ Other (specify) _____

- 4 ☐ No

SECTION Q

Q1 Think about the people you live with. Which languages do you speak among yourselves at home?

- 5 ☐ Live alone → Go to Q4
 6 ☐ English
 7 ☐ French
 8 ☐ Other (specify) _____

Q2 INTERVIEWER If only one language reported in Q1, go to Q4

Q3 Which languages do you yourself speak at home?

- (Most often)
- 1 ☐ English 4 ☐
 2 ☐ French 5 ☐
 3 ☐ Other (specify) _____ 6 ☐
 _____ 7 ☐
- Do you speak this language at home more than 90% of the time?
- 8 ☐ Yes
 9 ☐ No

Q4 Which languages do you yourself speak with your friends outside your home?

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

Q5 Which of the following best describes your main activity during the last 7 days? Were you mainly ... (Accept one response only)

- 1 ☐ Working at a job or business
 2 ☐ Looking for work
 3 ☐ A student
 4 ☐ Keeping house
 5 ☐ Retired
 6 ☐ Other (specify) _____

Q6 What about your main activity during the last 12 months? Were you mainly ... (Accept one response only)

- 1 ☐ Working at a job or business → Go to Q8
 2 ☐ Looking for work
 3 ☐ A student
 4 ☐ Keeping house
 5 ☐ Retired
 6 ☐ Other (specify) _____

Q7 Did you have a job at any time during the last 12 months?

- 7 ☐ Yes
 8 ☐ No → Go to SECTION R

Q8 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)

<p>Q9 During those weeks of work were you mainly ...</p> <p>1 <input type="radio"/> An employee working for someone else</p> <p>2 <input type="radio"/> Self-employed → Go to Q12</p>	
<p>Q10 During those weeks of work were you mostly full-time or part-time?</p> <p>3 <input type="radio"/> Full-time</p> <p>4 <input type="radio"/> Part-time</p>	
<p>Q11 For whom do you/did you last work? (Name of business, government department or agency or person)</p> <p>_____</p> <p>_____</p> <p>_____</p>	
<p>Q12 What was the main kind of business, industry or service? (Give a full description e.g. paper box manufacturing, retail shoe store, municipal board of education)</p> <p>_____</p> <p>_____</p> <p>_____</p>	
<p>Q13 What kind of work were you doing? (Give a full description e.g. posting invoices, selling shoes, teaching primary school)</p> <p>_____</p> <p>_____</p> <p>_____</p>	
<p>Q14 Which languages are/were spoken at work by people with whom you have/had regular contact?</p> <p>5 <input type="radio"/> English</p> <p>6 <input type="radio"/> French</p> <p>7 <input type="radio"/> Other (specify) _____</p> <p>_____</p>	
<p>Q15 Considering the last 12 months, which languages have you yourself spoken at work?</p> <p>(Most often)</p> <p>1 <input type="radio"/> English 4 <input type="radio"/></p> <p>2 <input type="radio"/> French 5 <input type="radio"/></p> <p>3 <input type="radio"/> Other (specify) _____ 6 <input type="radio"/></p> <p>_____ 7 <input type="radio"/></p> <p>Did you speak this language at work more than 90% of the time?</p> <p>8 <input type="radio"/> Yes</p> <p>9 <input type="radio"/> No</p>	
<p>Q16 During the last 12 months have you done any writing at work?</p> <p>1 <input type="radio"/> Yes</p> <p>2 <input type="radio"/> No → Go to SECTION II</p>	
<p>Q17 Over this period, which languages did you yourself use for writing at work?</p> <p>(Most often)</p> <p>1 <input type="radio"/> English 4 <input type="radio"/></p> <p>2 <input type="radio"/> French 5 <input type="radio"/></p> <p>3 <input type="radio"/> Other (specify) _____ 6 <input type="radio"/></p> <p>_____ 7 <input type="radio"/></p> <p>Did you use this language for writing at work more than 90% of the time?</p> <p>8 <input type="radio"/> Yes</p> <p>9 <input type="radio"/> No</p>	

SECTION R

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

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

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

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

1 ☐ Yes

2 ☐ No

3 ☐ Don't know

R7 In which languages are the television programs you watch?

0 ☐ Never watch television

(Most often)

1 ☐ English

4 ☐

2 ☐ French

5 ☐

3 ☐ Other (specify)

6 ☐

7 ☐

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

8 ☐ Yes

9 ☐ No

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

1 ☐ Never visited doctor

2 ☐ English

3 ☐ French

4 ☐ Other (specify)

SECTION 5

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

S1 To which ethnic or cultural group do you or did your ancestors belong? (Accept multiple response)

- ☐ 1 English
☐ 2 French
☐ 3 Irish
☐ 4 Scottish
☐ 5 German
☐ 6 Italian
☐ 7 Ukrainian
☐ 8 Other (specify)

☐ 9 Don't know

S2 What, if any, is your religion?

- ☐ 0 No religion → Go to S4
☐ 1 Roman Catholic
☐ 2 United Church
☐ 3 Anglican
☐ 4 Presbyterian
☐ 5 Lutheran
☐ 6 Baptist
☐ 7 Eastern Orthodox
☐ 8 Jewish
☐ 9 Other (specify)

S3 Other than on special occasions, such as weddings, funerals or baptisms, how often do you attend services or meetings connected with your religion?

- ☐ 0 At least once a week
☐ 1 At least once a month
☐ 2 At least once a year
☐ 3 Less than once a year
☐ 4 Never

S4 What is the approximate size of the community in which you 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
☐ 7 25,000 to less than 100,000 population
☐ 8 100,000 to 1 million population
☐ 9 Over 1 million population

S5 What is the name of that town or nearest town?

Town → _____

Prov. → _____

S6 What are the first three characters of your postal code?

☐ 9 Don't know

S7 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)
☐ 6 High-rise apartment (five or more stories)
☐ 7 Other (specify)

S8 Is this dwelling owned or rented by a member of this household?

- ☐ 0 Owned
☐ 9 Rented

S9 How many telephones, counting extensions, are there in your dwelling?

- ☐ 1 One → Go to S14
☐ 2 Two or more

S10 Do all the telephones have the same number?

- ☐ 3 Yes → Go to S14
☐ 4 No

S11 How many different numbers are there?

S12 Are any of these numbers for business use only?

- ☐ 5 Yes
☐ 6 No → Go to S14

S13 How many are for business use only?

S14 What was your income before taxes, from wages, salaries and self-employment during the last 12 months?

- ☐ 1 Income → \$ _____ 00
☐ 2 Loss → \$ _____ 00
☐ 3 No income
☐ 4 Don't know

S15 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
☐ 6 Don't know

S16 What was your income from investments or private pensions?

- ☐ 1 Income → \$ _____ 00
☐ 2 Loss → \$ _____ 00
☐ 3 No income
☐ 4 Don't know

S17 What is your best estimate of the total income of all household members from all sources during the last 12 months? Was the total household income ...

- ☐ 1 Less than \$20,000 →

<input type="radio"/> Less than \$10,000 → <table border="0"> <tr> <td><input type="radio"/> 1 Less than \$5,000</td> </tr> <tr> <td><input type="radio"/> 2 \$5,000 and more</td> </tr> </table>	<input type="radio"/> 1 Less than \$5,000	<input type="radio"/> 2 \$5,000 and more	<input type="radio"/> \$10,000 and more → <table border="0"> <tr> <td><input type="radio"/> 3 Less than \$15,000</td> </tr> <tr> <td><input type="radio"/> 4 \$15,000 and more</td> </tr> </table>	<input type="radio"/> 3 Less than \$15,000	<input type="radio"/> 4 \$15,000 and more
<input type="radio"/> 1 Less than \$5,000					
<input type="radio"/> 2 \$5,000 and more					
<input type="radio"/> 3 Less than \$15,000					
<input type="radio"/> 4 \$15,000 and more					

☐ 2 \$20,000 and more →

<input type="radio"/> Less than \$40,000 → <table border="0"> <tr> <td><input type="radio"/> 5 Less than \$30,000</td> </tr> <tr> <td><input type="radio"/> 6 \$30,000 and more</td> </tr> </table>	<input type="radio"/> 5 Less than \$30,000	<input type="radio"/> 6 \$30,000 and more	<input type="radio"/> \$40,000 and more → <table border="0"> <tr> <td><input type="radio"/> 7 Less than \$60,000</td> </tr> <tr> <td><input type="radio"/> 8 \$60,000 and more</td> </tr> </table>	<input type="radio"/> 7 Less than \$60,000	<input type="radio"/> 8 \$60,000 and more
<input type="radio"/> 5 Less than \$30,000					
<input type="radio"/> 6 \$30,000 and more					
<input type="radio"/> 7 Less than \$60,000					
<input type="radio"/> 8 \$60,000 and more					

☐ 3 No income
☐ 4 Don't know

END OF INTERVIEW

SECTION T

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

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

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

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

- ☐ 1 Yes
☐ 2 No
☐ 3 Don't know

T5 In which languages are the television programs you watch?

☐ 0 Never watch television

(Most often)

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

- ☐ 4
☐ 5
☐ 6
☐ 7

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

- ☐ 8 Yes
☐ 9 No

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

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

SECTION U

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

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

00 ☐ No schooling → Go to U1201 ☐ One to five years02 ☐ Six03 ☐ Seven04 ☐ Eight05 ☐ Nine06 ☐ Ten07 ☐ Eleven08 ☐ Twelve09 ☐ Thirteen

→ Go to U3

U2 Have you graduated from secondary school?

1 ☐ Yes2 ☐ No

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

3 ☐ Yes4 ☐ No → Go to U5

U4 What was the highest level you attained?

1 ☐ Some community college, CEGEP or nursing school2 ☐ Diploma or certificate from community college, CEGEP or nursing school3 ☐ Some university4 ☐ Bachelor or undergraduate degree or teacher's college5 ☐ Master's or earned doctorate6 ☐ Other (specify)

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

Year

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

7 ☐ An employee working for someone else8 ☐ Self-employed → Go to U89 ☐ Never had full-time job after this date → Go to U11U7 For whom did you work?
(Name of business, government department or agency or person)

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

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

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

Year

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

1 ☐ Yes → Which languages?3 ☐ English4 ☐ French5 ☐ Other (specify) _____

2 ☐ No

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

3 ☐ Yes → Which languages?5 ☐ English6 ☐ French7 ☐ Other (specify) _____

4 ☐ No

U13 What, if any, is your religion?

0 ☐ No religion → Go to U151 ☐ Roman Catholic2 ☐ United Church3 ☐ Anglican4 ☐ Presbyterian5 ☐ Lutheran6 ☐ Baptist7 ☐ Eastern Orthodox8 ☐ Jewish9 ☐ Other (specify)

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

1 ☐ At least once a week2 ☐ At least once a month3 ☐ At least once a year4 ☐ Less than once a year5 ☐ Never

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

1 ☐ English2 ☐ French3 ☐ Irish4 ☐ Scottish5 ☐ German6 ☐ Italian7 ☐ Ukrainian8 ☐ Other (specify)

9 ☐ Don't know

<p>U16 What is the approximate size of the community in which you are now living? By community I mean city, town or rural area?</p> <p>1 <input type="radio"/> Less than 5,000 population or a rural area</p> <p>2 <input type="radio"/> 5,000 to less than 25,000 population</p> <p>3 <input type="radio"/> 25,000 to less than 100,000 population</p> <p>4 <input type="radio"/> 100,000 to 1 million population</p> <p>5 <input type="radio"/> Over 1 million population</p>	<p>U26 How many are for business use only?</p> <p><input type="text"/></p>
<p>U17 What is the name of that town or nearest town?</p> <p>Town → <input type="text"/></p> <p>Prov → <input type="text"/></p>	<p>U27 Which of the following best describes your main activity during the last 7 days? Were you mainly ... (Accept one response only)</p> <p>1 <input type="radio"/> Working at a job or business</p> <p>2 <input type="radio"/> Looking for work</p> <p>3 <input type="radio"/> A student</p> <p>4 <input type="radio"/> Keeping house</p> <p>5 <input type="radio"/> Retired</p> <p>6 <input type="radio"/> Other (specify) <input type="text"/></p>
<p>U18 What are the first three characters of your postal code?</p> <p><input type="text"/></p> <p>9 <input type="radio"/> Don't know</p>	<p>U28 What about your main activity during the last 12 months? Were you mainly ... (Accept one response only)</p> <p>1 <input type="radio"/> Working at a job or business → Go to U31</p> <p>2 <input type="radio"/> Looking for work</p> <p>3 <input type="radio"/> A student</p> <p>4 <input type="radio"/> Keeping house</p> <p>5 <input type="radio"/> Retired</p> <p>6 <input type="radio"/> Other (specify) <input type="text"/></p>
<p>U19 In what type of dwelling are you now living? Is it ...</p> <p>1 <input type="radio"/> Single detached house</p> <p>2 <input type="radio"/> Semi-detached or double (side-by-side)</p> <p>3 <input type="radio"/> Garden house, town-house or row house</p> <p>4 <input type="radio"/> Duplex (one above the other)</p> <p>5 <input type="radio"/> Low-rise apartment (less than five stories)</p> <p>6 <input type="radio"/> High-rise apartment (five or more stories)</p> <p>7 <input type="radio"/> Other (specify) <input type="text"/></p>	<p>U29 Did you have a job at any time during the last 12 months?</p> <p>7 <input type="radio"/> Yes → Go to U31</p> <p>8 <input type="radio"/> No</p>
<p>U20 Is this dwelling owned or rented by a member of this household?</p> <p>8 <input type="radio"/> Owned</p> <p>9 <input type="radio"/> Rented</p>	<p>U30 Did you have any income from wages, salaries and self-employment during the last 12 months?</p> <p>1 <input type="radio"/> Yes → What was your income before taxes?</p> <p>4 <input type="radio"/> Income → \$ <input type="text"/></p> <p>5 <input type="radio"/> Loss → \$ <input type="text"/></p> <p>2 <input type="radio"/> No income → Go to U39</p> <p>3 <input type="radio"/> Don't know → Go to U39</p>
<p>U21 Is there a language, other than English, spoken in your home by the people living there?</p> <p>1 <input type="radio"/> Person lives alone</p> <p>2 <input type="radio"/> Yes → Which languages?</p> <p>4 <input type="radio"/> French</p> <p>5 <input type="radio"/> Other (specify) <input type="text"/></p> <p>3 <input type="radio"/> No</p>	<p>U31 For how many weeks of those 12 months did you do any work at a job or business? (Include vacation, illness, strikes, lock-outs and paid maternity leave)</p> <p><input type="text"/> weeks</p> <p>(Code number from 00 to 52)</p>
<p>U22 How many telephones, counting extensions, are there in your dwelling?</p> <p>1 <input type="radio"/> One → Go to U27</p> <p>2 <input type="radio"/> Two or more</p>	<p>U32 During those weeks of work were you mainly ...</p> <p>1 <input type="radio"/> An employee working for someone else</p> <p>2 <input type="radio"/> Self-employed → Go to U35</p>
<p>U23 Do all the telephones have the same number?</p> <p>3 <input type="radio"/> Yes → Go to U27</p> <p>4 <input type="radio"/> No</p>	<p>U33 During those weeks of work were you mostly full-time or part-time?</p> <p>3 <input type="radio"/> Full-time</p> <p>4 <input type="radio"/> Part-time</p>
<p>U24 How many different numbers are there?</p> <p><input type="text"/></p>	<p>U34 For whom do you/did you last work? (Name of business, government department or agency or person)</p> <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p>
<p>U25 Are any of these numbers for business use only?</p> <p>5 <input type="radio"/> Yes</p> <p>6 <input type="radio"/> No → Go to U27</p>	

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

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

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

- ☐ English
- ☐ French
- ☐ Other (specify) _____
- _____

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

- ☐ Income → \$ _____ 00
- ☐ Loss → \$ _____ 00
- ☐ No income
- ☐ Don't know

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

- \$ _____ 00
- ☐ No income
- ☐ Don't know

U40 What was your income from investments or private pensions?

- ☐ Income → \$ _____ 00
- ☐ Loss → \$ _____ 00
- ☐ No income
- ☐ Don't know

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

- ☐ Less than \$20,000 → ☐ Less than \$10,000 → ☐ Less than \$5,000
- ☐ Less than \$20,000 → ☐ \$10,000 and more → ☐ \$5,000 and more
- ☐ \$20,000 and more → ☐ Less than \$40,000 → ☐ Less than \$30,000
- ☐ \$20,000 and more → ☐ \$40,000 and more → ☐ \$30,000 and more
- ☐ \$20,000 and more → ☐ Less than \$60,000
- ☐ \$20,000 and more → ☐ \$60,000 and more
- ☐ No income
- ☐ Don't know

END OF INTERVIEW



General social survey Selection control form

GSS 2-1

Confidential when completed

<div style="display: flex; justify-content: space-between;"> <div style="text-align: center;">1 </div> <div style="text-align: center;">2 </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="text-align: center;">3: </div> <div style="text-align: center;">4 </div> </div> <p style="text-align: center; margin-top: 5px;">TELEPHONE NUMBER LABEL</p>	<div style="margin-bottom: 10px;">5 Screening interviewer Number </div> <div>6 Screening Final Status </div>
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RECORD OF CALLS									
10	11 Date		12 Start		13 Finish		14 Result	15 Interviewer's Name	16 Comments
	Day	Month	Hr	Min	Hr	Min			
01									
02									
03									
04									
05									
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14									

<p>20 Hello, I'm from Statistics Canada. We are doing a survey about the social activities and the language use of Canadians.</p> <p>21 I'd like to make sure that I've dialed the right number. Is this (read number)?</p> <p style="margin-left: 20px;"> <input type="radio"/> Yes <input type="radio"/> No → Dial again. If still wrong, END </p> <p>22 Is this number for a business, an institution or a private home?</p> <p style="margin-left: 20px;"> <input type="radio"/> Private home <input type="radio"/> Both home and business <input type="radio"/> Business, institution or other non-residence </p> <p style="margin-left: 100px;">} Go to 30</p> <p>23 Does anyone use this telephone number as a home phone number?</p> <p style="margin-left: 20px;"> <input type="radio"/> Yes <input type="radio"/> No → Thank respondent and END </p> <p>24 How many persons live or stay at this address and use this number as a home phone number?</p> <p style="margin-left: 20px;"> <input type="radio"/> Less than 15 → Go to 30 <input type="radio"/> 15 or more → Make appointment </p>	<p style="text-align: center;">INTERVIEW WITH SELECTED PERSON</p> <div style="border: 1px solid black; padding: 10px; margin: 10px 0;"> <div style="display: flex; justify-content: space-between;"> <div>70: </div> <div>71: </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div>72: </div> <div>73: </div> </div> </div> <p style="text-align: center;">DESIGNATED DAY LABEL</p> <p>74 INTERVIEWER: Transcribe selected person name from item 35 and related Page-Line No. from items 33 & 34</p> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="border: 1px solid black; flex-grow: 1; height: 15px;"></div> <div style="border: 1px solid black; width: 30px; height: 15px;"></div> </div> <p style="text-align: center; margin-top: 5px;">Selected person name Page-line</p> <p>75 Would you prefer to be interviewed in English or French?</p> <p style="margin-left: 20px;"> <input type="radio"/> English <input type="radio"/> French </p> <p>76 Interviewer Number</p> <div style="border: 1px solid black; width: 100px; height: 15px; margin-top: 10px;"></div>
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30 In this survey all information we collect will be kept strictly confidential as guaranteed by the Statistics Act. While your participation is voluntary, your assistance is essential if the results of the survey are to be accurate.															
31 I need to select one person from your household for an interview which will be conducted in November. Starting with the oldest, what is the first name and age of each person living or staying here who has no usual place of residence elsewhere? <div style="text-align: center; font-style: italic;">Enter names and ages in items 35 and 37</div>															
32 INTERVIEWER • Enter answers for items 38 through 48 for each person recorded in item 35. Refer to Interviewer Reference Card for instructions and codes. • Then go to item 49.															
33	34	35	36	37	38	39	40	41	42	43	44	Only for persons aged 6-14 yrs			
Pg	Ln	NAMES OF HOUSEHOLD MEMBERS	SEL #	AGE #	S E X	M S	F a m ID	R to M	First Lang Learn	CN in E	CN in F	45 Main lan- guage of Education	46 CR in E	47 CR in F	48 SR IM
	1	GIVEN NAME _____ SURNAME _____										1 <input type="radio"/> English 2 <input type="radio"/> French 3 <input type="radio"/> Other			
	2	GIVEN NAME _____ SURNAME _____										1 <input type="radio"/> English 2 <input type="radio"/> French 3 <input type="radio"/> Other			
	3	GIVEN NAME _____ SURNAME _____										1 <input type="radio"/> English 2 <input type="radio"/> French 3 <input type="radio"/> Other			
	4	GIVEN NAME _____ SURNAME _____										1 <input type="radio"/> English 2 <input type="radio"/> French 3 <input type="radio"/> Other			
	5	GIVEN NAME _____ SURNAME _____										1 <input type="radio"/> English 2 <input type="radio"/> French 3 <input type="radio"/> Other			
	6	GIVEN NAME _____ SURNAME _____										1 <input type="radio"/> English 2 <input type="radio"/> French 3 <input type="radio"/> Other			
	7	GIVEN NAME _____ SURNAME _____										1 <input type="radio"/> English 2 <input type="radio"/> French 3 <input type="radio"/> Other			
	8	GIVEN NAME _____ SURNAME _____										1 <input type="radio"/> English 2 <input type="radio"/> French 3 <input type="radio"/> Other			
49 Are there any persons away from this household attending school, visiting, travelling or in the hospital who USUALLY live here? <input type="radio"/> Yes → Enter names and complete items 37 through 48 <input type="radio"/> No															
50 Does anyone else live at this address, such as other relatives, roomers, boarders or employees? <input type="radio"/> Yes → Enter names and complete items 37 through 48 <input type="radio"/> No															
51 Now I am going to use a selection procedure to determine whom to interview. This will just take a second.															
52 INTERVIEWER In item 36, number the persons 15 years of age and over in order from oldest to youngest. Determine the selected person by referring to the Selection Grid. In item 36, circle the number of the selected person.															
<div style="border: 1px solid black; width: 80%; margin: 0 auto; height: 100px; display: flex; align-items: center; justify-content: center;"> SELECTION GRID LABEL </div> <p style="margin-top: 10px;">A = Eligible household members B = Selected</p>															
53 The person I am to interview is (read name) Someone will be contacting him/her between November 26 and December 12.															
54 INTERVIEWER If the respondent volunteers a best time to be contacted, mark below.															
<div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div>															
55 Final Status 56 Number of Eligible Household Members <div style="display: flex; justify-content: space-around; width: 100%;"> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div>															
57 NOTES Item #															
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%; border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="width: 45%; border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%; border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="width: 45%; border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%; border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="width: 45%; border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%; border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="width: 45%; border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> </div>															

General social survey

Telephone Number

GSS 2-2D

PAGE OF

Confidential when completed

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

a. And then, what did you do next?

b. When did this start?

c. When did this end?

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

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

Place or In Transit

R's Home Work Place Other Place Car Walk Bus & Subway Other

Alone Spouse/Partner Child(ren) of Household Other Family Member(s) Friend(s) Other Person(s)

1 2 3 4 5 6 7 1 2 3 4 5 6 8

a. And then, what did you do next?

b. When did this start?

c. When did this end?

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

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

Place or In Transit

R's Home Work Place Other Place Car Walk Bus & Subway Other

Alone Spouse/Partner Child(ren) of Household Other Family Member(s) Friend(s) Other Person(s)

1 2 3 4 5 6 7 1 2 3 4 5 6 8

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Place or In Transit

R's Home Work Place Other Place Car Walk Bus & Subway Other

Alone Spouse/Partner Child(ren) of Household Other Family Member(s) Friend(s) Other Person(s)

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Place or In Transit

R's Home Work Place Other Place Car Walk Bus & Subway Other

Alone Spouse/Partner Child(ren) of Household Other Family Member(s) Friend(s) Other Person(s)

1 2 3 4 5 6 7 1 2 3 4 5 6 8

APPENDIX D

DAILY ACTIVITIES CODE LIST

GSS 2-16

Employed Work

- 01 Work for Pay
- 02 Extra to Work/Overtime/
Looking for Work
- 03 Travel During Work
- 04 Waiting, Delays at Work
- 05 Meals-Snacks at Work
- 06 Idle Time Before or After Work
- 07 Coffee, Other Breaks
- 08 Uncodeable Work Activities
- 09 Travel: To-From Work

Domestic Work

- 10 Meal Preparation
- 11 Meal Clean-up
(Dishes/Clearing Table)
- 12 Indoor Cleaning (Dusting/Vacuuming)
- 13 Outdoor Cleaning
(Sidewalks/Carbage)
- 14 Laundry, Ironing, Folding
- 15 Mending
- 16 Home Repairs, Maintenance
- 17 Gardening, Pet Care
- 18 Other Uncodeable Housework (Bills)
- 19 Travel: Domestic

Care of Children

- 20 Baby Care
- 21 Child Care
- 22 Helping Teaching,
Reprimanding Children
- 23 Reading, Talking, Conversation
with Children
- 24 Play with Children
- 25 Medical Care - Child
- 26
- 27
- 28 Other Childcare (Unpaid
Babysitting)
- 29 Travel: Child Care

Shopping and Services

- 30 Everyday Shopping (Food,
Clothing, Gas)
- 31 Shopping for Durable Household
Goods (House, Car)
- 32 Personal Care Services
(Hairdresser)
- 33 Government and Financial Services
- 34 Adult Medical and Dental Care
(Outside Home)
- 35 Other Professional Services
(Lawyer)
- 36 Repair Services (Cleaning, Auto
Appliance)
- 37 Waiting, Queuing for Purchase
- 38 Other Uncodeable Services
- 39 Travel: Goods or Services

Personal Care

- 40 Washing, Dressing, Packing
- 41 Adult Medical Care (At Home)
- 42 Help and Personal Care to Adults
- 43 Meals at Home/Snacks/Coffee
- 44 Restaurant Meals
- 45 Night Sleep/Essential Sleep
- 46 Incidental Sleep, Naps
- 47 Relaxing, Thinking, Resting
- 48 Other Personal Care or Private
Activities
- 49 Travel: Personal

School and Education

- 50 Full-Time Classes
- 51 Other Classes - Part-time
- 52 Special Lectures: Occasional
- 53 Homework: Course, Career,
Self-Development
- 54 Meals-Snacks, Coffee at School
- 55 Breaks or Waiting for Class
to Begin
- 56 Leisure and Special Interest
Classes
- 58 Other Uncodeable Study
- 59 Travel: Education

Organizational, Voluntary and Religious Activity

- 60 Professional, Union, General
- 61 Political, Civic Activity
- 62 Child, Youth, Family
Organization
- 63 Religious Meetings,
Organizations
- 64 Religious Services/Prayer/
Read Bible
- 65 Fraternal, Social
Organizations
- 66 Volunteer Work, Helping
- 67
- 68 Other Uncodeable
Organizations
- 69 Travel: Organizations

Entertainment (Attending)

- 70 Sports Events
- 71 Pop Music, Fairs, Concerts,
- 72 Movies, Films
- 73 Opera, Ballet, Drama
- 74 Museums and Art Galleries
- 75 Visits, Entertaining Friends/
Relatives
- 76 Socializing at Bars, Clubs
- 77
- 78 Other Social Gatherings
- 79 Travel: Entertainment

Sports and Hobbies (Participation)

- 80 Sports, Physical Exercise,
Coaching
- 81 Hunt, Fish, Camp
- 82 Walk, Hike
- 83 Hobbies
- 84 Domestic Home Crafts
- 85 Music, Theatre, Dance
- 86 Games, Cards, Arcade
- 87 Pleasure Drives, Sightseeing
- 88 Other Uncodeable Sport or
Active Leisure
- 89 Travel: Sports, Hobbies

Media and Communication

- 90 Radio
- 91 Television, Rented Movies
- 92 Records, Tapes, Listening
- 93 Reading Books, Magazines
- 94 Reading Newspapers
- 95 Talking, Conversation, Phone
- 96 Letters and Mail
- 97
- 98 Other Uncodeable (Media or
Communication)
- 99 Travel: Media or
Communication

GENERAL SOCIAL SURVEY
CYCLE THREE QUESTIONNAIRE PACKAGE

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

Content and Questionnaires

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

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

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

Sample

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



Statistics Canada Statistique Canada

GSS 3-1

General social survey Selection control form

Confidential when completed

1: <input type="text"/>	<input type="text"/>	<input type="text"/>	2: <input type="text"/>
3: <input type="text"/>	4: <input type="text"/>	5: <input type="text"/>	

TELEPHONE NUMBER LABEL

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

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

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

18. FORMS CONTROL

Form	Number of forms
GSS 3-1	<input type="text"/>
GSS 3-2	<input type="text"/>
GSS 3-3	<input type="text"/>
GSS 3-4	<input type="text"/>

19. Interviewer Number

20. Final status

<p>30. Hello, I'm from Statistics Canada. We are conducting a survey in your area and throughout Canada on accidents and crime and their impact on Canadians.</p> <p>31. I'd like to make sure that I've dialed the right number. Is this (read number)? Yes <input type="radio"/> No <input type="radio"/> → Dial again, if still wrong, END</p> <p>32. Is this the number for a business, an institution or a private home? Private home <input type="radio"/> Both home and business <input type="radio"/> } → Go to 35 Business, institution or other non-residence <input type="radio"/></p> <p>33. Does anyone use this telephone number as a home phone number? Yes <input type="radio"/> No <input type="radio"/> → Thank respondent and END</p>	<p>34. How many persons live or stay at this address and use this number as a home phone number? Less than 15 <input type="radio"/> 15 or more <input type="radio"/> → Make appointment</p> <p>35. In this survey all information we collect will be kept strictly confidential as guaranteed by the Statistics Act. While your participation is voluntary, it is essential if the survey results are to be accurate.</p> <p>36. I need to select one person from your household for an interview. Starting with the oldest, what is the name and age of each person living or staying there who has no usual place of residence elsewhere? (Enter names and ages in items 42 and 44)</p>								
<p>37. INTERVIEWER: • Enter answers for items 45 through 48 for each person recorded in item 42. Refer to Interviewer Reference Card for instructions and codes. • Then go to item 60.</p>									
40.	41.	42.	43.	44.	45.	46.	47.	48.	
Pg	Ln	Names of Household Members	Sel #	Age	Sex	What is marital status?	Family Identifier	What is relationship to ... (Head of Family)?	
	1	Given name _____ Surname _____							
	2	Given name _____ Surname _____							
	3	Given name _____ Surname _____							
	4	Given name _____ Surname _____							
	5	Given name _____ Surname _____							
	6	Given name _____ Surname _____							
	7	Given name _____ Surname _____							
	8	Given name _____ Surname _____							
<p>60. INTERVIEWER: Enter Page-Line no. of person giving the above information: → </p>									
<p>61. Are there any persons away from this household attending school, visiting, travelling or in the hospital who USUALLY live there? Yes <input type="radio"/> → Enter names and complete items 44 through 48 No <input type="radio"/></p>									
<p>62. Does anyone else live there, such as other relatives, roomers, boarders or employees? Yes <input type="radio"/> → Enter names and complete items 44 through 48 No <input type="radio"/></p>									
<p>63. Now I am going to randomly select the person to interview. This will just take a second.</p>									
<p>64. INTERVIEWER: • In item 43 number the persons 15 years of age and over in order from oldest to youngest • Enter number of eligible household members: 1 • Determine the selected person by referring to the Selection Grid • In item 43 circle the selected person number and enter Page-Line no.: 2 </p>									
<div style="border: 1px solid black; width: 100%; height: 100%; position: relative;"> <div style="position: absolute; top: 50%; left: 50%; transform: translate(-50%, -50%); font-weight: bold;">SELECTION GRID LABEL</div> </div>									
<p>65. The person I am to interview is (read name) (Is he/she there?) Yes <input type="radio"/> → Go to form GSS 3-2 No <input type="radio"/> → Set up appointment and enter details in item 16</p>									

- - Telephone number

Label Identification Number

Page-Line No.

Type

GSS 3 - 2

Confidential when completed

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

SECTION A																										
<p>A1. INTERVIEWER: Repeat the introduction below if selected respondent is different from household respondent.</p> <p style="text-align: center;">Hello, I'm from Statistics Canada. We are conducting a survey in your area and throughout Canada on accidents and crime and their impact on Canadians.</p> <p style="text-align: center;">All the information you provide will be kept strictly confidential. While your participation is voluntary, it is essential if the survey results are to be accurate.</p>	<p>A9. In general, would you say that sentences handed down by the courts are too severe about right or not severe enough?</p> <p style="text-align: right;">Too severe 1 <input type="radio"/></p> <p style="text-align: right;">About right 2 <input type="radio"/></p> <p style="text-align: right;">Not severe enough 3 <input type="radio"/></p> <p style="text-align: right;">Don't know 4 <input type="radio"/></p>																									
<p>A2. These first questions ask about your opinions on crime and accidents and about ways in which people protect themselves and their property.</p>	<p>A10. Have you heard of any of the following ways that victims of crime may obtain assistance or compensation?</p> <table style="width: 100%; border: none;"> <thead> <tr> <th></th> <th style="text-align: center;">Yes</th> <th style="text-align: center;">No</th> </tr> </thead> <tbody> <tr> <td>a) Payment ordered by a judge as part of an offender's sentence?</td> <td style="text-align: center;">01 <input type="radio"/></td> <td style="text-align: center;">02 <input type="radio"/></td> </tr> <tr> <td>b) Various services providing assistance to the victim, such as shelters for battered women, sexual assault centres, crisis lines, community police programmes and court assistance programmes?</td> <td style="text-align: center;">03 <input type="radio"/></td> <td style="text-align: center;">04 <input type="radio"/></td> </tr> <tr> <td>c) Victim-offender reconciliation programmes? These are programmes intended to bring the victim and offender together to resolve a dispute and repay the victim</td> <td style="text-align: center;">05 <input type="radio"/></td> <td style="text-align: center;">06 <input type="radio"/></td> </tr> <tr> <td>d) Payment from a Criminal Injuries Compensation Board?</td> <td style="text-align: center;">07 <input type="radio"/></td> <td style="text-align: center;">08 <input type="radio"/></td> </tr> <tr> <td>e) A civil court awards damages to the victim?</td> <td style="text-align: center;">09 <input type="radio"/></td> <td style="text-align: center;">10 <input type="radio"/></td> </tr> <tr> <td>f) An insurance company pays for the victim's loss or injury?</td> <td style="text-align: center;">11 <input type="radio"/></td> <td style="text-align: center;">12 <input type="radio"/></td> </tr> </tbody> </table>		Yes	No	a) Payment ordered by a judge as part of an offender's sentence?	01 <input type="radio"/>	02 <input type="radio"/>	b) Various services providing assistance to the victim, such as shelters for battered women, sexual assault centres, crisis lines, community police programmes and court assistance programmes?	03 <input type="radio"/>	04 <input type="radio"/>	c) Victim-offender reconciliation programmes? These are programmes intended to bring the victim and offender together to resolve a dispute and repay the victim	05 <input type="radio"/>	06 <input type="radio"/>	d) Payment from a Criminal Injuries Compensation Board?	07 <input type="radio"/>	08 <input type="radio"/>	e) A civil court awards damages to the victim?	09 <input type="radio"/>	10 <input type="radio"/>	f) An insurance company pays for the victim's loss or injury?	11 <input type="radio"/>	12 <input type="radio"/>				
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<p>A3. Compared to other areas in Canada, do you think your neighbourhood has a higher amount of crime, about the same or a lower amount of crime?</p> <p style="text-align: right;">Higher 1 <input type="radio"/></p> <p style="text-align: right;">About the same 2 <input type="radio"/></p> <p style="text-align: right;">Lower 3 <input type="radio"/></p> <p style="text-align: right;">Don't know 4 <input type="radio"/></p>	<p>A11. During 1987, did you have any contact with a police officer who was on duty?</p> <p style="text-align: right;">Yes 1 <input type="radio"/></p> <p style="text-align: right;">No 2 <input type="radio"/> → Go to A14</p>																									
<p>A4. During 1987, do you think that crime in your neighbourhood has increased, decreased, or remained about the same?</p> <p style="text-align: right;">Increased 5 <input type="radio"/></p> <p style="text-align: right;">Decreased 6 <input type="radio"/></p> <p style="text-align: right;">Same 7 <input type="radio"/></p> <p style="text-align: right;">Don't know 8 <input type="radio"/></p>	<p>A12. Were any of these contacts as a result of a crime?</p> <p style="text-align: right;">Yes 3 <input type="radio"/></p> <p style="text-align: right;">No 4 <input type="radio"/> → Go to A14</p>																									
<p>A5. Which of the following types of crime is of most concern to you? Is it... (Accept one response only)</p> <p style="text-align: right;">Attack or threat of attack? 1 <input type="radio"/></p> <p style="text-align: right;">Theft of household or personal belongings? 2 <input type="radio"/></p> <p style="text-align: right;">Deliberate damage to household or personal belongings? 3 <input type="radio"/></p> <p style="text-align: right;">Something else? 4 <input type="radio"/></p>	<p>A13. Who were the victims of this crime? (Mark all that apply)</p> <p style="text-align: right;">Yourself? 1 <input type="radio"/></p> <p style="text-align: right;">Someone close to you? (Friends, relatives) 2 <input type="radio"/></p> <p style="text-align: right;">Someone else? 3 <input type="radio"/></p> <p style="text-align: right;">None of the above 4 <input type="radio"/></p>																									
<p>A6. How safe do you feel or would you feel walking alone in your neighbourhood...</p> <table style="width: 100%; border: none;"> <thead> <tr> <th style="text-align: left;">...during the day?</th> <th></th> <th style="text-align: left;">How about after dark?</th> <th></th> </tr> </thead> <tbody> <tr> <td>Very safe</td> <td style="text-align: center;">01 <input type="radio"/></td> <td>Very safe</td> <td style="text-align: center;">06 <input type="radio"/></td> </tr> <tr> <td>Reasonably safe</td> <td style="text-align: center;">02 <input type="radio"/></td> <td>Reasonably safe</td> <td style="text-align: center;">07 <input type="radio"/></td> </tr> <tr> <td>Somewhat unsafe</td> <td style="text-align: center;">03 <input type="radio"/></td> <td>Somewhat unsafe</td> <td style="text-align: center;">08 <input type="radio"/></td> </tr> <tr> <td>Very unsafe</td> <td style="text-align: center;">04 <input type="radio"/></td> <td>Very unsafe</td> <td style="text-align: center;">09 <input type="radio"/></td> </tr> <tr> <td>Don't know</td> <td style="text-align: center;">05 <input type="radio"/></td> <td>Don't know</td> <td style="text-align: center;">10 <input type="radio"/></td> </tr> </tbody> </table>	...during the day?		How about after dark?		Very safe	01 <input type="radio"/>	Very safe	06 <input type="radio"/>	Reasonably safe	02 <input type="radio"/>	Reasonably safe	07 <input type="radio"/>	Somewhat unsafe	03 <input type="radio"/>	Somewhat unsafe	08 <input type="radio"/>	Very unsafe	04 <input type="radio"/>	Very unsafe	09 <input type="radio"/>	Don't know	05 <input type="radio"/>	Don't know	10 <input type="radio"/>	<p>A14. During 1987, did you have any contact with a lawyer?</p> <p style="text-align: right;">Yes 5 <input type="radio"/></p> <p style="text-align: right;">No 6 <input type="radio"/> → Go to A17</p>	
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<p>A7. Do you think your local police force does a good job, an average job or a poor job:</p> <table style="width: 100%; border: none;"> <thead> <tr> <th></th> <th style="text-align: center;">Good job</th> <th style="text-align: center;">Average job</th> <th style="text-align: center;">Poor job</th> <th style="text-align: center;">Don't know</th> </tr> </thead> <tbody> <tr> <td>a) Of enforcing the laws?</td> <td style="text-align: center;">01 <input type="radio"/></td> <td style="text-align: center;">02 <input type="radio"/></td> <td style="text-align: center;">03 <input type="radio"/></td> <td style="text-align: center;">04 <input type="radio"/></td> </tr> <tr> <td>b) Of promptly responding to calls?</td> <td style="text-align: center;">05 <input type="radio"/></td> <td style="text-align: center;">06 <input type="radio"/></td> <td style="text-align: center;">07 <input type="radio"/></td> <td style="text-align: center;">08 <input type="radio"/></td> </tr> <tr> <td>c) Of being approachable and easy to talk to?</td> <td style="text-align: center;">09 <input type="radio"/></td> <td style="text-align: center;">10 <input type="radio"/></td> <td style="text-align: center;">11 <input type="radio"/></td> <td style="text-align: center;">12 <input type="radio"/></td> </tr> <tr> <td>d) Of supplying information to the public on ways to reduce crime?</td> <td style="text-align: center;">13 <input type="radio"/></td> <td style="text-align: center;">14 <input type="radio"/></td> <td style="text-align: center;">15 <input type="radio"/></td> <td style="text-align: center;">16 <input type="radio"/></td> </tr> </tbody> </table>		Good job	Average job	Poor job	Don't know	a) Of enforcing the laws?	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	b) Of promptly responding to calls?	05 <input type="radio"/>	06 <input type="radio"/>	07 <input type="radio"/>	08 <input type="radio"/>	c) Of being approachable and easy to talk to?	09 <input type="radio"/>	10 <input type="radio"/>	11 <input type="radio"/>	12 <input type="radio"/>	d) Of supplying information to the public on ways to reduce crime?	13 <input type="radio"/>	14 <input type="radio"/>	15 <input type="radio"/>	16 <input type="radio"/>	<p>A15. Were any of these contacts as a result of a crime?</p> <p style="text-align: right;">Yes 7 <input type="radio"/></p> <p style="text-align: right;">No 8 <input type="radio"/> → Go to A17</p>
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<p>A8. Now I would like to ask you a similar question about the criminal courts. Are they doing a good job, an average job or a poor job:</p> <table style="width: 100%; border: none;"> <thead> <tr> <th></th> <th style="text-align: center;">Good job</th> <th style="text-align: center;">Average job</th> <th style="text-align: center;">Poor job</th> <th style="text-align: center;">Don't know</th> </tr> </thead> <tbody> <tr> <td>a) In providing justice quickly?</td> <td style="text-align: center;">17 <input type="radio"/></td> <td style="text-align: center;">18 <input type="radio"/></td> <td style="text-align: center;">19 <input type="radio"/></td> <td style="text-align: center;">20 <input type="radio"/></td> </tr> <tr> <td>b) In helping the victim?</td> <td style="text-align: center;">21 <input type="radio"/></td> <td style="text-align: center;">22 <input type="radio"/></td> <td style="text-align: center;">23 <input type="radio"/></td> <td style="text-align: center;">24 <input type="radio"/></td> </tr> <tr> <td>c) In determining whether the accused, or the person charged is guilty or not?</td> <td style="text-align: center;">25 <input type="radio"/></td> <td style="text-align: center;">26 <input type="radio"/></td> <td style="text-align: center;">27 <input type="radio"/></td> <td style="text-align: center;">28 <input type="radio"/></td> </tr> <tr> <td>d) In protecting the rights of the accused?</td> <td style="text-align: center;">29 <input type="radio"/></td> <td style="text-align: center;">30 <input type="radio"/></td> <td style="text-align: center;">31 <input type="radio"/></td> <td style="text-align: center;">32 <input type="radio"/></td> </tr> </tbody> </table>		Good job	Average job	Poor job	Don't know	a) In providing justice quickly?	17 <input type="radio"/>	18 <input type="radio"/>	19 <input type="radio"/>	20 <input type="radio"/>	b) In helping the victim?	21 <input type="radio"/>	22 <input type="radio"/>	23 <input type="radio"/>	24 <input type="radio"/>	c) In determining whether the accused, or the person charged is guilty or not?	25 <input type="radio"/>	26 <input type="radio"/>	27 <input type="radio"/>	28 <input type="radio"/>	d) In protecting the rights of the accused?	29 <input type="radio"/>	30 <input type="radio"/>	31 <input type="radio"/>	32 <input type="radio"/>	<p>A16. Who were the victims of this crime? (Mark all that apply)</p> <p style="text-align: right;">Yourself? 1 <input type="radio"/></p> <p style="text-align: right;">Someone close to you? (Friends, relatives) 2 <input type="radio"/></p> <p style="text-align: right;">Someone else? 3 <input type="radio"/></p> <p style="text-align: right;">None of the above 4 <input type="radio"/></p>
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	<p>A17. During 1987, did you have any contact with the courts?</p> <p style="text-align: right;">Yes 3 <input type="radio"/></p> <p style="text-align: right;">No 4 <input type="radio"/> → Go to A20</p>																									
	<p>A18. Were any of these contacts as a result of a crime?</p> <p style="text-align: right;">Yes 5 <input type="radio"/></p> <p style="text-align: right;">No 6 <input type="radio"/> → Go to A20</p>																									

<p>A19. Who were the victims of this crime? (Mark all that apply)</p> <p> Yourself? <input type="radio"/> 1 Someone close to you? (Friends, relatives) <input type="radio"/> 2 Someone else? <input type="radio"/> 3 None of the above <input type="radio"/> 4 </p>	<p>A26. During 1987, did you take a drink of wine, beer, liquor or any other alcoholic beverage?</p> <p> Yes <input type="radio"/> 1 No <input type="radio"/> 2 → Go to A28 </p>																																	
<p>A20. During 1987, did you witness a crime being committed against someone other than yourself?</p> <p> Yes <input type="radio"/> 5 No <input type="radio"/> 6 → Go to A23 </p>	<p>A27. How often did you take a drink? Was it</p> <p> At least once a week <input type="radio"/> 3 → Considering a drink to be one bottle of beer, one small glass of wine or 1 1/2 oz of liquor, how many drinks do you have in a typical week? </p> <div style="text-align: right; margin-top: 10px;"> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> drinks </div> <p> One or more times a month <input type="radio"/> 4 Less often than once a month <input type="radio"/> 5 Don't know <input type="radio"/> 6 </p>																																	
<p>A21. Thinking about the most recent, did the police find out about the incident in any way?</p> <p> Yes <input type="radio"/> 7 No <input type="radio"/> 8 → Go to A23 </p>																																		
<p>A22. How did they learn about it? Was it from you or someone else?</p> <p> Respondent <input type="radio"/> 1 Someone else <input type="radio"/> 2 </p>																																		
<p>A23. During 1987, did you do any of the following things to protect yourself or your property from crime? Have you</p> <table style="width: 100%; border: none;"> <thead> <tr> <th></th> <th style="text-align: center;">Yes</th> <th style="text-align: center;">No</th> </tr> </thead> <tbody> <tr> <td>a) Changed daily routine, activities, or avoided certain places?</td> <td style="text-align: center;"><input type="radio"/> 2</td> <td style="text-align: center;"><input type="radio"/> 3</td> </tr> <tr> <td>b) Changed phone number?</td> <td style="text-align: center;"><input type="radio"/> 4</td> <td style="text-align: center;"><input type="radio"/> 5</td> </tr> <tr> <td>c) Installed new locks, bars on windows or burglar alarms?</td> <td style="text-align: center;"><input type="radio"/> 6</td> <td style="text-align: center;"><input type="radio"/> 7</td> </tr> <tr> <td>d) Taken a self defence course?</td> <td style="text-align: center;"><input type="radio"/> 8</td> <td style="text-align: center;"><input type="radio"/> 9</td> </tr> </tbody> </table>		Yes	No	a) Changed daily routine, activities, or avoided certain places?	<input type="radio"/> 2	<input type="radio"/> 3	b) Changed phone number?	<input type="radio"/> 4	<input type="radio"/> 5	c) Installed new locks, bars on windows or burglar alarms?	<input type="radio"/> 6	<input type="radio"/> 7	d) Taken a self defence course?	<input type="radio"/> 8	<input type="radio"/> 9	<p>A28. We would like you to rate on a scale of zero to ten 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 certainly happen to you. Rate the chances of:</p> <div style="text-align: center; margin-top: 10px;"> <p>Scale</p> <div style="display: flex; justify-content: space-between; width: 100%;"> Will never happen Will happen </div> <div style="text-align: center; margin-top: 10px;"> <div style="border: 1px solid black; width: 100px; height: 10px; display: inline-block;"></div> </div> <p>0 1 2 3 4 5 6 7 8 9 10</p> </div> <table style="width: 100%; border: none;"> <tbody> <tr> <td>a) An airplane accident</td> <td style="text-align: right;"> <div style="border: 1px solid black; width: 40px; height: 15px; display: inline-block;"></div> </td> </tr> <tr> <td>b) A car or motorcycle accident</td> <td style="text-align: right;"> <div style="border: 1px solid black; width: 40px; height: 15px; display: inline-block;"></div> </td> </tr> <tr> <td>c) An accident at work requiring medical attention</td> <td style="text-align: right;"> <div style="border: 1px solid black; width: 40px; height: 15px; display: inline-block;"></div> </td> </tr> <tr> <td>d) Deliberate damage to household or personal belongings</td> <td style="text-align: right;"> <div style="border: 1px solid black; width: 40px; height: 15px; display: inline-block;"></div> </td> </tr> <tr> <td>e) Pollution of the environment</td> <td style="text-align: right;"> <div style="border: 1px solid black; width: 40px; height: 15px; display: inline-block;"></div> </td> </tr> <tr> <td>f) Theft of household or personal belongings</td> <td style="text-align: right;"> <div style="border: 1px solid black; width: 40px; height: 15px; display: inline-block;"></div> </td> </tr> <tr> <td>g) An accident at home requiring medical attention</td> <td style="text-align: right;"> <div style="border: 1px solid black; width: 40px; height: 15px; display: inline-block;"></div> </td> </tr> <tr> <td>h) Assault or threat of assault</td> <td style="text-align: right;"> <div style="border: 1px solid black; width: 40px; height: 15px; display: inline-block;"></div> </td> </tr> <tr> <td>i) A road accident involving you as a pedestrian or on a bicycle</td> <td style="text-align: right;"> <div style="border: 1px solid black; width: 40px; height: 15px; display: inline-block;"></div> </td> </tr> </tbody> </table>	a) An airplane accident	<div style="border: 1px solid black; width: 40px; height: 15px; display: inline-block;"></div>	b) A car or motorcycle accident	<div style="border: 1px solid black; width: 40px; height: 15px; display: inline-block;"></div>	c) An accident at work requiring medical attention	<div style="border: 1px solid black; width: 40px; height: 15px; display: inline-block;"></div>	d) Deliberate damage to household or personal belongings	<div style="border: 1px solid black; width: 40px; height: 15px; display: inline-block;"></div>	e) Pollution of the environment	<div style="border: 1px solid black; width: 40px; height: 15px; display: inline-block;"></div>	f) Theft of household or personal belongings	<div style="border: 1px solid black; width: 40px; height: 15px; display: inline-block;"></div>	g) An accident at home requiring medical attention	<div style="border: 1px solid black; width: 40px; height: 15px; display: inline-block;"></div>	h) Assault or threat of assault	<div style="border: 1px solid black; width: 40px; height: 15px; display: inline-block;"></div>	i) A road accident involving you as a pedestrian or on a bicycle	<div style="border: 1px solid black; width: 40px; height: 15px; display: inline-block;"></div>
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<p>A24. Do you have any of the following in you home</p> <table style="width: 100%; border: none;"> <thead> <tr> <th></th> <th style="text-align: center;">Yes</th> <th style="text-align: center;">No</th> </tr> </thead> <tbody> <tr> <td>a) A working smoke detector?</td> <td style="text-align: center;"><input type="radio"/> 1</td> <td style="text-align: center;"><input type="radio"/> 2</td> </tr> <tr> <td>b) A fire extinguisher?</td> <td style="text-align: center;"><input type="radio"/> 3</td> <td style="text-align: center;"><input type="radio"/> 4</td> </tr> <tr> <td>c) First aid supplies? (bandaids, bandages and antiseptic)</td> <td style="text-align: center;"><input type="radio"/> 5</td> <td style="text-align: center;"><input type="radio"/> 6</td> </tr> </tbody> </table>		Yes	No	a) A working smoke detector?	<input type="radio"/> 1	<input type="radio"/> 2	b) A fire extinguisher?	<input type="radio"/> 3	<input type="radio"/> 4	c) First aid supplies? (bandaids, bandages and antiseptic)	<input type="radio"/> 5	<input type="radio"/> 6																						
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<p>A25. On average, how many times a month do you go out during the evening to do the following activities</p> <table style="width: 100%; border: none;"> <thead> <tr> <th></th> <th style="text-align: center;">No. of times a month</th> <th></th> </tr> </thead> <tbody> <tr> <td>a) Work nights, attend night classes, go to meetings or do volunteer work?</td> <td style="text-align: center;"> <div style="border: 1px solid black; width: 40px; height: 15px; display: inline-block;"></div> </td> <td style="text-align: center;">or None <input type="radio"/> 00</td> </tr> <tr> <td>b) Go to restaurants or bars?</td> <td style="text-align: center;"> <div style="border: 1px solid black; width: 40px; height: 15px; display: inline-block;"></div> </td> <td style="text-align: center;">or None <input type="radio"/> 00</td> </tr> <tr> <td>c) Go to movies, theatres or play bingo?</td> <td style="text-align: center;"> <div style="border: 1px solid black; width: 40px; height: 15px; display: inline-block;"></div> </td> <td style="text-align: center;">or None <input type="radio"/> 00</td> </tr> <tr> <td>d) To go out for sports, exercise or recreational activities?</td> <td style="text-align: center;"> <div style="border: 1px solid black; width: 40px; height: 15px; display: inline-block;"></div> </td> <td style="text-align: center;">or None <input type="radio"/> 00</td> </tr> <tr> <td>e) Shop?</td> <td style="text-align: center;"> <div style="border: 1px solid black; width: 40px; height: 15px; display: inline-block;"></div> </td> <td style="text-align: center;">or None <input type="radio"/> 00</td> </tr> <tr> <td>f) Visit relatives or friends in their own homes?</td> <td style="text-align: center;"> <div style="border: 1px solid black; width: 40px; height: 15px; display: inline-block;"></div> </td> <td style="text-align: center;">or None <input type="radio"/> 00</td> </tr> <tr> <td>g) Other evening activities not already mentioned?</td> <td style="text-align: center;"> <div style="border: 1px solid black; width: 40px; height: 15px; display: inline-block;"></div> </td> <td style="text-align: center;">or None <input type="radio"/> 00</td> </tr> </tbody> </table>		No. of times a month		a) Work nights, attend night classes, go to meetings or do volunteer work?	<div style="border: 1px solid black; width: 40px; height: 15px; display: inline-block;"></div>	or None <input type="radio"/> 00	b) Go to restaurants or bars?	<div style="border: 1px solid black; width: 40px; height: 15px; display: inline-block;"></div>	or None <input type="radio"/> 00	c) Go to movies, theatres or play bingo?	<div style="border: 1px solid black; width: 40px; height: 15px; display: inline-block;"></div>	or None <input type="radio"/> 00	d) To go out for sports, exercise or recreational activities?	<div style="border: 1px solid black; width: 40px; height: 15px; display: inline-block;"></div>	or None <input type="radio"/> 00	e) Shop?	<div style="border: 1px solid black; width: 40px; height: 15px; display: inline-block;"></div>	or None <input type="radio"/> 00	f) Visit relatives or friends in their own homes?	<div style="border: 1px solid black; width: 40px; height: 15px; display: inline-block;"></div>	or None <input type="radio"/> 00	g) Other evening activities not already mentioned?	<div style="border: 1px solid black; width: 40px; height: 15px; display: inline-block;"></div>	or None <input type="radio"/> 00										
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<p>B1 This survey, the General Social Survey, needs some background information to monitor changes in Canadian society. For this reason I'd like to ask you the following questions.</p>	<p>B11 In what year did you first immigrate to Canada?</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px 0;"></div> <p>Canadian citizen by birth <input type="radio"/></p>																																				
<p>B2 In what type of dwelling are you now living? Is it a ...</p> <p>Single detached house? <input type="radio"/></p> <p>Semi-detached or double (side-by-side)? <input type="radio"/></p> <p>Garden house, town-house or row house? <input type="radio"/></p> <p>Duplex (one above the other)? <input type="radio"/></p> <p>Low-rise apartment (less than 5 stories)? <input type="radio"/></p> <p>High-rise apartment (5 or more stories)? <input type="radio"/></p> <p>Other <input type="radio"/></p> <p style="text-align: right;">(Specify)</p> <div style="border: 1px solid black; width: 100%; height: 40px; margin-top: 5px;"></div>	<p>B12 What is your date of birth?</p> <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> </div> <p style="text-align: center;">Day Month Year</p>																																				
<p>B3 What are the first three characters of your postal code?</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px 0;"></div> <p>Don't know <input type="radio"/></p>	<p>B13 What language did you first speak in childhood? (Accept multiple response only if languages were used equally)</p> <p style="text-align: right;">Do you still understand that/those language(s)?</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">English <input type="radio"/></td> <td style="width: 20%;"></td> <td style="width: 20%;"></td> </tr> <tr> <td>French <input type="radio"/></td> <td>Yes <input type="radio"/></td> <td>No <input type="radio"/></td> </tr> <tr> <td>Italian <input type="radio"/></td> <td>Yes <input type="radio"/></td> <td>No <input type="radio"/></td> </tr> <tr> <td>German <input type="radio"/></td> <td>Yes <input type="radio"/></td> <td>No <input type="radio"/></td> </tr> <tr> <td>Ukrainian <input type="radio"/></td> <td>Yes <input type="radio"/></td> <td>No <input type="radio"/></td> </tr> <tr> <td>Other <input type="radio"/></td> <td>Yes <input type="radio"/></td> <td>No <input type="radio"/></td> </tr> </table> <p style="text-align: right;">(Specify)</p> <div style="border: 1px solid black; width: 100%; height: 40px; margin-top: 5px;"></div>	English <input type="radio"/>			French <input type="radio"/>	Yes <input type="radio"/>	No <input type="radio"/>	Italian <input type="radio"/>	Yes <input type="radio"/>	No <input type="radio"/>	German <input type="radio"/>	Yes <input type="radio"/>	No <input type="radio"/>	Ukrainian <input type="radio"/>	Yes <input type="radio"/>	No <input type="radio"/>	Other <input type="radio"/>	Yes <input type="radio"/>	No <input type="radio"/>																		
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<p>B4 Is this dwelling owned or rented by a member of this household?</p> <p>Owned <input type="radio"/></p> <p>Rented <input type="radio"/></p>	<p>B14 What language do you speak most often at home? (Accept multiple response only if languages are spoken equally)</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">English <input type="radio"/></td> <td style="width: 20%;"></td> <td style="width: 20%;"></td> </tr> <tr> <td>French <input type="radio"/></td> <td></td> <td></td> </tr> <tr> <td>Italian <input type="radio"/></td> <td></td> <td></td> </tr> <tr> <td>Chinese <input type="radio"/></td> <td></td> <td></td> </tr> <tr> <td>German <input type="radio"/></td> <td></td> <td></td> </tr> <tr> <td>Other <input type="radio"/></td> <td></td> <td></td> </tr> </table> <p style="text-align: right;">(Specify)</p> <div style="border: 1px solid black; width: 100%; height: 40px; margin-top: 5px;"></div>	English <input type="radio"/>			French <input type="radio"/>			Italian <input type="radio"/>			Chinese <input type="radio"/>			German <input type="radio"/>			Other <input type="radio"/>																				
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Other <input type="radio"/>																																					
<p>B5 How many telephones, including extensions, are there in your dwelling?</p> <p>One <input type="radio"/> → Go to B10</p> <p>Two or more <input type="radio"/></p>	<p>B15 How many years of elementary or high school education have you successfully completed?</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">No schooling <input type="radio"/></td> <td style="width: 20%;"></td> <td style="width: 20%;">Go to B19</td> </tr> <tr> <td>One to five years <input type="radio"/></td> <td></td> <td></td> </tr> <tr> <td>Six <input type="radio"/></td> <td></td> <td></td> </tr> <tr> <td>Seven <input type="radio"/></td> <td></td> <td></td> </tr> <tr> <td>Eight <input type="radio"/></td> <td></td> <td></td> </tr> <tr> <td>Nine <input type="radio"/></td> <td></td> <td></td> </tr> <tr> <td>Ten <input type="radio"/></td> <td></td> <td></td> </tr> <tr> <td>Eleven <input type="radio"/></td> <td></td> <td></td> </tr> <tr> <td>Twelve <input type="radio"/></td> <td></td> <td></td> </tr> <tr> <td>Thirteen <input type="radio"/></td> <td></td> <td></td> </tr> </table> <p style="text-align: right;">Go to B17</p>	No schooling <input type="radio"/>		Go to B19	One to five years <input type="radio"/>			Six <input type="radio"/>			Seven <input type="radio"/>			Eight <input type="radio"/>			Nine <input type="radio"/>			Ten <input type="radio"/>			Eleven <input type="radio"/>			Twelve <input type="radio"/>			Thirteen <input type="radio"/>								
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<p>B6 Do all the telephones have the same number?</p> <p>Yes <input type="radio"/> → Go to B10</p> <p>No <input type="radio"/></p>	<p>B16 Have you graduated from high school?</p> <p>Yes <input type="radio"/></p> <p>No <input type="radio"/></p>																																				
<p>B7 How many different numbers are there?</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px 0;"></div>	<p>B17 Have you had any further schooling beyond elementary/high school?</p> <p>Yes <input type="radio"/></p> <p>No <input type="radio"/> → Go to B19</p>																																				
<p>B8 Are any of these numbers for business use only?</p> <p>Yes <input type="radio"/></p> <p>No <input type="radio"/> → Go to B10</p>																																					
<p>B9 How many are for business use only?</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px 0;"></div>																																					
<p>B10 In what country were you born?</p> <p>Canada <input type="radio"/> → In which province or territory?</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">Newfoundland</td> <td style="width: 10%;"><input type="radio"/></td> <td style="width: 50%;"></td> </tr> <tr> <td>Prince Edward Island</td> <td><input type="radio"/></td> <td></td> </tr> <tr> <td>Nova Scotia</td> <td><input type="radio"/></td> <td></td> </tr> <tr> <td>New Brunswick</td> <td><input type="radio"/></td> <td></td> </tr> <tr> <td>Quebec</td> <td><input type="radio"/></td> <td></td> </tr> <tr> <td>Ontario</td> <td><input type="radio"/></td> <td></td> </tr> <tr> <td>Manitoba</td> <td><input type="radio"/></td> <td></td> </tr> <tr> <td>Saskatchewan</td> <td><input type="radio"/></td> <td></td> </tr> <tr> <td>Alberta</td> <td><input type="radio"/></td> <td></td> </tr> <tr> <td>British Columbia</td> <td><input type="radio"/></td> <td></td> </tr> <tr> <td>Yukon Territory</td> <td><input type="radio"/></td> <td></td> </tr> <tr> <td>Northwest Territories</td> <td><input type="radio"/></td> <td></td> </tr> </table> <p style="text-align: right;">Go to B12</p> <p>Country outside Canada <input type="radio"/></p> <p style="text-align: right;">(Specify)</p> <div style="border: 1px solid black; width: 100%; height: 40px; margin-top: 5px;"></div> <p style="text-align: right;">Go to B11</p>	Newfoundland	<input type="radio"/>		Prince Edward Island	<input type="radio"/>		Nova Scotia	<input type="radio"/>		New Brunswick	<input type="radio"/>		Quebec	<input type="radio"/>		Ontario	<input type="radio"/>		Manitoba	<input type="radio"/>		Saskatchewan	<input type="radio"/>		Alberta	<input type="radio"/>		British Columbia	<input type="radio"/>		Yukon Territory	<input type="radio"/>		Northwest Territories	<input type="radio"/>		
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<p>B18 What is the highest level you attained? (Accept one response only)</p> <p>Master's or earned doctorate 1 <input type="radio"/></p> <p>Bachelor or undergraduate degree or teacher's college 2 <input type="radio"/></p> <p>Diploma or certificate from community college, CEGEP or nursing school 3 <input type="radio"/></p> <p>Diploma or certificate from trade, technical or vocational school or business college 4 <input type="radio"/></p> <p>Some university 5 <input type="radio"/></p> <p>Some community college, CEGEP or nursing school 6 <input type="radio"/></p> <p>Some trade, technical, or vocational school or business college 7 <input type="radio"/></p> <p>Other 8 <input type="radio"/> (Specify)</p> <div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div>	<p>B22 Which of the following best describes your main activity during 1987? Were you mainly (Accept one response only)</p> <p>Working at a job or business? 1 <input type="radio"/> → Go to B24</p> <p>Looking for work? 2 <input type="radio"/></p> <p>A student? 3 <input type="radio"/></p> <p>Keeping house? 4 <input type="radio"/></p> <p>Retired? 5 <input type="radio"/></p> <p>Other 6 <input type="radio"/> (Specify)</p> <div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div>
<p>B19 What, if any, is your religion?</p> <p>No religion 01 <input type="radio"/> → Go to B21</p> <p>Roman Catholic 02 <input type="radio"/></p> <p>United Church 03 <input type="radio"/></p> <p>Anglican 04 <input type="radio"/></p> <p>Presbyterian 05 <input type="radio"/></p> <p>Lutheran 06 <input type="radio"/></p> <p>Baptist 07 <input type="radio"/></p> <p>Eastern Orthodox 08 <input type="radio"/></p> <p>Jewish 09 <input type="radio"/></p> <p>Other 10 <input type="radio"/> (Specify)</p> <div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div>	<p>B23 Did you have a job or were you self-employed at any time during 1987?</p> <p>Yes 7 <input type="radio"/></p> <p>No 8 <input type="radio"/> → Go to B34</p>
<p>B20 Other than on special occasions, such as weddings, funerals or baptisms, how often did you attend services or meetings connected with your religion in 1987?</p> <p>At least once a week 1 <input type="radio"/></p> <p>At least once a month 2 <input type="radio"/></p> <p>A few times a year 3 <input type="radio"/></p> <p>At least once a year 4 <input type="radio"/></p> <p>Less than once a year 5 <input type="radio"/></p> <p>Never 6 <input type="radio"/></p>	<p>B24 For how many weeks during 1987 did you do any work at a job or business? (Include vacation, illness, strikes, lock-outs and maternity leave.)</p> <p> weeks (Code number from 01 to 52)</p>
<p>B21 To which ethnic or cultural group do you or did your ancestors belong? (Accept multiple response)</p> <p>French 01 <input type="radio"/></p> <p>English 02 <input type="radio"/></p> <p>Irish 03 <input type="radio"/></p> <p>Scottish 04 <input type="radio"/></p> <p>German 05 <input type="radio"/></p> <p>Italian 06 <input type="radio"/></p> <p>Ukrainian 07 <input type="radio"/></p> <p>Other 08 <input type="radio"/> (Specify)</p> <div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div> <p>Canadian (Probe) 09 <input type="radio"/></p> <p>Don't know 10 <input type="radio"/></p>	<p>B25 During those weeks, was the work mostly full-time or part-time?</p> <p>Full-time 1 <input type="radio"/></p> <p>Part-time 2 <input type="radio"/></p>
<p>B26 During those weeks were you mainly...</p> <p>An employee working for someone else? 3 <input type="radio"/></p> <p>Self-employed? 4 <input type="radio"/> → Go to B29</p>	<p>B27 Which of the following best describes the work you did? Was it:</p> <p>Managerial 5 <input type="radio"/></p> <p>Supervisory 6 <input type="radio"/></p> <p>Neither 7 <input type="radio"/></p>
<p>B28 INTERVIEWER: Go to B31</p>	<p>B29 During those weeks, did you have any paid employees?</p> <p>Yes 8 <input type="radio"/></p> <p>No 9 <input type="radio"/> → Go to B31</p>
<p>B30 About how many employees did you have? (If range given, enter maximum)</p> <p> employees</p>	<p>B31 For whom did you work for the longest time during 1987? (Name of business, government department or agency or person.)</p> <div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div>

<p>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.)</p> <div style="border-bottom: 1px solid black; height: 1.2em; width: 100%; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 1.2em; width: 100%; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div>	<p>835. What is your best estimate of your total personal income in 1987 from all sources, including those just mentioned?</p> <p>Income ¹ <input type="radio"/> → \$ 00</p> <p>Loss ² <input type="radio"/> → \$ 00</p> <p>No income ³ <input type="radio"/></p> <p>Don't know ⁴ <input type="radio"/></p>															
<p>833. What kind of work were you doing? (Give a full description: e.g. accounts clerk, dairy farmer, primary school teacher.)</p> <div style="border-bottom: 1px solid black; height: 1.2em; width: 100%; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 1.2em; width: 100%; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div>	<p>836. What is your best estimate of the total income of all household members from all sources in 1987? Was the total household income...</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>Less than \$20,000? ⁰¹ <input type="radio"/></p> <p>\$10,000 and more? ⁰⁶ <input type="radio"/></p> </div> <div style="width: 45%;"> <p>Less than \$10,000? ⁰⁵ <input type="radio"/> { Less than \$5,000? ⁰⁹ <input type="radio"/></p> <p>\$5,000 and more? ¹⁰ <input type="radio"/> { Less than \$15,000? ¹¹ <input type="radio"/></p> <p>\$15,000 and more? ¹² <input type="radio"/> { Less than \$30,000? ¹³ <input type="radio"/></p> <p>\$30,000 and more? ¹⁴ <input type="radio"/> { Less than \$60,000? ¹⁵ <input type="radio"/></p> <p>\$60,000 and more? ¹⁶ <input type="radio"/></p> </div> </div>															
<p>834. From which of the following sources did you receive income during 1987?</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Yes</th> <th style="text-align: center;">No</th> </tr> </thead> <tbody> <tr> <td>a) Income from wages, salary or self-employment?</td> <td style="text-align: center;">¹ <input type="radio"/></td> <td style="text-align: center;">² <input type="radio"/></td> </tr> <tr> <td>b) Income from government, such as Family Allowance, U.I.C., Social Assistance, Canada or Quebec Pension Plan or Old Age Security?</td> <td style="text-align: center;">³ <input type="radio"/></td> <td style="text-align: center;">⁴ <input type="radio"/></td> </tr> <tr> <td>c) Income from interest, dividends, investments or private pensions?</td> <td style="text-align: center;">⁵ <input type="radio"/></td> <td style="text-align: center;">⁶ <input type="radio"/></td> </tr> <tr> <td>d) Income from any other sources, such as alimony, scholarships, etc.?</td> <td style="text-align: center;">⁷ <input type="radio"/></td> <td style="text-align: center;">⁸ <input type="radio"/></td> </tr> </tbody> </table>		Yes	No	a) Income from wages, salary or self-employment?	¹ <input type="radio"/>	² <input type="radio"/>	b) Income from government, such as Family Allowance, U.I.C., Social Assistance, Canada or Quebec Pension Plan or Old Age Security?	³ <input type="radio"/>	⁴ <input type="radio"/>	c) Income from interest, dividends, investments or private pensions?	⁵ <input type="radio"/>	⁶ <input type="radio"/>	d) Income from any other sources, such as alimony, scholarships, etc.?	⁷ <input type="radio"/>	⁸ <input type="radio"/>	<p>\$20,000 and more? ⁰² <input type="radio"/></p> <p>No income ⁰³ <input type="radio"/></p> <p>Don't know ⁰⁴ <input type="radio"/></p>
	Yes	No														
a) Income from wages, salary or self-employment?	¹ <input type="radio"/>	² <input type="radio"/>														
b) Income from government, such as Family Allowance, U.I.C., Social Assistance, Canada or Quebec Pension Plan or Old Age Security?	³ <input type="radio"/>	⁴ <input type="radio"/>														
c) Income from interest, dividends, investments or private pensions?	⁵ <input type="radio"/>	⁶ <input type="radio"/>														
d) Income from any other sources, such as alimony, scholarships, etc.?	⁷ <input type="radio"/>	⁸ <input type="radio"/>														

SECTION C

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

We are interested in accidents which either:

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

	Yes	How many in 1987?	No
C2 From January 1st to December 31st, 1987, did you have an accident:			
a) While in a car, van, truck or on a motorcycle?	Yes ⁰¹ ○ →	<input type="text"/>	No ⁰² ○
b) While on a recreational vehicle such as an All Terrain Vehicle (ATV), snowmobile, etc.?	Yes ⁰³ ○ →	<input type="text"/>	No ⁰⁴ ○
c) While a pedestrian or on a bicycle?	Yes ⁰⁵ ○ →	<input type="text"/>	No ⁰⁶ ○
C3 (Excluding those already mentioned,) did you have an accident while working at a job or business during 1987? (Mark "did not work in period" as "No".)	Yes ⁰⁷ ○ →	<input type="text"/>	No ⁰⁸ ○
C4 (Excluding those already mentioned,) did you have an accident while playing games or participating in sports during 1987?	Yes ⁰⁹ ○ →	<input type="text"/>	No ¹⁰ ○
C5 (Other than any accidents already mentioned,) during 1987 did you:			
a) Have a fall which resulted in an injury?	Yes ¹¹ ○ →	<input type="text"/>	No ¹² ○
b) Suffer burns, smoke inhalation or other fire-related accidents?	Yes ¹³ ○ →	<input type="text"/>	No ¹⁴ ○
c) Suffer from poisoning by any substances or liquids, including drugs?	Yes ¹⁵ ○ →	<input type="text"/>	No ¹⁶ ○
d) Cut yourself seriously with a knife, broken glass or other object?	Yes ¹⁷ ○ →	<input type="text"/>	No ¹⁸ ○
e) Have other accidents which involved an injury to you?	Yes ¹⁹ ○ →	<input type="text"/>	No ²⁰ ○
C6 During 1987 did you have any other type of accident?	Yes ²¹ ○ →	<input type="text"/>	No ²² ○
C7 INTERVIEWER: Total the number of accidents reported in C2 to C6 and enter → TOTAL			<input type="text"/>
C8 Did you drive any motor vehicle during 1987? (Include car, van, truck or motorcycle)			
Yes ¹ ○ No ² ○ → Go to C10			
C9 As a driver of a motor vehicle, what is your best estimate of the number of miles or kilometres you drove in 1987?			
Miles ³ ○ } Enter number → <input type="text"/>			
Kilometres ⁴ ○ }			
C10 During the last seven days, approximately how many hours have you spent as:			
a) A driver of a car, van, truck or motorcycle? → <input type="text"/> hours (If none enter 00)			
b) A passenger of a car, van, truck or motorcycle? → <input type="text"/> hours (If none enter 00)			
C11 In order to determine your longer term exposure to accidents, the next four questions ask about the type of accidents you have had during the last three years, that is, during the period since January 1985.			
Number of times in last three years			
a) How many times did you have an accident involving any type of vehicle? (Include motor vehicle, recreational vehicle and bicycle) <input type="text"/> or None ⁰⁰ ○			
b) (Excluding accidents involving vehicles,) how many times did you have an accident while working at a job or business during the last three years? <input type="text"/> or None ⁰⁰ ○			
c) (Excluding vehicle and work related accidents,) how many times were you hurt or injured while playing games or participating in sports? <input type="text"/> or None ⁰⁰ ○			
d) How many other accidents did you have during the last three years, such as those involving falls, burns, poisons, cuts, etc.? <input type="text"/> or None ⁰⁰ ○			

SECTION D

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

	Yes	How many in 1987?	No
D2. From January 1st to December 31st 1987:			
a) Did anyone take or try to take something from you by force or threat of force?	Yes ⁰¹ <input type="radio"/> →	<input type="text"/>	No ⁰² <input type="radio"/>
b) (Other than the incidents already mentioned), did anyone illegally break into or attempt to break into your residence or any other building on your property?	Yes ⁰³ <input type="radio"/> →	<input type="text"/>	No ⁰⁴ <input type="radio"/>
D3. Now I'm going to ask you a question about being attacked. An attack can be anything from being hit, slapped, pushed or grabbed, to being shot, raped or beaten.			
a) (Excluding incidents already mentioned,) were you attacked by anyone at all, including members of your own household?	Yes ⁰⁵ <input type="radio"/> →	<input type="text"/>	No ⁰⁶ <input type="radio"/>
b) (Other than the incidents already mentioned), did anyone, including members of your own household, threaten to hit or attack you, or threaten you with a weapon?	Yes ⁰⁷ <input type="radio"/> →	<input type="text"/>	No ⁰⁸ <input type="radio"/>
D4. During 1987, did you or anyone in your household own a motor vehicle such as a car, truck, motorcycle, etc.?	Yes ¹ <input type="radio"/>	No ² <input type="radio"/> → Go to D6	
D5. (Other than the incidents already mentioned:)			
a) Did anyone steal or try to steal one of these vehicles or a part of one of them, such as a battery, hubcap or radio?	Yes ⁰⁹ <input type="radio"/> →	<input type="text"/>	No ¹⁰ <input type="radio"/>
b) (Other than the incidents already mentioned), did anyone deliberately damage one of these vehicles, such as slashing tires?	Yes ¹¹ <input type="radio"/> →	<input type="text"/>	No ¹² <input type="radio"/>
D6. (Excluding the incidents already mentioned,) was anything of yours stolen during 1987:			
a) From the things usually kept outside your home, such as yard furniture?	Yes ¹³ <input type="radio"/> →	<input type="text"/>	No ¹⁴ <input type="radio"/>
b) From your place of work, from school or from a public place, such as a restaurant?	Yes ¹⁵ <input type="radio"/> →	<input type="text"/>	No ¹⁶ <input type="radio"/>
c) From a hotel, vacation home, cottage, car, truck or while travelling?	Yes ¹⁷ <input type="radio"/> →	<input type="text"/>	No ¹⁸ <input type="radio"/>
D7. (Excluding the incidents already mentioned,) during 1987, did anyone steal or try to steal anything else that belonged to you?	Yes ¹⁹ <input type="radio"/> →	<input type="text"/>	No ²⁰ <input type="radio"/>
D8. (Other than the incidents already mentioned,) did anyone deliberately damage or destroy any property belonging to you or anyone in your household, such as a window or a fence?	Yes ²¹ <input type="radio"/> →	<input type="text"/>	No ²² <input type="radio"/>
D9. Were there any other crimes which happened to you during 1987, which may or may not have been reported to the police?	Yes ²³ <input type="radio"/> →	<input type="text"/>	No ²⁴ <input type="radio"/>

D10. INTERVIEWER: Total the number of incidents reported in D2 to D9 and enter → TOTAL

D11. In order to determine your longer term exposure to crime, the next question concerns incidents which happened to you in the last three years. In total, how many crimes happened to you since January 1st 1985?

or None ⁰⁰ ☐

D12. INTERVIEWER: COMPLETE THE NUMBER OF ACCIDENT AND CRIME INCIDENT REPORTS, AS GIVEN BY TOTAL BOXES ON PAGES 6 AND 7

SECTION E

E1. INTERVIEWER: Complete this section immediately after completing your interview with the selected household member.

E2. ACCIDENT REPORTS

Total number of accidents reported in C7	Total number of form QSS 3-3
1	2

E3. Are the numbers in E2 equal?

Yes ☐

No $^2 \bigcirc \longrightarrow$ Why are they not equal?
(Mark all that apply)

SERIES ACCIDENT report(s) included 3

NO INFORMATION COLLECTED - MULTIPLE
report(s) included

Other _____

(specify)

E4 CRIME INCIDENT REPORTS

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

E5. Are the numbers in E4 equal?

Yes ☐

No $^2\text{O} \rightarrow$ Why are they not equal?
(Mark all that apply)

SERIES INCIDENT report(s) included 3

NO INFORMATION COLLECTED - MULTIPLE
report(s) included

Other ⁵ ☐

(specify)

99 COMMENTS:



General Social Survey - Accident Report

Confidential when completed

GSS 3 - 3

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

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

Not present ¹ ☐

Pedestrian ² ☐

Bicycle ³ ☐

Motor vehicle ⁴ ☐

What type of motor vehicle?

Car, van or truck ⁵ ☐

Motorcycle ⁶ ☐

Recreational vehicle ⁷ ☐

Other ⁸ ☐

(Specify)

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

Yes ¹ ☐

What were they?
(Mark all that apply)

Pedestrian ³ ☐

Bicycle ⁴ ☐

Car, van or truck ⁵ ☐

Motorcycle ⁶ ☐

Recreational vehicle ⁷ ☐

Other ⁸ ☐

(Specify)

No ² ☐

F10. Did this accident happen at your place of work?

Yes ³ ☐

No ⁴ ☐ → Go to F13

F11. Did you apply for Workers Compensation?

Yes ⁵ ☐

No ⁶ ☐

F12. INTERVIEWER: Go to F15

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

Yes ⁷ ☐

No ⁸ ☐ → Go to F15

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

Baseball ⁰¹ ☐

Basketball ⁰² ☐

Boating ⁰³ ☐

Cycling ⁰⁴ ☐

Football ⁰⁵ ☐

Ice hockey ⁰⁶ ☐

Racquetball or squash ⁰⁷ ☐

Running or jogging ⁰⁸ ☐

Skating ⁰⁹ ☐

Soccer ¹⁰ ☐

Swimming ¹¹ ☐

Tennis ¹² ☐

Other ¹³ ☐

(Specify)

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

Inside respondent's own home/apartment ¹⁷ ☐

Inside garage or other building on respondent's property ¹⁸ ☐

Inside vacation home ¹⁹ ☐

Outside respondent's home, including yard, driveway or in shared areas related to home such as apartment hallway or laundry room ²⁰ ☐

In parking lot of respondent's home/apartment ²¹ ☐

In other parking lot ²² ☐

On sidewalk/street/highway in respondent's neighbourhood ²³ ☐

On any other sidewalk/street/highway ²⁴ ☐

In a restaurant or bar ²⁵ ☐

Inside school or on school grounds ²⁶ ☐

In a hospital, prison or rehabilitation centre ²⁷ ☐

In a commercial or office building or a factory ²⁸ ☐

At an indoor or outdoor sports facility ²⁹ ☐

In a park (include national, provincial or local park, or conservation area) ³⁰ ☐

In a rural area ³¹ ☐

Elsewhere ³² ☐

(Specify)

F16. Did this accident result in any injury to you?

Yes ¹ ☐

No ² ☐ → Go to F23

F17. What type of injury? Was it...
(Mark all that apply)

Broken or fractured bone(s) ² ☐

Burn or scald? ³ ☐

Dislocation, sprain, strain or bruise? ⁴ ☐

Cut or scrape? ⁵ ☐

Loss of consciousness? ⁶ ☐

Poisoning by substance or liquid? ⁷ ☐

Internal injury? ⁸ ☐

Other ⁹ ☐

(Specify)

F18. Where were you injured? Was it your...
(Mark all that apply)

Eyes? ¹ ☐

Head or neck (excluding eyes)? ² ☐

Arms or hands? ³ ☐

Legs or feet? ⁴ ☐

Back or spine? ⁵ ☐

Trunk (excluding back or spine)? (Include shoulder, chest, internal organs, etc.) ⁶ ☐

<p>F19 Was there an object, product, substance or liquid which caused this injury?</p> <p>Yes ⁷○ → What was this? (Specify)</p> <div style="border-bottom: 1px solid black; height: 1.2em; width: 100%; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 1.2em; width: 100%; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 1.2em; width: 100%; margin-bottom: 5px;"></div> <p>No ⁸○</p>	<p>F28 Which of the following best describes your main activity during the week of the accident? Were you ... (Accept one response only)</p> <div style="display: flex; justify-content: space-between;"> <div>On holiday?</div> <div>³○</div> </div> <div style="display: flex; justify-content: space-between;"> <div>Working at a job or business?</div> <div>⁴○</div> </div> <div style="display: flex; justify-content: space-between;"> <div>Looking for work?</div> <div>⁵○</div> </div> <div style="display: flex; justify-content: space-between;"> <div>A student?</div> <div>⁶○</div> </div> <div style="display: flex; justify-content: space-between;"> <div>Keeping house?</div> <div>⁷○</div> </div> <div style="display: flex; justify-content: space-between;"> <div>Retired?</div> <div>⁸○</div> </div> <div style="display: flex; justify-content: space-between;"> <div>Other</div> <div>⁹○</div> </div> <p style="text-align: right;">(Specify)</p> <div style="border-bottom: 1px solid black; height: 1.2em; width: 100%; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 1.2em; width: 100%; margin-bottom: 5px;"></div>
<p>F20 Did you receive any medical attention at a hospital as a result of this accident?</p> <p>Yes ¹○ → Did you stay in hospital overnight?</p> <div style="display: flex; align-items: center; margin-left: 100px;"> <p>Yes ³○ → For how many nights?</p> <div style="border-bottom: 1px solid black; width: 40px; margin-left: 10px;"></div> <p style="margin-left: 10px;">Go to F22</p> </div> <p>No ⁴○ →</p> <p>No ²○</p>	<p>F29 As a result of the accident, did you find it difficult or impossible to carry out this activity for all or most of a day?</p> <p>Yes ¹○ → For how many days? (Include any days spent in bed)</p> <div style="border-bottom: 1px solid black; width: 40px; margin-left: 100px;"></div> <p>No ²○</p> <p>Don't know ³○</p>
<p>F21 Did you receive any medical attention from a doctor or a nurse?</p> <p>Yes ⁵○</p> <p>No ⁶○</p> <p>Don't know ⁷○</p>	<p>F30 Did you suffer any financial loss or incur extra expenses as a result of this accident?</p> <p>Yes ⁴○</p> <p>No ³○ → Go to F33</p>
<p>F22 As a result of this accident, did you have to stay in bed for all or most of a day?</p> <p>Yes ⁸○ → For how many days? <div style="border-bottom: 1px solid black; width: 40px; margin-left: 10px;"></div></p> <p>No ⁹○</p>	<p>F31 Did you recover any of these costs through insurance or Workers Compensation?</p> <p>Yes ¹○ → Was this from ...</p> <div style="display: flex; justify-content: space-between; margin-left: 100px;"> <div>Insurance?</div> <div>³○</div> </div> <div style="display: flex; justify-content: space-between; margin-left: 100px;"> <div>Workers Compensation?</div> <div>⁴○</div> </div> <div style="display: flex; justify-content: space-between; margin-left: 100px;"> <div>Both?</div> <div>⁵○</div> </div> <p>No ²○</p>
<p>F23 Was anybody else injured in this accident?</p> <p>Yes ¹○</p> <p>No ²○</p> <p>Don't know ³○</p> <p style="text-align: right;">Go to F26</p>	<p>F32 For this accident, what is your best estimate of your out-of-pocket expenses, that is, expenses for which you do not expect to be reimbursed?</p> <p>\$ <div style="border-bottom: 1px solid black; width: 100px; display: inline-block;"></div> 00</p> <p>No expenses ⁶○</p> <p>Don't know ⁷○</p>
<p>F24 Excluding yourself, how many persons were injured in this accident?</p> <p><div style="border-bottom: 1px solid black; width: 40px; display: inline-block;"></div> persons</p> <p>Don't know ⁴○</p>	<p>F33 INTERVIEWER: Is this respondent having trouble recalling the details of this accident?</p> <p>Yes ⁸○</p> <p>No ⁹○ → Go to F35</p>
<p>F25 Were any of the persons injured in the accident less than 15 years of age?</p> <p>Yes ⁵○ → How many? <div style="border-bottom: 1px solid black; width: 40px; margin-left: 10px;"></div></p> <p>No ⁶○</p> <p>Don't know ⁷○</p>	<p>F34 INTERVIEWER: Are there two or more Accident Reports remaining to be completed for the current screen question? (Refer to screening questionnaire)</p> <p>Yes ¹○</p> <p>No ²○ → Go to F36</p>
<p>F26 In your estimation, was this accident mainly:</p> <p>Caused by carelessness or unsafe activity? ⁸○</p> <p>Something that could not have been predicted or avoided? ⁹○ → Go to F28</p>	<p>F35 How many other accidents with details similar to this one were there during 1987? Exclude accidents already reported.</p> <p><div style="border-bottom: 1px solid black; width: 40px; display: inline-block;"></div> accidents (If none enter 00)</p> <p>INTERVIEWER: If this number is two or more, this is a series report.</p>
<p>F27 Was it: (Accept one response only)</p> <p>An employer's carelessness or unsafe working conditions? ¹○</p> <p>Your own carelessness or unsafe activity? ²○</p> <p>Someone else's carelessness or unsafe activity? ³○</p>	

F36. INTERVIEWER: Briefly summarize this accident or series of accidents

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



General Social Survey - Crime Incident Report

Confidential when completed

GSS 3 - 4

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

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

<p>G26. Did you know this person?</p> <p>Yes ¹○</p> <p>No ²○</p> <p>Don't know ³○ } Go to G34</p>	<p>G34. Was anyone (else) harmed or threatened during this incident?</p> <p>Yes ⁷○ → How many persons? </p> <p>No ⁵○</p> <p>Don't know ⁶○ } Go to G36</p>
<p>G27. How well did you know him/her?</p> <p>Well known ⁴○</p> <p>Casual acquaintance ⁵○</p> <p>Known by sight only ⁶○ } Go to G34</p>	<p>G35. Were any of these persons who were harmed or threatened under 15 years of age?</p> <p>Yes ¹○ → How many? </p> <p>No ²○</p>
<p>G28. What was the person's relationship to you?</p> <p>Spouse ¹○</p> <p>Ex-spouse ²○</p> <p>Other relative ³○</p> <p>Friend ⁴○</p> <p>Neighbour ⁵○</p> <p>Other ⁶○</p> <p style="text-align: right;">↓ (Specify)</p> <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div>	<p>G36. Was anything that belonged to you or your household stolen during this incident? Do not include property stolen from a business.</p> <p>Yes ³○</p> <p>No ⁴○</p> <p>Don't know ⁵○ } Go to G41</p>
<p>G29. INTERVIEWER: Go to G34</p>	<p>G37. What was taken? Anything else? (Mark all that apply)</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>Cash ⁰¹○</p> <p>Respondents personal property { Purse, wallet, credit cards, cheques, personal papers ⁰²○ Clothing, jewellery ⁰³○ Other personal property ⁰⁴○</p> <p>Personal property of someone else ⁰⁵○</p> <p>Motor vehicle { Car ⁰⁶○ Truck or van ⁰⁷○ Motorcycle or moped ⁰⁸○ Other motor vehicle ⁰⁹○ Part of a motor vehicle ¹⁰○</p> <p>Household property { Food, drink, liquor ¹¹○ Electronic equipment, including T.V., stereo, video recorder, records ¹²○ Household articles, including tools, appliances, furniture, carpets ¹³○ Boat ¹⁴○ Bicycle ¹⁵○ Other household property ¹⁶○</p> </div> <div style="width: 35%; text-align: right;"> <p>⁰¹○</p><p>⁰²○</p><p>⁰³○</p><p>⁰⁴○</p><p>⁰⁵○</p><p>⁰⁶○</p><p>⁰⁷○</p><p>⁰⁸○</p><p>⁰⁹○</p><p>¹⁰○</p><p>¹¹○</p><p>¹²○</p><p>¹³○</p><p>¹⁴○</p><p>¹⁵○</p><p>¹⁶○</p> </div> </div>
<p>G30. How many persons were involved?</p> <p></p> <p>Don't know ⁷○</p>	<p>G38. What is your best estimate of the value of all property or cash stolen in this incident?</p> <p>\$ 00</p> <p>No value ⁶○</p> <p>Don't know ⁷○</p>
<p>G31. Were any of the persons known to you or were they all strangers?</p> <p>All known ¹○</p> <p>Some known ²○</p> <p>All strangers ³○</p> <p>Don't know ⁴○ } Go to G34</p>	<p>G39. Was any of the stolen money and/or property recovered, not counting anything received from insurance?</p> <p>Yes ¹○ → Was it all recovered?</p> <p style="text-align: right;">Yes ⁴○</p> <p style="text-align: right;">No ⁵○</p> <p>No ²○</p> <p>Don't know ³○</p>
<p>G32. How well did you know them? (Mark all that apply) (If more than one marked choose first "Go to")</p> <p>Well known ⁵○ → Go to G33</p> <p>Casual acquaintance ⁶○</p> <p>Known by sight only ⁷○ } Go to G34</p>	<p>G33. What was their relationship to you? (Mark all that apply)</p> <p>Spouse ¹○</p> <p>Ex-spouse ²○</p> <p>Other relative ³○</p> <p>Friend ⁴○</p> <p>Neighbour ⁵○</p> <p>Other ⁶○</p> <p style="text-align: right;">↓ (Specify)</p> <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div>

a) Nothing was taken or the items were recovered 13 ☐ 14 ☐ 15 ☐

b) Police could not do anything about it 16 ☐ 17 ☐ 18 ☐

c) Fear of revenge by the offender 19 ☐ 20 ☐ 21 ☐

d) Incident was too minor or it was not important enough ☒ 22 ☐ 23 ☐ 24

e) Incident was a personal matter and did not concern the police. 25 26 27

f) Did not want to get involved with police or courts 28 ☐ 29 ☐ 30 ☐

G57. Did you seek any assistance or advice from any organisation or agency providing assistance to victims?

Yes ☐ → Go to G60

No ²○

G58. Do you know of any such organisation or agency in your area?

Yes ³ ☐

No ⁴○ → Go to G60

G59. Why did you not seek assistance or advice from such an organisation or agency?

Someone else contacted organisation or agency ⁵ ☐

Not worth trouble

Not necessary 10

Other _____ 8

(Specify)

G60. INTERVIEWER: Is this respondent having trouble recalling the details of this incident?

Yes ☒

No ²  \longrightarrow Go to G63

G61. INTERVIEWER: Are there 2 or more Incident Reports remaining to be completed for the current screen question? (Refer to screening questionnaire)

Yes ³ ☐

No ⁴ ○ → Go to G63

G62. How many other incidents with details similar to this one were there during 1987? Exclude incidents already reported.

incidents (If none enter 00)

INTERVIEWER: If this number is two or more, this is a series report.

G63. INTERVIEWER: Briefly summarize this incident or series of incidents.

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

G64. INTERVIEWER: Go to G65 on the front page of this form.

GENERAL SOCIAL SURVEY

CYCLE FOUR QUESTIONNAIRE PACKAGE

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

Content and Questionnaire

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

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

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

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

Section of GSS 4-2Content

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

Sample

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

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

March 1989

General Social Survey
Selection Control Form

APPENDIX A

GSS 4-1

Confidential when completed

1:	<input type="text"/>	<input type="text"/>	<input type="text"/>	2:	<input type="text"/>
3:	<input type="text"/>	4:	<input type="text"/>	5:	<input type="text"/>

TELEPHONE NUMBER LABEL

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

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

Time Period	Mon.	Tues.	Wed.	Thur.	Fri.	Sat.
09:00 - 12:00	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
12:01 - 16:00	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
16:01 - 19:00	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
19:01 - 21:00	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

18. Forms Control

Form	Number of forms
GSS 4-1	<input type="text"/>
GSS 4-2	<input type="text"/>

19. Interviewer Number

Senior Interviewer
Only

20. Final Status

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

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

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

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

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

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

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

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

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

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

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

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

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

63. **INTERVIEWER:** • In item 43 number the persons 15 years of age and over in order from oldest to youngest.
• Enter number of eligible household members 8 | |

64. **INTERVIEWER:** • Determine the selected person by referring to the Selection Grid.
• In item 43 circle the selected person number and enter Page-Line no. 9 | |

65. The person I am to interview is (read name) (Is he/she there?)
Yes ☐ → Go to form GSS 4-2
No ☐ → Set up appointment and enter details in item 16

SELECTION GRID LABEL

A = Eligible household members
B = Selection number



Statistics Canada

Statistique Canada

Interviewer's Name

1: - - Telephone Number

5: Label Identification Number

Page - Line Number

1 Type

APPENDIX B

GSS 4-2

Confidential when completed

GENERAL SOCIAL SURVEY

EDUCATION AND WORK

QUESTIONNAIRE

AGES 15 YEARS AND OVER

SECTION A: Education Screen																
<p>A1. INTERVIEWER: Repeat the introduction below if selected respondent is different from household respondent.</p> <p style="margin-top: 20px;">Hello, I'm from Statistics Canada. I'm calling you for a survey on education, work and retirement.</p> <p style="margin-top: 20px;">All the information we collect is kept confidential. While your participation is voluntary, it is essential if the survey results are to be accurate.</p>	<p>A8. Have you had any further schooling beyond elementary/high school?</p> <p>Yes 1 <input type="radio"/> → Go to A10</p> <p>No 2 <input type="radio"/></p>															
<p>A2. Now I'd like to ask you some questions about your education.</p>	<p>A9. Are you presently working towards elementary or high school graduation?</p> <p>Yes 3 <input type="radio"/> → Go to B5</p> <p>No 4 <input type="radio"/> → Go to C1</p>															
<p>A3. How many years of elementary and high school education have you successfully completed?</p> <p>No schooling 01 <input type="radio"/> → Go to E1</p> <p>One to five years 02 <input type="radio"/> → Go to A8</p> <p>Six 03 <input type="radio"/> → Go to A8</p> <p>Seven 04 <input type="radio"/> → Go to A8</p> <p>Eight 05 <input type="radio"/> → Go to A8</p> <p>Nine 06 <input type="radio"/> → Go to A7</p> <p>Ten 07 <input type="radio"/> → Go to A7</p> <p>Eleven 08 <input type="radio"/></p> <p>Twelve 09 <input type="radio"/></p> <p>Thirteen 10 <input type="radio"/></p>	<p>A10. Have you ever taken any university, college or CEGEP level course in biology, chemistry or physics?</p> <p>Yes 5 <input type="radio"/></p> <p>No 6 <input type="radio"/></p>															
<p>A4. Have you graduated from high school?</p> <p>Yes 1 <input type="radio"/></p> <p>No 2 <input type="radio"/> → Go to A7</p>	<p>A11. What is the highest level of education that you have attained? (Mark one only)</p> <p>Masters or earned doctorate 1 <input type="radio"/> → Go to A15</p> <p>Bachelor or undergraduate degree, or teacher's college 2 <input type="radio"/> → Go to A15</p> <p>Diploma or certificate from community college, CEGEP or nursing school 3 <input type="radio"/> → Go to A15</p> <p>Diploma or certificate from trade, technical or vocational school, or business college 4 <input type="radio"/> → Go to A15</p> <p>Some university 5 <input type="radio"/></p> <p>Some community college, CEGEP or nursing school 6 <input type="radio"/></p> <p>Some trade, technical or vocational school, or business college 7 <input type="radio"/></p> <p>Other 8 <input type="radio"/> ↓ (Specify)</p> <div style="border-bottom: 1px solid black; height: 1.2em; width: 100%; margin-top: 5px;"></div> <div style="border-bottom: 1px solid black; height: 1.2em; width: 100%; margin-top: 5px;"></div>															
<p>A5. In high school, did you take a course in ...</p> <table style="width: 100%; border: none;"> <thead> <tr> <th></th> <th style="text-align: center;">Yes</th> <th style="text-align: center;">No</th> </tr> </thead> <tbody> <tr> <td>a) Mathematics?</td> <td style="text-align: center;">2 <input type="radio"/></td> <td style="text-align: center;">3 <input type="radio"/></td> </tr> <tr> <td>b) Chemistry?</td> <td style="text-align: center;">4 <input type="radio"/></td> <td style="text-align: center;">5 <input type="radio"/></td> </tr> <tr> <td>c) Geography?</td> <td style="text-align: center;">6 <input type="radio"/></td> <td style="text-align: center;">7 <input type="radio"/></td> </tr> <tr> <td>d) Physics?</td> <td style="text-align: center;">8 <input type="radio"/></td> <td style="text-align: center;">9 <input type="radio"/></td> </tr> </tbody> </table>		Yes	No	a) Mathematics?	2 <input type="radio"/>	3 <input type="radio"/>	b) Chemistry?	4 <input type="radio"/>	5 <input type="radio"/>	c) Geography?	6 <input type="radio"/>	7 <input type="radio"/>	d) Physics?	8 <input type="radio"/>	9 <input type="radio"/>	<p>A12. When you took courses at university/college/trade school, were you working towards a degree, diploma or certificate?</p> <p>Yes 1 <input type="radio"/></p> <p>No 2 <input type="radio"/> → Go to A14</p>
	Yes	No														
a) Mathematics?	2 <input type="radio"/>	3 <input type="radio"/>														
b) Chemistry?	4 <input type="radio"/>	5 <input type="radio"/>														
c) Geography?	6 <input type="radio"/>	7 <input type="radio"/>														
d) Physics?	8 <input type="radio"/>	9 <input type="radio"/>														
<p>A6. Have you had any further schooling beyond elementary/high school?</p> <p>Yes 1 <input type="radio"/> → Go to A10</p> <p>No 2 <input type="radio"/> → Go to C1</p>	<p>A13. Are you still working towards your degree, diploma or certificate?</p> <p>Yes 3 <input type="radio"/> → Go to B1</p> <p>No 4 <input type="radio"/></p>															
<p>A7. In high school, did you take a course in ...</p> <table style="width: 100%; border: none;"> <thead> <tr> <th></th> <th style="text-align: center;">Yes</th> <th style="text-align: center;">No</th> </tr> </thead> <tbody> <tr> <td>a) Mathematics?</td> <td style="text-align: center;">2 <input type="radio"/></td> <td style="text-align: center;">3 <input type="radio"/></td> </tr> <tr> <td>b) Chemistry?</td> <td style="text-align: center;">4 <input type="radio"/></td> <td style="text-align: center;">5 <input type="radio"/></td> </tr> <tr> <td>c) Geography?</td> <td style="text-align: center;">6 <input type="radio"/></td> <td style="text-align: center;">7 <input type="radio"/></td> </tr> <tr> <td>d) Physics?</td> <td style="text-align: center;">8 <input type="radio"/></td> <td style="text-align: center;">9 <input type="radio"/></td> </tr> </tbody> </table>		Yes	No	a) Mathematics?	2 <input type="radio"/>	3 <input type="radio"/>	b) Chemistry?	4 <input type="radio"/>	5 <input type="radio"/>	c) Geography?	6 <input type="radio"/>	7 <input type="radio"/>	d) Physics?	8 <input type="radio"/>	9 <input type="radio"/>	
	Yes	No														
a) Mathematics?	2 <input type="radio"/>	3 <input type="radio"/>														
b) Chemistry?	4 <input type="radio"/>	5 <input type="radio"/>														
c) Geography?	6 <input type="radio"/>	7 <input type="radio"/>														
d) Physics?	8 <input type="radio"/>	9 <input type="radio"/>														

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

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

<p>D SECTION D: Before Education</p> <p>D1. For the next few questions, think back to the time when you started the studies for your degree/diploma/certificate.</p> <p>D2. In what year did you start your studies for this degree/diploma/certificate? 19 </p> <p>D3. At that time were you less than 15 years old? Yes 1 <input type="radio"/> → Go to E1 No 2 <input type="radio"/></p> <p>D4. During the 12 months before you started these studies, what best describes your MAIN activity? Were you mainly ... (Mark one only)</p> <p>Working at a job or business? 3 <input type="radio"/> → Go to D10</p> <p>Looking for work? 4 <input type="radio"/></p> <p>A student? 5 <input type="radio"/></p> <p>Keeping house? 6 <input type="radio"/></p> <p>Retired? 7 <input type="radio"/></p> <p>Other 8 <input type="radio"/> ↓ (Specify)</p> <p> </p> <p>D5. Before starting the program, had you ever held a full-time job for 6 months or more? (Exclude summer jobs)</p> <p>Yes 1 <input type="radio"/> No 2 <input type="radio"/> → Go to E1</p> <p>D6. How many months or years of total full-time work experience did you have before you started your program?</p> <p>6 months to less than 1 year 3 <input type="radio"/></p> <p>1 to less than 3 years 4 <input type="radio"/></p> <p>3 to less than 5 years 5 <input type="radio"/></p> <p>5 to less than 7 years 6 <input type="radio"/></p> <p>7 years or more 7 <input type="radio"/></p>	<p>D7. Before starting your program, in what year did you last work at a full-time job that lasted six months or more?</p> <p>19 </p> <p>Still working at it 99 <input type="radio"/> → Go to E1</p> <p>D8. For whom did you work at that job? (Name of business, government department or agency, or person)</p> <p> </p> <p>D9. INTERVIEWER: Go to D11.</p> <p>D10. For whom did you work the longest time during those 12 months? (Name of business, government department or agency, or person)</p> <p> </p> <p>D11. What kind of business, industry or service was this? (Give full description: e.g. paper box manufacturing, retail shoe store, municipal board of education)</p> <p> </p> <p>D12. What kind of work were you doing? (Give a full description: e.g. accounts clerk, dairy farmer, primary school teacher)</p> <p> </p>
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E SECTION E: Future Education																									
<p>E1. In the next five years, do you plan to start an additional educational or training program? (Include part-time and full-time)</p> <p>Yes 1 <input type="radio"/></p> <p>No 2 <input type="radio"/> → Go to E6</p> <p>Don't know ... 3 <input type="radio"/> → Go to E6</p>	<p>E5. What would be your major field of study or specialization?</p> <div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div>																								
<p>E2. What is your MAIN reason for planning to do this? Is it to prepare for first career, to change or improve career, to improve earnings, because of interest in subject, or for some other reason? (Mark one only)</p> <p>To prepare for first career 4 <input type="radio"/></p> <p>To change careers 5 <input type="radio"/></p> <p>To improve career 6 <input type="radio"/></p> <p>To improve earnings 7 <input type="radio"/></p> <p>Because of interest in subject 8 <input type="radio"/></p> <p>For some other reason 9 <input type="radio"/></p> <p style="text-align: right;">↓ (Specify)</p> <div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div>	<p>E6. Now some general questions about certain aspects of your education.</p> <p>E7. Have you ever completed an apprenticeship program?</p> <p>Yes 1 <input type="radio"/></p> <p>No 2 <input type="radio"/></p>																								
<p>E3. What degree, diploma or certificate do you eventually want to obtain? (Mark one only)</p> <p>Masters or earned doctorate 1 <input type="radio"/> → Go to E5</p> <p>Bachelor or undergraduate degree, or teacher's college 2 <input type="radio"/> → Go to E5</p> <p>Diploma or certificate from community college, CEGEP or nursing school 3 <input type="radio"/> → Go to E5</p> <p>Diploma or certificate from trade, technical or vocational school, or business college 4 <input type="radio"/> → Go to E5</p> <p>Elementary High school diploma 5 <input type="radio"/></p> <p>Not for degree, diploma, or certificate 6 <input type="radio"/></p> <p>Undecided or don't know 7 <input type="radio"/></p> <p>Other 8 <input type="radio"/></p> <p style="text-align: right;">↓ (Specify)</p> <div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div>	<p>E8. Have you ever taken any courses on how to use computers?</p> <p>Yes 3 <input type="radio"/></p> <p>No 4 <input type="radio"/></p>																								
<p>E4. INTERVIEWER: Go to E6</p>	<p>E9. Can you do anything on a computer, for example, play games, word processing or data entry?</p> <p>Yes 5 <input type="radio"/></p> <p>No 6 <input type="radio"/> → Go to E11</p>																								
<p>E10. In the last 12 months, have you done any of the following on a computer? ... (Any computer)</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Yes</th> <th style="text-align: center;">No</th> </tr> </thead> <tbody> <tr> <td>a) Played games?</td> <td style="text-align: center;">01 <input type="radio"/></td> <td style="text-align: center;">02 <input type="radio"/></td> </tr> <tr> <td>b) Word processing?</td> <td style="text-align: center;">03 <input type="radio"/></td> <td style="text-align: center;">04 <input type="radio"/></td> </tr> <tr> <td>c) Data entry?</td> <td style="text-align: center;">05 <input type="radio"/></td> <td style="text-align: center;">06 <input type="radio"/></td> </tr> <tr> <td>d) Record keeping?</td> <td style="text-align: center;">07 <input type="radio"/></td> <td style="text-align: center;">08 <input type="radio"/></td> </tr> <tr> <td>e) Data analysis?</td> <td style="text-align: center;">09 <input type="radio"/></td> <td style="text-align: center;">10 <input type="radio"/></td> </tr> <tr> <td>f) Written computer programs?</td> <td style="text-align: center;">11 <input type="radio"/></td> <td style="text-align: center;">12 <input type="radio"/></td> </tr> <tr> <td>g) Anything else?</td> <td style="text-align: center;">13 <input type="radio"/></td> <td style="text-align: center;">14 <input type="radio"/></td> </tr> </tbody> </table> <p style="text-align: right;">↓ (Specify)</p> <div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div>			Yes	No	a) Played games?	01 <input type="radio"/>	02 <input type="radio"/>	b) Word processing?	03 <input type="radio"/>	04 <input type="radio"/>	c) Data entry?	05 <input type="radio"/>	06 <input type="radio"/>	d) Record keeping?	07 <input type="radio"/>	08 <input type="radio"/>	e) Data analysis?	09 <input type="radio"/>	10 <input type="radio"/>	f) Written computer programs?	11 <input type="radio"/>	12 <input type="radio"/>	g) Anything else?	13 <input type="radio"/>	14 <input type="radio"/>
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g) Anything else?	13 <input type="radio"/>	14 <input type="radio"/>																							
<p>E11. Do you have a personal computer at home?</p> <p>Yes 1 <input type="radio"/></p> <p>No 2 <input type="radio"/> → Go to F1</p>																									
<p>E12. Do you personally use that computer?</p> <p>Yes 3 <input type="radio"/></p> <p>No 4 <input type="radio"/> → Go to F1</p>																									
<p>E13. How many hours per week do you normally use it?</p> <div style="border-bottom: 1px solid black; width: 50px; display: inline-block;"></div> hours																									

F SECTION F: Science and Technology

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

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

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

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

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

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

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

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

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

			is that somewhat or strongly?
			Somewhat Strongly
a) Science and technology are making our lives better	Agree ... 01 <input type="radio"/>	→ 02 <input type="radio"/>	03 <input type="radio"/>
	Disagree ... 04 <input type="radio"/>	→ 05 <input type="radio"/>	06 <input type="radio"/>
	No opinion ... 07 <input type="radio"/>		
b) Science and technology will make work more interesting	Agree ... 08 <input type="radio"/>	→ 09 <input type="radio"/>	10 <input type="radio"/>
	Disagree ... 11 <input type="radio"/>	→ 12 <input type="radio"/>	13 <input type="radio"/>
	No opinion ... 14 <input type="radio"/>		
c) On balance, computers and automation will create more jobs than they will eliminate	Agree ... 15 <input type="radio"/>	→ 18 <input type="radio"/>	17 <input type="radio"/>
	Disagree ... 18 <input type="radio"/>	→ 19 <input type="radio"/>	20 <input type="radio"/>
	No opinion ... 21 <input type="radio"/>		
d) Science makes our life change too fast	Agree ... 22 <input type="radio"/>	→ 23 <input type="radio"/>	24 <input type="radio"/>
	Disagree ... 25 <input type="radio"/>	→ 26 <input type="radio"/>	27 <input type="radio"/>
	No opinion ... 28 <input type="radio"/>		

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

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

G SECTION G: Work Screen

G1. Now some questions about your activities.

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

(Mark one only)

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

Looking for work? 2 ☐

A student? 3 ☐

Keeping house? 4 ☐

Retired? 5 ☐

Other 6 ☐

(Specify)

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

Yes 7 ☐ → Go to G9

No 8 ☐

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

Yes 1 ☐ → Go to H1

No 2 ☐

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

Yes 3 ☐ → Go to L1

No 4 ☐

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

(Mark one only)

A student? 5 ☐ → Go to L7

Keeping house? 6 ☐ → Go to L4

Retired? 7 ☐ → Go to G8

Other 8 ☐

(Specify)

G7. INTERVIEWER: Go to L7

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

Yes 1 ☐ → Go to K1

No 2 ☐ → Go to K36

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

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

weeks

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

Full-time 3 ☐

Part-time 4 ☐

Both equally 5 ☐

G11. During those weeks were you mainly ...

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

Self-employed? 7 ☐

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

Yes 8 ☐

No 9 ☐ → Go to G14

<p>G13. About how many employees did you have? (If range given, enter maximum)</p> <p style="text-align: center;"> <input style="width: 40px; border: 1px solid black;" type="text"/> employees </p>	<p>G21. Was this your main job last week?</p> <p>Yes 7 <input type="radio"/></p> <p>No 8 <input type="radio"/> → Go to H2</p>
<p>G14. For whom did you work the longest time during 1988? (Name of business, government department or agency, or person)</p> <div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div>	<p>G22. How many hours per week do you usually work at your:</p> <p>(main) job <input style="width: 40px; border: 1px solid black;" type="text"/> <input style="width: 40px; border: 1px solid black;" type="text"/></p> <p>other jobs <input style="width: 40px; border: 1px solid black;" type="text"/> <input style="width: 40px; border: 1px solid black;" type="text"/></p>
<p>G15. What kind of business, industry or service was this? (Give full description: e.g. paper box manufacturing, retail shoe store, municipal board of education)</p> <div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div>	<p>G23. INTERVIEWER: Is total in G22 30 or more hours?</p> <p>Yes 3 <input type="radio"/> → Go to H11</p> <p>No 4 <input type="radio"/></p>
<p>G16. What kind of work were you doing? (Give full description: e.g. accounts clerk, dairy farmer, primary school teacher)</p> <div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div>	<p>G24. Why do you usually work less than 30 hours per week? (Mark all that apply)</p> <p>Own illness or disability 1 <input type="radio"/></p> <p>Personal or family responsibilities 2 <input type="radio"/></p> <p>Going to school 3 <input type="radio"/></p> <p>Could only find part-time work 4 <input type="radio"/></p> <p>Did not want full-time work 5 <input type="radio"/></p> <p>Full-time work under 30 hours per week 6 <input type="radio"/></p> <p>Other 7 <input type="radio"/></p> <p style="text-align: right;">↓ (Specify)</p> <div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div>
<p>G17. Did you work for the same employer last week?</p> <p>Yes 1 <input type="radio"/></p> <p>No 2 <input type="radio"/> → Go to G26</p>	<p>G25. INTERVIEWER: Go to H11</p>
<p>G18. Did you do the same kind of work last week?</p> <p>Yes 3 <input type="radio"/> → Go to G20</p> <p>No 4 <input type="radio"/></p>	<p>G26. Did you do any work at a job or business last week?</p> <p>Yes 8 <input type="radio"/> → Go to H1</p> <p>No 9 <input type="radio"/></p>
<p>G19. What kind of work were you doing last week? (Give full description: e.g. accounts clerk, dairy farmer, primary school teacher)</p> <div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div>	<p>G27. Last week, did you have a job to which you expected to return?</p> <p>Yes 1 <input type="radio"/> → Go to G32</p> <p>No 2 <input type="radio"/></p>
<p>G20. Was this the only job at which you worked last week?</p> <p>Yes 5 <input type="radio"/> → Go to G22</p> <p>No 6 <input type="radio"/></p>	<p>G28. Did you look for a job in the last four weeks?</p> <p>Yes 3 <input type="radio"/> → Go to L1</p> <p>No 4 <input type="radio"/></p>
	<p>G29. Was this because you believed no jobs were available?</p> <p>Yes 5 <input type="radio"/> → Go to L2</p> <p>No 6 <input type="radio"/></p>

<p>G30. During last week, what best describes your MAIN activity? Were you mainly ... (Mark one only)</p> <p>A student? 1 <input type="radio"/> → Go to L7</p> <p>Keeping house? 2 <input type="radio"/> → Go to L4</p> <p>Retired? 3 <input type="radio"/> → Go to K1</p> <p>Other 4 <input type="radio"/> ↓ (Specify)</p> <p>_____</p> <p>_____</p>	<p>SECTION H: Employed H</p> <p>H1. Did you have more than one job last week?</p> <p>Yes 1 <input type="radio"/></p> <p>No 2 <input type="radio"/></p> <p>H2. How many hours per week do you usually work at your:</p> <p>(main) job? 3 </p> <p>other jobs? 4 </p> <p>H3. INTERVIEWER: Is total in H2 30 or more hours?</p> <p>Yes 5 <input type="radio"/> → Go to H5</p> <p>No 6 <input type="radio"/></p>
<p>G31. INTERVIEWER: Go to L7</p>	<p>H4. Why do you usually work less than 30 hours per week? (Mark all that apply)</p> <p>Own illness or disability 1 <input type="radio"/></p> <p>Personal or family responsibilities 2 <input type="radio"/></p> <p>Going to school 3 <input type="radio"/></p> <p>Could only find part-time work 4 <input type="radio"/></p> <p>Did not want full-time work 5 <input type="radio"/></p> <p>Full-time work under 30 hours per week 6 <input type="radio"/></p> <p>Other 7 <input type="radio"/> ↓ (Specify)</p> <p>_____</p> <p>_____</p>
<p>G32. Why did you not work at this job last week? (Mark one only)</p> <p>Own illness or disability 01 <input type="radio"/> → Go to G34</p> <p>Vacation 02 <input type="radio"/> → Go to G34</p> <p>Maternity leave 03 <input type="radio"/> → Go to G34</p> <p>Personal or family responsibilities 04 <input type="radio"/> → Go to G34</p> <p>Layoff, expects to return (paid workers only) 05 <input type="radio"/> → Go to G34</p> <p>Labour dispute (strike or lockout) 06 <input type="radio"/> → Go to G34</p> <p>Bad weather 07 <input type="radio"/> → Go to G34</p> <p>Seasonal business (exclude paid workers) 08 <input type="radio"/> → Go to G34</p> <p>New job to start in future 09 <input type="radio"/></p> <p>Other 10 <input type="radio"/> ↓ (Specify)</p> <p>_____</p> <p>_____</p>	<p>H5. Are you mainly ... (main job)</p> <p>An employee working for someone else? 8 <input type="radio"/> → Go to H8</p> <p>Self-employed? 9 <input type="radio"/></p> <p>H6. Last week, did you have any paid employees?</p> <p>Yes 1 <input type="radio"/></p> <p>No 2 <input type="radio"/> → Go to H8</p> <p>H7. About how many employees did you have? (If range given, enter maximum)</p> <p> employees</p> <p>H8. Who was your employer last week? (main job) (Name of business, government department or agency, or person)</p> <p>Same employer as in 1988 (Same as in G14) 3 <input type="radio"/> → Go to H10</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>G33. INTERVIEWER: Go to L7</p>	
<p>G34. How long ago did you last work at this job?</p> <p> weeks</p>	
<p>G35. In how many weeks do you expect to return to this job?</p> <p> weeks</p> <p>Don't know 98 <input type="radio"/></p>	
<p>G36. The next section asks about your job, that is the job to which you expect to return.</p>	

<p>H9. What kind of business, industry or service was this? (Give full description: e.g. paper box manufacturing, retail shoe store, municipal board of education)</p> <div style="border: 1px solid black; height: 20px; width: 100%; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 20px; width: 100%; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<p>H18. In total, about how many people work in your business/company at all its locations?</p> <p>Less than 20 1 <input type="radio"/></p> <p>Between 20 and 99 2 <input type="radio"/></p> <p>Between 100 and 499 3 <input type="radio"/></p> <p>More than 500 people 4 <input type="radio"/></p>
<p>H10. What kind of work were you doing? (Give a full description: e.g. accounts clerk, dairy farmer, primary school teacher)</p> <p>Same duties as in 1988 (Same as in G16) 4 <input type="radio"/></p> <div style="border: 1px solid black; height: 20px; width: 100%; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 20px; width: 100%; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<p>H19. INTERVIEWER: Go to H29</p>
<p>H11. Are you satisfied or dissatisfied with your (main) job?</p> <div style="text-align: right; margin-right: 20px;"> Is that somewhat or very? Somewhat Very </div> <p>Satisfied 1 <input type="radio"/> → 2 <input type="radio"/> 3 <input type="radio"/></p> <p>Dissatisfied 4 <input type="radio"/> → 5 <input type="radio"/> 6 <input type="radio"/></p> <p>No opinion 7 <input type="radio"/></p>	<p>H20. Would you prefer to have a permanent job?</p> <p>Yes 5 <input type="radio"/></p> <p>No 6 <input type="radio"/></p>
<p>H12. In what year did you start working for this business/company?</p> <p>19 </p>	<p>H21. Do you directly supervise any people?</p> <p>Yes 7 <input type="radio"/></p> <p>No 8 <input type="radio"/> → Go to H24</p>
<p>H13. How many months in the year do you normally work at your (main) job? (Include vacation, illness, strikes, lock-outs and maternity leave)</p> <p> months</p>	<p>H22. Last week, how many people did you directly supervise?</p> <p> people</p>
<p>H14. Is your (main) job permanent? That is, a job without a specific end date.</p> <p>Yes 1 <input type="radio"/> → Go to H21</p> <p>No 2 <input type="radio"/> → Go to H20</p> <p>Self-employed 3 <input type="radio"/></p>	<p>H23. How much of your working time do you spend supervising others? Would you say ...</p> <p>less than a quarter? 1 <input type="radio"/></p> <p>between a quarter and a half? 2 <input type="radio"/></p> <p>more than a half? 3 <input type="radio"/></p>
<p>H15. Do you directly supervise any people?</p> <p>Yes 4 <input type="radio"/></p> <p>No 5 <input type="radio"/> → Go to H18</p>	<p>H24. In total, about how many people work in your business/company at all its locations?</p> <p>Less than 20 4 <input type="radio"/></p> <p>Between 20 and 99 5 <input type="radio"/></p> <p>Between 100 and 499 6 <input type="radio"/></p> <p>More than 500 people 7 <input type="radio"/></p>
<p>H16. Last week, how many people did you directly supervise?</p> <p> people</p>	<p>H25. Which of the following best describes the work you do? Is it managerial, supervisory or neither?</p> <p>Managerial 1 <input type="radio"/></p> <p>Supervisory 2 <input type="radio"/> → Go to H29</p> <p>Neither 3 <input type="radio"/> → Go to H29</p>
<p>H17. How much of your working time do you spend supervising others? Would you say ...</p> <p>less than a quarter? 6 <input type="radio"/></p> <p>between a quarter and a half? 7 <input type="radio"/></p> <p>more than a half? 8 <input type="radio"/></p>	<p>H26. Would you say that you are in a top, upper, middle or lower management position?</p> <p>Top 4 <input type="radio"/></p> <p>Upper 5 <input type="radio"/></p> <p>Middle 6 <input type="radio"/></p> <p>Lower 7 <input type="radio"/></p>
<p>H18. How much of your working time do you spend on planning future business activities of your company? Is it ...</p> <p>less than a quarter? 4 <input type="radio"/></p> <p>between a quarter and a half? 5 <input type="radio"/></p> <p>more than a half? 6 <input type="radio"/></p>	<p>H27. Do you take part in planning the future business activities of ...</p> <p>the entire business/company? 1 <input type="radio"/></p> <p>only a part of it? 2 <input type="radio"/></p> <p>not involved in planning 3 <input type="radio"/> → Go to H29</p>

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

Is that somewhat or strongly?

Somewhat

Strongly

- | | | | | | | |
|--|------------|--------------------------|---|--------------------------|--|--------------------------|
| a) The physical surroundings at your work are pleasant | Agree | 01 <input type="radio"/> | → | 02 <input type="radio"/> | | 03 <input type="radio"/> |
| | Disagree | 04 <input type="radio"/> | → | 05 <input type="radio"/> | | 06 <input type="radio"/> |
| | No opinion | 07 <input type="radio"/> | | | | |
| b) There is a lot of freedom to decide how to do your work | Agree | 08 <input type="radio"/> | → | 09 <input type="radio"/> | | 10 <input type="radio"/> |
| | Disagree | 11 <input type="radio"/> | → | 12 <input type="radio"/> | | 13 <input type="radio"/> |
| | No opinion | 14 <input type="radio"/> | | | | |
| c) You do the same things over and over | Agree | 15 <input type="radio"/> | → | 16 <input type="radio"/> | | 17 <input type="radio"/> |
| | Disagree | 18 <input type="radio"/> | → | 19 <input type="radio"/> | | 20 <input type="radio"/> |
| | No opinion | 21 <input type="radio"/> | | | | |
| d) Your job requires a high level of skill | Agree | 22 <input type="radio"/> | → | 23 <input type="radio"/> | | 24 <input type="radio"/> |
| | Disagree | 25 <input type="radio"/> | → | 26 <input type="radio"/> | | 27 <input type="radio"/> |
| | No opinion | 28 <input type="radio"/> | | | | |
| e) The pay is good | Agree | 29 <input type="radio"/> | → | 30 <input type="radio"/> | | 31 <input type="radio"/> |
| | Disagree | 32 <input type="radio"/> | → | 33 <input type="radio"/> | | 34 <input type="radio"/> |
| | No opinion | 35 <input type="radio"/> | | | | |
| f) Your chances for promotion or career development are good | Agree | 36 <input type="radio"/> | → | 37 <input type="radio"/> | | 38 <input type="radio"/> |
| | Disagree | 39 <input type="radio"/> | → | 40 <input type="radio"/> | | 41 <input type="radio"/> |
| | No opinion | 42 <input type="radio"/> | | | | |

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

Yes No Don't know

- | | | | |
|-----------------------|-------------------------|-------------------------|-------------------------|
| a) a pension plan? | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> |
| b) medical insurance? | 4 <input type="radio"/> | 5 <input type="radio"/> | 6 <input type="radio"/> |
| c) a dental plan? | 7 <input type="radio"/> | 8 <input type="radio"/> | 9 <input type="radio"/> |

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

- | | |
|-------------|-------------------------------------|
| greatly? | 6 <input type="radio"/> |
| somewhat? | 7 <input type="radio"/> |
| hardly? | 8 <input type="radio"/> → Go to H39 |
| not at all? | 9 <input type="radio"/> → Go to H39 |

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

- | | |
|------------|-------------------------|
| Yes | 1 <input type="radio"/> |
| No | 2 <input type="radio"/> |
| Don't know | 3 <input type="radio"/> |

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

- | | |
|-----------------|-------------------------|
| Increased | 1 <input type="radio"/> |
| Decreased | 2 <input type="radio"/> |
| Stayed the same | 3 <input type="radio"/> |

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

(Since started if less than five years ago)

promotions

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

- | | |
|-----------------|-------------------------|
| Increased | 4 <input type="radio"/> |
| Decreased | 5 <input type="radio"/> |
| Stayed the same | 6 <input type="radio"/> |

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

- | | |
|-----|-------------------------------------|
| Yes | 4 <input type="radio"/> |
| No | 5 <input type="radio"/> → Go to H35 |

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

- | | |
|------------------|-------------------------|
| More interesting | 7 <input type="radio"/> |
| Less interesting | 8 <input type="radio"/> |
| Stayed the same | 9 <input type="radio"/> |

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

(Include work done at home for job)

hours

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

<p>H50. How closely was that job related to your education at that time? Was it ...</p> <p style="margin-left: 40px;">closely related? 3 <input type="radio"/></p> <p style="margin-left: 40px;">somewhat related? 4 <input type="radio"/></p> <p style="margin-left: 40px;">not related at all? 5 <input type="radio"/></p>	<p>SECTION K: Retired K</p>
<p>H51. Did you lose a job between January 1984 and December 1988 for any reason?</p> <p style="margin-left: 40px;">Yes 6 <input type="radio"/></p> <p style="margin-left: 40px;">No 7 <input type="radio"/> → Go to H53</p>	<p>K1. Are you satisfied or dissatisfied with your retirement?</p> <p style="text-align: right; margin-right: 40px;">Is that somewhat or very?</p> <p style="text-align: right; margin-right: 40px;">Somewhat Very</p> <p>Satisfied 1 <input type="radio"/> → 2 <input type="radio"/> 3 <input type="radio"/></p> <p>Dissatisfied 4 <input type="radio"/> → 5 <input type="radio"/> 6 <input type="radio"/></p> <p>No opinion 7 <input type="radio"/></p>
<p>H52. Why did this happen? (Mark all that apply)</p> <p style="margin-left: 40px;">An employer going out of business 1 <input type="radio"/></p> <p style="margin-left: 40px;">A plant closing or moving 2 <input type="radio"/></p> <p style="margin-left: 40px;">The introduction of new technology 3 <input type="radio"/></p> <p style="margin-left: 40px;">Reduction of staff 4 <input type="radio"/></p> <p style="margin-left: 40px;">Seasonal job 5 <input type="radio"/></p> <p style="margin-left: 40px;">Shortage of work 6 <input type="radio"/></p> <p style="margin-left: 40px;">Other 7 <input type="radio"/></p> <p style="text-align: right; margin-right: 40px;">↓</p> <p style="text-align: right; margin-right: 40px;">(Specify)</p> <div style="border-bottom: 1px solid black; width: 200px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; width: 200px;"></div>	<p>K2. In what year did you retire?</p> <p style="margin-left: 40px;">19 </p>
<p>H53. Between January 1984 and December 1988, how many different jobs did you have? By different jobs we mean different duties with the same employer, or different employers.</p> <p style="margin-left: 40px;"> jobs</p>	<p>K3. For whom were you working when you retired? (Name of business, government department or agency, or person)</p> <p style="margin-left: 40px;">Same employer as in 1988 (Same as in G14) 8 <input type="radio"/> → Go to K5</p> <div style="border-bottom: 1px solid black; width: 200px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; width: 200px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; width: 200px;"></div>
<p>H54. There were 60 months between January 1984 and December 1988. In how many of those months were you working at a job or business? (Include vacation, illness, strikes, lock-outs and maternity leave)</p> <p style="margin-left: 40px;">60 months 99 <input type="radio"/> → Go to H56</p> <p style="margin-left: 40px;"> months</p>	<p>K4. What kind of business, industry or service was this? (Give full description: e.g. paper box manufacturing, retail shoe store, municipal board of education)</p> <div style="border-bottom: 1px solid black; width: 200px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; width: 200px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; width: 200px;"></div>
<p>H55. In how many of the remaining months did you look for work?</p> <p style="margin-left: 40px;">None 00 <input type="radio"/></p> <p style="margin-left: 40px;"> months</p>	<p>K5. What kind of work were you doing? (Give a full description: e.g. accounts clerk, dairy farmer, primary school teacher)</p> <p style="margin-left: 40px;">Same duties as in 1988 (Same as in G16) 9 <input type="radio"/></p> <div style="border-bottom: 1px solid black; width: 200px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; width: 200px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; width: 200px;"></div>
<p>H56. Now some questions about your retirement plans.</p>	<p>K6. How closely was that job related to your education at that time? Was it ...</p> <p style="margin-left: 40px;">closely related? 1 <input type="radio"/></p> <p style="margin-left: 40px;">somewhat related? 2 <input type="radio"/></p> <p style="margin-left: 40px;">not related at all? 3 <input type="radio"/></p>
<p>H57. At what age do you plan to retire?</p> <p style="margin-left: 40px;"> </p> <p style="margin-left: 40px;">Don't know 11 <input type="radio"/></p> <p style="margin-left: 40px;">Don't intend to retire 22 <input type="radio"/></p>	<p>K7. Did you retire because you had reached mandatory retirement age?</p> <p style="margin-left: 40px;">Yes 4 <input type="radio"/> → Go to K9</p> <p style="margin-left: 40px;">No 5 <input type="radio"/></p>
<p>H58. Do you think that mandatory retirement is a good idea?</p> <p style="margin-left: 40px;">Yes 3 <input type="radio"/> → At what age? </p> <p style="margin-left: 40px;">No 4 <input type="radio"/></p>	
<p>H59. INTERVIEWER: Go to M1</p>	

<p>K8. Did you retire ...</p> <table style="width: 100%; border: none;"> <thead> <tr> <th></th> <th style="text-align: center;">Yes</th> <th style="text-align: center;">No</th> </tr> </thead> <tbody> <tr> <td>a) Because your employer offered an early retirement incentive?</td> <td style="text-align: center;">1 <input type="radio"/></td> <td style="text-align: center;">2 <input type="radio"/></td> </tr> <tr> <td>b) Because new technology was introduced?</td> <td style="text-align: center;">3 <input type="radio"/></td> <td style="text-align: center;">4 <input type="radio"/></td> </tr> <tr> <td>c) Because your health required it?</td> <td style="text-align: center;">5 <input type="radio"/></td> <td style="text-align: center;">6 <input type="radio"/></td> </tr> <tr> <td>d) Any other reason?</td> <td style="text-align: center;">7 <input type="radio"/></td> <td style="text-align: center;">8 <input type="radio"/></td> </tr> </tbody> </table> <p style="text-align: center;">↓ (Specify)</p> <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div>		Yes	No	a) Because your employer offered an early retirement incentive?	1 <input type="radio"/>	2 <input type="radio"/>	b) Because new technology was introduced?	3 <input type="radio"/>	4 <input type="radio"/>	c) Because your health required it?	5 <input type="radio"/>	6 <input type="radio"/>	d) Any other reason?	7 <input type="radio"/>	8 <input type="radio"/>	<p>K14. What is the main reason that you now enjoy life less? Is it ... (Mark one only)</p> <p>Your health? 6 <input type="radio"/></p> <p>Decrease in income? 7 <input type="radio"/></p> <p>Less contact with people? 8 <input type="radio"/></p> <p>Other 9 <input type="radio"/></p> <p style="text-align: right;">↓ (Specify)</p> <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div>
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c) Because your health required it?	5 <input type="radio"/>	6 <input type="radio"/>														
d) Any other reason?	7 <input type="radio"/>	8 <input type="radio"/>														
<p>K9. Do you receive a pension or retirement benefits from any of your former employers?</p> <p>Yes 1 <input type="radio"/></p> <p>No 2 <input type="radio"/> → Go to K11</p>	<p>K15. Do you think mandatory retirement is a good idea?</p> <p>Yes 1 <input type="radio"/> → At what age? </p> <p>No 2 <input type="radio"/></p>															
<p>K10. Are these benefits adjusted for changes in the cost of living?</p> <p>Yes 3 <input type="radio"/></p> <p>No 4 <input type="radio"/></p> <p>Don't know 5 <input type="radio"/></p>	<p>K16. Now I will ask you some questions about your work activities during the last five years, that is, since January 1984.</p>															
<p>K11. Compared to the year before you retired, do you now enjoy life more, less or about the same?</p> <p>More 6 <input type="radio"/></p> <p>Less 7 <input type="radio"/> → Go to K14</p> <p>About the same 8 <input type="radio"/> → Go to K15</p>	<p>K17. Between January 1984 and December 1988, did you do any work at a job or business?</p> <p>Yes 3 <input type="radio"/></p> <p>No 4 <input type="radio"/> → Go to K37</p>															
<p>K12. What is the main reason that you now enjoy life more? Is it ... (Mark one only)</p> <p>More leisure time? 1 <input type="radio"/></p> <p>More travel? 2 <input type="radio"/></p> <p>More time with family? 3 <input type="radio"/></p> <p>More time for voluntary activities? 4 <input type="radio"/></p> <p>Other 5 <input type="radio"/></p> <p style="text-align: right;">↓ (Specify)</p> <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div>	<p>K18. In 1988, how many days did you do any work for pay? (Since retired if retired in 1988)</p> <p>None 000 <input type="radio"/></p> <p> days</p>															
<p>K13. INTERVIEWER: Go to K15</p>	<p>K19. During 1984, what best describes your MAIN activity? Were you mainly ... (Mark one only)</p> <p>Working at a job or business? 1 <input type="radio"/> → Go to K25</p> <p>Looking for work? 2 <input type="radio"/></p> <p>A student? 3 <input type="radio"/></p> <p>Keeping house? 4 <input type="radio"/></p> <p>Retired? 5 <input type="radio"/></p> <p>Other 6 <input type="radio"/></p> <p style="text-align: right;">↓ (Specify)</p> <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div>															
	<p>K20. Did you have a job or were you self-employed at any time during 1984?</p> <p>Yes 7 <input type="radio"/> → Go to K25</p> <p>No 8 <input type="radio"/></p>															
	<p>K21. Did you work at any time between January 1984 and December 1988?</p> <p>Yes 1 <input type="radio"/> → Go to K28</p> <p>No 2 <input type="radio"/></p>															

<p>K22. Did you look for work in any month between January 1984 and December 1988?</p> <p>Yes 3 <input type="radio"/></p> <p>No 4 <input type="radio"/> → Go to M1</p>	<p>K30. Why did this happen? (Mark all that apply)</p> <p>An employer going out of business 3 <input type="radio"/></p> <p>A plant closing or moving 4 <input type="radio"/></p> <p>The introduction of new technology 5 <input type="radio"/></p> <p>Reduction of staff 6 <input type="radio"/></p> <p>Seasonal job 7 <input type="radio"/></p> <p>Shortage of work 8 <input type="radio"/></p> <p>Other 9 <input type="radio"/></p> <p style="text-align: right;">↓ (Specify)</p> <p>_____</p> <p>_____</p>
<p>K23. There were 60 months between January 1984 and December 1988. In how many of those months did you look for work?</p> <p><input type="text"/> months</p>	<p>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.</p> <p><input type="text"/> jobs</p>
<p>K24. INTERVIEWER: Go to M1</p>	<p>K32. There were 60 months between January 1984 and December 1988. In how many of those months were you working at a job or business? (Include vacation, illness, strikes, lock-outs and maternity leave)</p> <p>60 months 99 <input type="radio"/> → Go to M1</p> <p><input type="text"/> months</p>
<p>K25. For whom did you work the longest time during 1984? (Name of business, government department or agency, or person)</p> <p>Same employer as retired from (Same as in K3) 5 <input type="radio"/> → Go to K27</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>K33. Did you look for work in any of the remaining months?</p> <p>Yes 1 <input type="radio"/></p> <p>No 2 <input type="radio"/> → Go to M1</p>
<p>K26. What kind of business, industry or service was this? (Give full description: e.g. paper box manufacturing, retail shoe store, municipal board of education)</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>K34. In how many of those remaining months did you look for work?</p> <p><input type="text"/> months</p>
<p>K27. What kind of work were you doing in 1984? (Give a full description: e.g. accounts clerk, dairy farmer, primary school teacher)</p> <p>Same duties as retired from (Same as in K5) 6 <input type="radio"/></p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>K35. INTERVIEWER: Go to M1</p>
<p>K28. How closely was that job related to your education at that time? Was it ...</p> <p>closely related? 7 <input type="radio"/></p> <p>somewhat related? 8 <input type="radio"/></p> <p>not related at all? 9 <input type="radio"/></p>	<p>K36. Do you think mandatory retirement is a good idea?</p> <p>Yes 3 <input type="radio"/> → At what age? <input type="text"/></p> <p>No 4 <input type="radio"/></p>
<p>K29. Other than the job you retired from, did you lose a job between January 1984 and December 1988 for any reason?</p> <p>Yes 1 <input type="radio"/></p> <p>No 2 <input type="radio"/> → Go to K31</p>	<p>K37. During 1984, what best describes your MAIN activity? Were you mainly ... (Mark one only)</p> <p>Looking for work? 5 <input type="radio"/> → Go to K39</p> <p>A student? 8 <input type="radio"/></p> <p>Keeping house? 7 <input type="radio"/></p> <p>Retired? 8 <input type="radio"/></p> <p>Other 9 <input type="radio"/></p> <p style="text-align: right;">↓ (Specify)</p> <p>_____</p> <p>_____</p>

K38. Did you look for work in any month between January 1984 and December 1988?

Yes 1 ☐
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?

months

K40. INTERVIEWER: Go to M1

L SECTION L: Other persons

L1. Were you mainly looking for a full-time or part-time job?

Full-time 1 ☐
Part-time 2 ☐
Either 3 ☐

L2. What are the chances that you will find a job in the next six months? Are they ...

Very good? 4 ☐
Good? 5 ☐
Not good? 6 ☐
Not very good? 7 ☐
Has already found work 8 ☐

L3. INTERVIEWER: Go to L7

L4. Are you satisfied or dissatisfied to be keeping house as your main activity?

Is that somewhat or very?
Somewhat Very
Satisfied 1 ☐ → 2 ☐ 3 ☐
Dissatisfied 4 ☐ → 5 ☐ 6 ☐
No opinion 7 ☐

L5. Would you like to have a paying job now?

Yes 8 ☐
No 9 ☐ → Go to L7

L6. Do you not have a paying job ...

	Yes	No	N/A
a) Because jobs are unavailable or hard to find?	01 <input type="radio"/>	02 <input type="radio"/>	
b) Because you lack skills or qualifications?	03 <input type="radio"/>	04 <input type="radio"/>	
c) Because of your own illness or disability?	05 <input type="radio"/>	06 <input type="radio"/>	
d) Because you can't find suitable child care?	07 <input type="radio"/>	08 <input type="radio"/>	09 <input type="radio"/>
e) Because you prefer to stay home with children?	10 <input type="radio"/>	11 <input type="radio"/>	12 <input type="radio"/>
f) Because your spouse wants you to stay home?	13 <input type="radio"/>	14 <input type="radio"/>	15 <input type="radio"/>
g) Because of personal or family responsibilities?	16 <input type="radio"/>	17 <input type="radio"/>	18 <input type="radio"/>
h) Any other reasons?	19 <input type="radio"/>	20 <input type="radio"/>	

(Specify)

L7. Now I will ask you some questions about your work activities during the last five years, that is, since January 1984.

L8. During 1984, what best describes your MAIN activity? Were you mainly ...
(Mark one only)

Working at a job or business? 1 ☐ → Go to L16
Looking for work? 2 ☐
A student? 3 ☐
Keeping house? 4 ☐
Retired? 5 ☐
Other 6 ☐

(Specify)

L9. Did you have a job or were you self-employed at any time during 1984?

Yes 7 ☐ → Go to L16
No 8 ☐

L10. Did you work at any time between January 1984 and December 1988?

Yes 1 ☐ → Go to L14
No 2 ☐

L11. Did you look for work in any month between January 1984 and December 1988?

Yes 3 ☐
No 4 ☐ → Go to L27

L12. There were 60 months between January 1984 and December 1988. In how many of those months did you look for work?

months

L13. INTERVIEWER: Go to L27

L14. What kind of work did you usually do?

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

L15. INTERVIEWER: Go to L19

L16. For whom did you work the longest time during 1984?

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

Same employer as in 1988

(Same as in G14) 5 ☐ → Go to L18

<p>L17. What kind of business, industry or service was this? <i>(Give full description: e.g. paper box manufacturing, retail shoe store, municipal board of education)</i></p> <div style="border: 1px solid black; height: 20px; width: 100%; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 20px; width: 100%; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<p>L23. Between January 1984 and December 1988, how many different jobs did you have? By different jobs we mean different duties with the same employer, or different employers.</p> <div style="border: 1px solid black; width: 40px; display: inline-block; margin-right: 5px;"></div> jobs
<p>L18. What kind of work were you doing in 1984? <i>(Give a full description: e.g. accounts clerk, dairy farmer, primary school teacher)</i></p> <p>Same duties as in 1988 <i>(Same as in G16)</i> 6 <input type="radio"/></p> <div style="border: 1px solid black; height: 20px; width: 100%; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 20px; width: 100%; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<p>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>(Include vacation, illness, strikes, lock-outs and maternity leave)</i></p> <p>60 months 88 <input type="radio"/> → Go to L27</p> <div style="border: 1px solid black; width: 40px; display: inline-block; margin-right: 5px;"></div> months
<p>L19. How closely was that job related to your education at that time? Was it ...</p> <p>closely related? 7 <input type="radio"/></p> <p>somewhat related? 8 <input type="radio"/></p> <p>not related at all? 9 <input type="radio"/></p>	<p>L25. Did you look for work in any of the remaining months?</p> <p>Yes 1 <input type="radio"/></p> <p>No 2 <input type="radio"/> → Go to L27</p>
<p>L20. Considering your experience, education and training, do you feel that you have been overqualified for most of your jobs?</p> <p>Yes 1 <input type="radio"/></p> <p>No 2 <input type="radio"/></p>	<p>L26. In how many of those remaining months did you look for work?</p> <div style="border: 1px solid black; width: 40px; display: inline-block; margin-right: 5px;"></div> months
<p>L21. Did you lose a job between January 1984 and December 1988 for any reason?</p> <p>Yes 3 <input type="radio"/></p> <p>No 4 <input type="radio"/> → Go to L23</p>	<p>L27. Do you intend to work at a job in the future?</p> <p>Yes 3 <input type="radio"/></p> <p>No 4 <input type="radio"/> → Go to L29</p>
<p>L22. Why did this happen? <i>(Mark all that apply)</i></p> <p>An employer going out of business 1 <input type="radio"/></p> <p>A plant closing or moving 2 <input type="radio"/></p> <p>The introduction of new technology 3 <input type="radio"/></p> <p>Reduction of staff 4 <input type="radio"/></p> <p>Seasonal job 5 <input type="radio"/></p> <p>Shortage of work 6 <input type="radio"/></p> <p>Other 7 <input type="radio"/></p> <p style="text-align: center;">↓</p> <p style="text-align: center;">(Specify)</p> <div style="border: 1px solid black; height: 20px; width: 100%; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<p>L28. At what age do you plan to retire?</p> <p>Don't know 11 <input type="radio"/></p> <p>Don't intend to retire 22 <input type="radio"/></p>
<p>L29. Do you think that mandatory retirement is a good idea?</p> <p>Yes 3 <input type="radio"/> → At what age? <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div></p> <p>No 4 <input type="radio"/></p>	

M SECTION M: Organizations

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

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

M2. INTERVIEWER:

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

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

- Zero 00 ☐
 or
 [] [] hours

M4. Are you a member of a labour union?

- Yes 3 ☐
 No 4 ☐ → Go to N1

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

- Zero 00 ☐
 or
 [] [] hours

N SECTION N: Satisfaction

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

N2. Would you describe yourself as ...

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

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

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

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

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

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

P16. What language did you first speak in childhood?

(Accept multiple response only if languages were used equally)

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

Yes No

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

(Specify)

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

(Accept multiple response only if languages are spoken equally)

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

(Specify)

P18. What, if any, is your religion?

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

(Specify)

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

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

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

(Accept multiple responses)

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

(Specify)

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

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

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

[illegible]

99. COMMENTS

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

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:

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

Sample

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

Each computer generated telephone number in the sample is called and an interviewer completes a Control Form. When they contact a private household, all the members of the household are enumerated and then one member 15 years and over is randomly selected and interviewed.

The target sample size for the survey was originally 10,000 individuals 15 years of age and older. In addition, there was an extra sample of approximately 2,000 for the province of Ontario that was funded by the provincial government in order to provide more detailed and reliable data for that province. In total, the sample interviewed using random digit dialing techniques is expected to be about 12,000.

Cycle 5 also includes an oversample of the elderly. The telephone numbers for the elderly sample were drawn from the groups that rotated out of the Labour Force Survey (LFS) in the month of December, and in addition, October and November for the province of Ontario. All households thought to contain at least one individual 65 years and older were contacted. Household members were enumerated and then a random selection was made of all those aged 65 years and over to determine who should be interviewed. Approximately 2,100 additional telephone interviews are expected from this oversample.

Cycle 5's total sample is expected to be 14,000 interviews.

February 1990



General Social Survey
Control Form

Enquête sociale générale
Formule de contrôle

CONFIDENTIAL
when completed

CONFIDENTIEL
une fois rempli

1: 2:

3: 4: 5:

TELEPHONE NUMBER LABEL
ÉTIQUETTE NUMÉRO DE TÉLÉPHONE

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

Declaration exigée en vertu de la
Loi sur la statistique,
Lois révisées du Canada,
1985, chapitre S19.

RECORD OF CALLS - REGISTRE DES APPELS										
10	11 Date		12 Start Début		13 Finish Fin		14 Result Résultat	15 Interviewer's Name Nom de l'intervieweur	16 Comments Remarques	
	Day Jour	Month Mois	Hour Heure	Min. Min.	Hour Heure	Min. Min.				
01										
02										
03										
04										
05										
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22										
23										
24										
25										

17. Call Coverage by Time of Day and Day of Week
Appels selon l'heure et le jour

Time Period Heure	Mon. Lun.	Tues. Mar.	Wed. Mer.	Thur. Jeu.	Fri. Ven.	Sat. Sam.
09:00 - 12:00						
12:01 - 16:00						
16:01 - 19:00						
19:01 - 21:00						

18. Forms Control
Contrôle des formules

Form Formule	Number of forms Nombre de formules
GSS/ESG 5-1	<input type="text"/>
GSS/ESG 5-2	<input type="text"/>

19. Interviewer Number
N° de l'intervieweur

Senior Interviewer
Only
Intervieweur principal
seulement

20. Final Status
Etat final

<p>30. Hello, I'm from Statistics Canada. I'm calling you for a survey on family and friends. (My supervisor is working with me today and may listen to the interview to evaluate the survey.)</p>	<p>Bonjour, ici de Statistique Canada. Nous vous appelons concernant une enquête sur la famille et les amis. (Mon surveillant travaille avec moi aujourd'hui. Il se peut qu'il écoute notre conversation pour évaluer l'enquête.)</p>
<p>31. I'd like to make sure that I've dialed the right number. Is this (read number)?</p> <p>Yes <input type="radio"/></p> <p>No <input type="radio"/> → Dial again, if still wrong, END</p>	<p>J'aimerais m'assurer que j'ai composé le bon numéro. S'agit-il du n° (lire le numéro)?</p> <p>Oui <input type="radio"/></p> <p>Non <input type="radio"/> → Composez de nouveau. S'il s'agit encore d'un mauvais numéro, METTEZ FIN À L'INTERVIEW.</p>
<p>32. All information we collect in this voluntary survey will be kept confidential. Your participation is essential if the survey results are to be accurate.</p>	<p>Tous les renseignements que vous fournirez pour cette enquête volontaire resteront confidentiels. Votre participation est essentielle afin que les résultats soient précis.</p>
<p>33. Is this the number for a business, an institution or a private home?</p> <p>Private home <input type="radio"/> } → Go to 36</p> <p>Both home and business <input type="radio"/> }</p> <p>Business, institution or other non residence <input type="radio"/></p>	<p>S'agit-il du numéro d'une entreprise, d'un établissement ou d'une maison privée?</p> <p>Maison privée <input type="radio"/> } → Passez à 36</p> <p>Entreprise et maison privée <input type="radio"/></p> <p>Entreprise, établissement ou autre immeuble non résidentiel <input type="radio"/></p>
<p>34. Does anyone use this telephone number as a home phone number?</p> <p>Yes <input type="radio"/></p> <p>No <input type="radio"/> → Thank respondent and END</p>	<p>Quelqu'un utilise-t-il ce numéro de téléphone comme numéro personnel?</p> <p>Oui <input type="radio"/></p> <p>Non <input type="radio"/> → Remerciez le répondant et METTEZ FIN À L'INTERVIEW.</p>
<p>35. How many persons live or stay at this address and use this number as a home phone number?</p> <p>Less than 15 ... <input type="radio"/></p> <p>15 or more <input type="radio"/> → Make appointment.</p>	<p>Combien de personnes vivent ou demeurent à cette adresse et utilisent ce numéro de téléphone comme numéro personnel?</p> <p>Moins de 15 <input type="radio"/></p> <p>15 ou plus . <input type="radio"/> → Fixez un rendez-vous.</p>
<p>36. I need to select one person from your household for an interview. Starting with the oldest, what is the name and age of each person living or staying there who has no usual place of residence elsewhere?</p> <p>(Enter names and ages in items 42 and 44.)</p>	<p>Je dois choisir une personne de votre ménage pour une interview. En commençant par la personne la plus âgée du ménage, quel est le nom et l'âge de chaque personne qui vit ou demeure à cet endroit et qui n'a pas d'autre lieu habituel de résidence.</p> <p>(Inscrivez le nom et l'âge aux rubriques 42 et 44.)</p>
<p>37. INTERVIEWER: Complete items 45 through 51 for each person recorded in item 42.</p> <p>Refer to Interviewer Reference Card for instructions and codes.</p> <p>Then go to item 60.</p>	<p>INTERVIEWEUR: Remplissez les rubriques 45 à 51 pour chaque personne inscrite à la rubrique 42.</p> <p>Pour les instructions et les codes, voir la Fiche de référence de l'intervieweur.</p> <p>Puis, passez à la rubrique 60.</p>

1: [] [] [] - [] [] [] - [] [] [] 2: []

SELECTION GRID LABEL
ÉTIQUETTE GRILLE DE SÉLECTION

A = Eligible Household Members Membres admissibles du ménage

B = Selection Number Numéro de sélection

40.	41.	42.	43.	44.
Page	Line	Names of Household Members	Sel. No.	Age
Page	Ligne	Noms des membres du ménage	No de Sél.	Âge
	1			
	2			
	3			
	4			
	5			
	6			
	7			
	8			

60. INTERVIEWER: Enter the Page-Line Number of person giving the preceding information <div style="border: 1px solid black; display: inline-block; width: 100px; height: 20px; margin-top: 10px;"></div> Page-Line Number of household respondent	INTERVIEWEUR: Inscrivez le numéro de page-ligne de la personne qui donne les renseignements précédents ... <div style="border: 1px solid black; display: inline-block; width: 100px; height: 20px; margin-top: 10px;"></div> Numéro de page-ligne du répondant du ménage
61. Are there any persons away from this household attending school, visiting, travelling or in the hospital who USUALLY live there? Yes <input type="radio"/> → Enter names and complete items 44 through 51. No <input type="radio"/>	Y a-t-il d'autres personnes qui sont absentes du ménage parce qu'elles sont aux études, en visite, en voyage ou à l'hôpital mais qui demeurent HABITUELLEMENT là? Oui <input type="radio"/> → Inscrivez leur nom et remplissez les rubriques 44 à 51. Non <input type="radio"/>
62. Does anyone else live there, such as other relatives, roomers, boarders or employees? Yes <input type="radio"/> → Enter names and complete items 44 through 51. No <input type="radio"/>	Y a-t-il d'autres personnes qui demeurent là, par exemple des personnes apparentées, des chambreurs, des pensionnaires ou des employés? Oui <input type="radio"/> → Inscrivez leur nom et remplissez les rubriques 44 à 51. Non <input type="radio"/>
63. INTERVIEWER: In item 43 number the persons 15 years of age and over in order from oldest to youngest. Enter number of eligible household members... <div style="border: 1px solid black; display: inline-block; width: 100px; height: 20px; margin-top: 10px;"></div> Number of eligible household members	INTERVIEWEUR: À la rubrique 43, attribuez un numéro aux personnes âgées de 15 ans et plus - de la plus âgée à la plus jeune. Inscrivez le nombre de personnes admissibles du ménage ... <div style="border: 1px solid black; display: inline-block; width: 100px; height: 20px; margin-top: 10px;"></div> Nombre de personnes admissibles du ménage
64. INTERVIEWER: Determine the selected respondent by referring to the Selection Grid Label. In item 43 circle the selection number of the selected respondent and enter Page-Line Number ... <div style="border: 1px solid black; display: inline-block; width: 100px; height: 20px; margin-top: 10px;"></div> Page-Line Number of selected respondent	INTERVIEWEUR: Déterminez le répondant sélectionné en utilisant l'étiquette grille de sélection. À la rubrique 43, encerclez le numéro de sélection du répondant sélectionné et inscrivez le numéro de page-ligne ... <div style="border: 1px solid black; display: inline-block; width: 100px; height: 20px; margin-top: 10px;"></div> Numéro de page-ligne du répondant sélectionné
65. The person I am to interview is (read name). (Is he/she there?) Yes <input type="radio"/> → Go to Form GSS 5-2 and begin interview. No <input type="radio"/> → Set up appointment and enter details in item 16.	La personne que je vais interviewer est (lisez le nom). (Est-Il/elle là?) Oui <input type="radio"/> → Passez à la formule ESG 5-2 et commencez l'interview. Non <input type="radio"/> → Fixez un rendez-vous et inscrivez les détails à la rubrique 16.

45. Sex		46. What is ... 's marital status?					47. Family Identifier	48. What is ... 's relationship to ... (Head of Family)?	Page-Line Number of: Numéro de page-ligne de:		
Sexe		Quel est l'état matrimonial de ... ?					Code-famille	Quel est le lien de ... avec ... (chef de famille)?	49. Spouse / Partner	50. Mother	51. Father
M	F	M	W/V	Div.	Sep.	Cel.			Conjoint / partenaire	Mère	Père
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="checkbox"/> If "0", specify - Si "0", précisez	<div style="border: 1px solid black; display: inline-block; width: 40px; height: 20px;"></div>	<div style="border: 1px solid black; display: inline-block; width: 40px; height: 20px;"></div>	<div style="border: 1px solid black; display: inline-block; width: 40px; height: 20px;"></div>
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<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="checkbox"/> If "0", specify - Si "0", précisez	<div style="border: 1px solid black; display: inline-block; width: 40px; height: 20px;"></div>	<div style="border: 1px solid black; display: inline-block; width: 40px; height: 20px;"></div>	<div style="border: 1px solid black; display: inline-block; width: 40px; height: 20px;"></div>
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<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="checkbox"/> If "0", specify - Si "0", précisez	<div style="border: 1px solid black; display: inline-block; width: 40px; height: 20px;"></div>	<div style="border: 1px solid black; display: inline-block; width: 40px; height: 20px;"></div>	<div style="border: 1px solid black; display: inline-block; width: 40px; height: 20px;"></div>
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<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="checkbox"/> If "0", specify - Si "0", précisez	<div style="border: 1px solid black; display: inline-block; width: 40px; height: 20px;"></div>	<div style="border: 1px solid black; display: inline-block; width: 40px; height: 20px;"></div>	<div style="border: 1px solid black; display: inline-block; width: 40px; height: 20px;"></div>

RECORD OF CALLS - REGISTRE DES APPELS									
10	11 Date		12 Start Début		13 Finish Fin		14 Result Résultat	15 Interviewer's Name Nom de l'intervieweur	16 Comments Remarques
	Day Jour	Month Mois	Hour Heure	Min. Min.	Hour Heure	Min. Min.			
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Statistics
Canada

Statistique
Canada

Interviewer's Name

1: - - Telephone Number

5: Label Identification Number

Page-Line Number

1 Type

GSS 5-2

Confidential when completed

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

GENERAL SOCIAL SURVEY

FAMILY AND FRIENDS

QUESTIONNAIRE

AGES 15 YEARS AND OVER

A SECTION A: Parents and grandparents													
<p>A0. INTERVIEWER:</p> <p><i>Repeat the introduction below if selected respondent is different from household respondent.</i></p> <p>Hello, I'm from Statistics Canada. I'm calling you for a survey on family and friends.</p> <p>All the information we collect in this voluntary survey will be kept confidential. Your participation is essential if the survey results are to be accurate.</p>	<p>A8. Does she live within ...</p> <p>10 km (6 miles or 10 minutes by car)? ... 1 <input type="radio"/></p> <p>50 km (30 miles or 30 minutes by car)? ... 2 <input type="radio"/></p> <p>100 km (60 miles or 1 hour by car)? ... 3 <input type="radio"/></p> <p>200 km (120 miles or 2 hours by car)? ... 4 <input type="radio"/></p> <p>400 km (240 miles or 4 hours by car)? ... 5 <input type="radio"/></p> <p>1000 km (600 miles or 10 hours by car)? ... 6 <input type="radio"/></p> <p>Beyond 1000 km and living in Canada or United States (more than 600 miles or 10 hours by car)? ... 7 <input type="radio"/></p> <p>Outside Canada or United States? ... 8 <input type="radio"/></p> <p>Don't know ... 9 <input type="radio"/></p>												
<p>A1. The following questions are about your parents and grandparents.</p>	<p>A9. During the past 12 months how often did you see your mother? Did you see her ...</p> <p>Daily? ... 1 <input type="radio"/></p> <p>At least once a week? ... 2 <input type="radio"/></p> <p>At least once a month? ... 3 <input type="radio"/></p> <p>Less than once a month? ... 4 <input type="radio"/></p> <p>Not at all? ... 5 <input type="radio"/> → GO TO A11</p>												
<p>A2. In what country was your mother born?</p> <p>Canada 1 <input type="radio"/> → In which province or territory?</p> <p>Newfoundland ... 01 <input type="radio"/></p> <p>Prince Edward Island ... 02 <input type="radio"/></p> <p>Nova Scotia ... 03 <input type="radio"/></p> <p>New Brunswick ... 04 <input type="radio"/></p> <p>Quebec ... 05 <input type="radio"/></p> <p>Ontario ... 06 <input type="radio"/></p> <p>Manitoba ... 07 <input type="radio"/></p> <p>Saskatchewan ... 08 <input type="radio"/></p> <p>Alberta ... 09 <input type="radio"/></p> <p>British Columbia ... 10 <input type="radio"/></p> <p>Yukon Territory ... 11 <input type="radio"/></p> <p>Northwest Territories ... 12 <input type="radio"/></p> <p>Country outside Canada 2 <input type="radio"/> → Specify</p> <p>_____</p> <p>_____</p>	<p>A10. Did you usually see her ...</p> <p>At your home? ... 6 <input type="radio"/></p> <p>At her usual place of residence? ... 7 <input type="radio"/></p> <p>Somewhere else? ... 8 <input type="radio"/> ↓ Specify</p> <p>_____</p> <p>_____</p> <p>Equally at both residences ... 9 <input type="radio"/></p>												
<p>A3. Is your mother still living?</p> <p>Yes ... 3 <input type="radio"/></p> <p>No ... 4 <input type="radio"/> ↓ When did she die?</p> <p>_____ year</p> <p>Don't know 98 <input type="radio"/> } GO TO A22</p> <p>Don't know 5 <input type="radio"/> → GO TO A22</p>	<p>A11. Do you see your mother ...</p> <p>Less often than you would like? ... 1 <input type="radio"/></p> <p>More often than you would like? ... 2 <input type="radio"/> } GO TO A13</p> <p>About the right amount? ... 3 <input type="radio"/></p>												
<p>A4. How old is your mother?</p> <p>_____ years</p> <p>Don't know 00 <input type="radio"/></p>	<p>A12. What prevents you from seeing her more often?</p> <p>(Mark all that apply)</p> <p>Distance ... 01 <input type="radio"/></p> <p>Poor relationship with her ... 02 <input type="radio"/></p> <p>Shortage of your time ... 03 <input type="radio"/></p> <p>Shortage of her time ... 04 <input type="radio"/></p> <p>Your health problems ... 05 <input type="radio"/></p> <p>Her health problems ... 06 <input type="radio"/></p> <p>Financial reasons ... 07 <input type="radio"/></p> <p>Transportation problems ... 08 <input type="radio"/></p> <p>Other family responsibilities ... 09 <input type="radio"/></p> <p>Other ... 10 <input type="radio"/> ↓ Specify</p> <p>_____</p> <p>_____</p> <p>No particular reason ... 11 <input type="radio"/></p>												
<p>A5. Does your mother live ...</p> <p>In this household? ... 6 <input type="radio"/> → GO TO A15</p> <p>In another household? ... 7 <input type="radio"/></p> <p>In an institution? ... 8 <input type="radio"/> → GO TO A8</p>													
<p>A6. Does she live alone?</p> <p>Yes ... 1 <input type="radio"/> → GO TO A8</p> <p>No ... 2 <input type="radio"/></p>													
<p>A7. Does she live ...</p> <table style="width: 100%;"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>With her spouse/partner? ...</td> <td>3 <input type="radio"/></td> <td>4 <input type="radio"/></td> </tr> <tr> <td>With any of her children? ...</td> <td>5 <input type="radio"/></td> <td>6 <input type="radio"/></td> </tr> <tr> <td>With others? ...</td> <td>7 <input type="radio"/></td> <td>8 <input type="radio"/></td> </tr> </tbody> </table>		Yes	No	With her spouse/partner? ...	3 <input type="radio"/>	4 <input type="radio"/>	With any of her children? ...	5 <input type="radio"/>	6 <input type="radio"/>	With others? ...	7 <input type="radio"/>	8 <input type="radio"/>	
	Yes	No											
With her spouse/partner? ...	3 <input type="radio"/>	4 <input type="radio"/>											
With any of her children? ...	5 <input type="radio"/>	6 <input type="radio"/>											
With others? ...	7 <input type="radio"/>	8 <input type="radio"/>											

<p>A13. During the past 12 months, how often did you have contact by letter or telephone with her? Was it ...</p> <p>Daily? 4 <input type="radio"/></p> <p>At least once a week? 5 <input type="radio"/></p> <p>At least once a month? 6 <input type="radio"/></p> <p>Less than once a month? 7 <input type="radio"/></p> <p>Not at all? 8 <input type="radio"/></p>	<p>A22. In what country was your father born?</p> <p>Canada 1 <input type="radio"/> → In which province or territory?</p> <p>Newfoundland 01 <input type="radio"/></p> <p>Prince Edward Island 02 <input type="radio"/></p> <p>Nova Scotia 03 <input type="radio"/></p> <p>New Brunswick 04 <input type="radio"/></p> <p>Quebec 05 <input type="radio"/></p> <p>Ontario 06 <input type="radio"/></p> <p>Manitoba 07 <input type="radio"/></p> <p>Saskatchewan 08 <input type="radio"/></p> <p>Alberta 09 <input type="radio"/></p> <p>British Columbia 10 <input type="radio"/></p> <p>Yukon Territory 11 <input type="radio"/></p> <p>Northwest Territories 12 <input type="radio"/></p> <p>Country outside Canada 2 <input type="radio"/> Specify</p> <p>_____</p> <p>_____</p>												
<p>A14. INTERVIEWER:</p> <p>GO TO A22</p>	<p>A23. Is your father still living?</p> <p>Yes 3 <input type="radio"/></p> <p>No 4 <input type="radio"/></p> <p style="margin-left: 100px;">When did he die?</p> <p style="margin-left: 100px;"> <input type="text"/> <input type="text"/> year → GO TO A45 Don't know 98 <input type="radio"/> → GO TO A45 Don't know 5 <input type="radio"/> → GO TO A45 </p>												
<p>A15. During the past 12 months, what best describes your mother's MAIN activity? Was she mainly ...</p> <p>Working at a job or business? 1 <input type="radio"/> → GO TO A18</p> <p>Looking for work? 2 <input type="radio"/> → GO TO A17</p> <p>A student? 3 <input type="radio"/></p> <p>Keeping house? 4 <input type="radio"/></p> <p>Retired? 5 <input type="radio"/> } GO TO A17</p> <p>Other 6 <input type="radio"/> } GO TO A17</p> <p style="margin-left: 100px;">Specify</p> <p>_____</p> <p>_____</p>	<p>A24. How old is your father?</p> <p><input type="text"/> <input type="text"/> years</p> <p>Don't know 00 <input type="radio"/></p>												
<p>A16. Was she studying full-time or part-time?</p> <p>Full-time 7 <input type="radio"/></p> <p>Part-time 8 <input type="radio"/></p>	<p>A25. Does your father live in this household?</p> <p>Yes 6 <input type="radio"/> → GO TO A38</p> <p>No 7 <input type="radio"/></p>												
<p>A17. Did your mother have a job or was she self-employed at any time during the past 12 months?</p> <p>Yes 1 <input type="radio"/></p> <p>No 2 <input type="radio"/> → GO TO A22</p>	<p>A26. INTERVIEWER CHECK ITEM:</p> <p>Review A3.</p> <p>Is the respondent's mother still living (A3 = Yes)?</p> <p>Yes 1 <input type="radio"/></p> <p>No 2 <input type="radio"/> → GO TO A28</p>												
<p>A18. Including vacation, illness, strikes, lock-outs and maternity leave, for how many weeks during the past 12 months did she work at a job or business?</p> <p><input type="text"/> <input type="text"/> weeks</p>	<p>A27. Do your mother and father live together?</p> <p>Yes 3 <input type="radio"/> → GO TO A45</p> <p>No 4 <input type="radio"/></p>												
<p>A19. During those weeks, was her work mainly full-time or part-time?</p> <p>Full-time 3 <input type="radio"/></p> <p>Part-time 4 <input type="radio"/></p>	<p>A28. Does your father live ...</p> <p>In another household? 5 <input type="radio"/></p> <p>In an institution? 6 <input type="radio"/> → GO TO A31</p>												
<p>A20. Did she regularly work evening or night shifts?</p> <p>Yes 5 <input type="radio"/></p> <p>No 6 <input type="radio"/></p>	<p>A29. Does he live alone?</p> <p>Yes 7 <input type="radio"/> → GO TO A31</p> <p>No 8 <input type="radio"/></p>												
<p>A21. Did she regularly work on Saturday or Sunday?</p> <p>Yes 7 <input type="radio"/></p> <p>No 8 <input type="radio"/></p>	<p>A30. Does he live ...</p> <table style="width: 100%;"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>With his spouse/partner? ... 4 <input type="radio"/></td> <td>5 <input type="radio"/></td> <td></td> </tr> <tr> <td>With any of his children? ... 6 <input type="radio"/></td> <td>7 <input type="radio"/></td> <td></td> </tr> <tr> <td>With others? 8 <input type="radio"/></td> <td>9 <input type="radio"/></td> <td></td> </tr> </tbody> </table>		Yes	No	With his spouse/partner? ... 4 <input type="radio"/>	5 <input type="radio"/>		With any of his children? ... 6 <input type="radio"/>	7 <input type="radio"/>		With others? 8 <input type="radio"/>	9 <input type="radio"/>	
	Yes	No											
With his spouse/partner? ... 4 <input type="radio"/>	5 <input type="radio"/>												
With any of his children? ... 6 <input type="radio"/>	7 <input type="radio"/>												
With others? 8 <input type="radio"/>	9 <input type="radio"/>												

<p>A46. How old were you when you last lived with one or both your parents?</p> <p><input type="text"/> years</p>	<p>SECTION B: Brothers and sisters</p>	<p>8</p>
<p>A47. What was the main reason for your move?</p> <p>Was it ...</p> <p>To get married? 3 <input type="radio"/></p> <p>To move because of a job? 4 <input type="radio"/></p> <p>To attend school? 5 <input type="radio"/></p> <p>To be independent / move into own place? 6 <input type="radio"/></p> <p>For some other reason? 7 <input type="radio"/></p>	<p>B1. The following questions are about your brothers and sisters. Include step-, adopted and half-brothers and sisters.</p>	
<p>A48. INTERVIEWER: GO TO A53</p>	<p>B2. How many brothers and sisters did you have? Include those who may have died.</p> <p><input type="text"/> <input type="text"/> <input type="text"/></p> <p>None 100 <input type="radio"/> → GO TO C1</p>	
<p>A49. Have you always lived with at least one of your parents?</p> <p>Yes 8 <input type="radio"/> → GO TO A53</p> <p>No 9 <input type="radio"/></p>	<p>B3. How many brothers do you have still living?</p> <p><input type="text"/> <input type="text"/> brother(s) living</p> <p>None 200 <input type="radio"/> → GO TO B5</p>	
<p>A50. How old were you when you last left home to live on your own?</p> <p><input type="text"/> years</p>	<p>B4. How many of your (living) brothers are older than you?</p> <p><input type="text"/> <input type="text"/> brother(s) older</p> <p>None 300 <input type="radio"/></p>	
<p>A51. What was the main reason for this move?</p> <p>Was it ...</p> <p>To get married? 1 <input type="radio"/></p> <p>To move because of a job? 2 <input type="radio"/></p> <p>To attend school? 3 <input type="radio"/></p> <p>To be independent / move into own place? 4 <input type="radio"/></p> <p>For some other reason? 5 <input type="radio"/></p>	<p>B5. How many sisters do you have still living?</p> <p><input type="text"/> <input type="text"/> sister(s) living</p> <p>None 400 <input type="radio"/> → GO TO B7</p>	
<p>A52. When did you start living with your parents again?</p> <p>19 <input type="text"/></p>	<p>B6. How many of your (living) sisters are older than you?</p> <p><input type="text"/> <input type="text"/> sister(s) older</p> <p>None 500 <input type="radio"/></p>	
<p>A53. Are any of your grandparents still living?</p> <p>Yes ... 1 <input type="radio"/> → Who?</p> <p>Mother's mother 3 <input type="radio"/></p> <p>Mother's father 4 <input type="radio"/></p> <p>Father's mother 5 <input type="radio"/></p> <p>Father's father 6 <input type="radio"/></p> <p>No ... 2 <input type="radio"/> → GO TO B1</p>	<p>B7. INTERVIEWER CHECK ITEM: Review B3 and B5. Does the respondent have any living brothers or sisters?</p> <p>Yes 1 <input type="radio"/></p> <p>No 2 <input type="radio"/> → GO TO C1</p>	
<p>A54. Do any of them live outside this household?</p> <p>Yes 7 <input type="radio"/></p> <p>No 8 <input type="radio"/> → GO TO B1</p>	<p>B8. Do you have any brothers or sisters living outside this household?</p> <p>Yes 3 <input type="radio"/></p> <p>No 4 <input type="radio"/> → GO TO C1</p>	
<p>A55. The next questions concern your grandparents living outside this household.</p>	<p>B9. The next questions concern your brothers and sisters living outside this household.</p>	
<p>A56. During the past 12 months, how often did you see any of your grandparents? Was it ...</p> <p>Daily? 1 <input type="radio"/></p> <p>At least once a week? 2 <input type="radio"/></p> <p>At least once a month? 3 <input type="radio"/></p> <p>Less than once a month? 4 <input type="radio"/></p> <p>Not at all? 5 <input type="radio"/></p>	<p>B10. During the past 12 months, how often did you see any of your brothers or sisters? Was it ...</p> <p>Daily? 5 <input type="radio"/></p> <p>At least once a week? 6 <input type="radio"/></p> <p>At least once a month? 7 <input type="radio"/></p> <p>Less than once a month? 8 <input type="radio"/></p> <p>Not at all? 9 <input type="radio"/></p>	
<p>A57. During the past 12 months, how often did you have contact by letter or telephone with any of your grandparents? Was it ...</p> <p>Daily? 5 <input type="radio"/></p> <p>At least once a week? 6 <input type="radio"/></p> <p>At least once a month? 7 <input type="radio"/></p> <p>Less than once a month? 8 <input type="radio"/></p> <p>Not at all? 9 <input type="radio"/></p>	<p>B11. During the past 12 months, how often did you have contact by letter or telephone with any of your brothers or sisters? Was it ...</p> <p>Daily? 1 <input type="radio"/></p> <p>At least once a week? 2 <input type="radio"/></p> <p>At least once a month? 3 <input type="radio"/></p> <p>Less than once a month? 4 <input type="radio"/></p> <p>Not at all? 5 <input type="radio"/></p>	

C SECTION C: Children			
<p>C1. Now some questions about your children and grandchildren.</p>		<p>C7. Starting with the oldest, what is the first name and age of each child you have ever raised or (given birth to / fathered). Include those who may have died.</p>	
<p>C2. Have you ever raised step-children? By step-children we mean children from a former union of a spouse or common-law partner.</p> <p>Yes . 1○ → How many? <input type="text"/> <input type="text"/></p> <p>No . 2○</p>		<p>IDENTIFICATION</p> <p>CHILD I.D. # Name</p>	<p>A. AGE</p> <p>B. In what month and year was . . . (your first (second, ...) child) born?</p> <p>DATE OF BIRTH</p> <p>Month Year</p>
<p>C3. Have you ever adopted children? (Exclude any step-children mentioned in the previous question.)</p> <p>Yes . 3○ → How many? <input type="text"/> <input type="text"/></p> <p>No . 4○</p>		01. <input type="text"/>	<p><input type="text"/> <input type="text"/> <input type="text"/> years <input type="text"/> <input type="text"/> <input type="text"/></p>
		02. <input type="text"/>	<p><input type="text"/> <input type="text"/> <input type="text"/> years <input type="text"/> <input type="text"/> <input type="text"/></p>
		03. <input type="text"/>	<p><input type="text"/> <input type="text"/> <input type="text"/> years <input type="text"/> <input type="text"/> <input type="text"/></p>
		04. <input type="text"/>	<p><input type="text"/> <input type="text"/> <input type="text"/> years <input type="text"/> <input type="text"/> <input type="text"/></p>
		05. <input type="text"/>	<p><input type="text"/> <input type="text"/> <input type="text"/> years <input type="text"/> <input type="text"/> <input type="text"/></p>
		06. <input type="text"/>	<p><input type="text"/> <input type="text"/> <input type="text"/> years <input type="text"/> <input type="text"/> <input type="text"/></p>
		07. <input type="text"/>	<p><input type="text"/> <input type="text"/> <input type="text"/> years <input type="text"/> <input type="text"/> <input type="text"/></p>
		08. <input type="text"/>	<p><input type="text"/> <input type="text"/> <input type="text"/> years <input type="text"/> <input type="text"/> <input type="text"/></p>
<p>C4. Have you ever (given birth to /fathered) a child of your own? (Do not count stillbirths.)</p> <p>Yes . 5○ → How many? <input type="text"/> <input type="text"/></p> <p>No . 6○</p>		09. <input type="text"/>	<p><input type="text"/> <input type="text"/> <input type="text"/> years <input type="text"/> <input type="text"/> <input type="text"/></p>
		10. <input type="text"/>	<p><input type="text"/> <input type="text"/> <input type="text"/> years <input type="text"/> <input type="text"/> <input type="text"/></p>
		11. <input type="text"/>	<p><input type="text"/> <input type="text"/> <input type="text"/> years <input type="text"/> <input type="text"/> <input type="text"/></p>
		12. <input type="text"/>	<p><input type="text"/> <input type="text"/> <input type="text"/> years <input type="text"/> <input type="text"/> <input type="text"/></p>
		13. <input type="text"/>	<p><input type="text"/> <input type="text"/> <input type="text"/> years <input type="text"/> <input type="text"/> <input type="text"/></p>
<p>C5. INTERVIEWER:</p> <p>Compute total number of step-, adopted, natural children. Add entries in C2, C3, C4.</p> <p><input type="text"/> <input type="text"/> <input type="text"/></p> <p>Total number of children</p> <p>None 00○ → GO TO D1</p>		14. <input type="text"/>	<p><input type="text"/> <input type="text"/> <input type="text"/> years <input type="text"/> <input type="text"/> <input type="text"/></p>
		15. <input type="text"/>	<p><input type="text"/> <input type="text"/> <input type="text"/> years <input type="text"/> <input type="text"/> <input type="text"/></p>
		16. <input type="text"/>	<p><input type="text"/> <input type="text"/> <input type="text"/> years <input type="text"/> <input type="text"/> <input type="text"/></p>
		17. <input type="text"/>	<p><input type="text"/> <input type="text"/> <input type="text"/> years <input type="text"/> <input type="text"/> <input type="text"/></p>
		18. <input type="text"/>	<p><input type="text"/> <input type="text"/> <input type="text"/> years <input type="text"/> <input type="text"/> <input type="text"/></p>
		19. <input type="text"/>	<p><input type="text"/> <input type="text"/> <input type="text"/> years <input type="text"/> <input type="text"/> <input type="text"/></p>
		20. <input type="text"/>	<p><input type="text"/> <input type="text"/> <input type="text"/> years <input type="text"/> <input type="text"/> <input type="text"/></p>
		21. <input type="text"/>	<p><input type="text"/> <input type="text"/> <input type="text"/> years <input type="text"/> <input type="text"/> <input type="text"/></p>
		22. <input type="text"/>	<p><input type="text"/> <input type="text"/> <input type="text"/> years <input type="text"/> <input type="text"/> <input type="text"/></p>
<p>C6. Do you have any grandchildren?</p> <p>Yes . 7○ → How many? <input type="text"/> <input type="text"/></p> <p>No . 8○</p>			

C. Was . . . (your first (second, ...) child) male or female?		D. Was . . . (your first (second, ...) child) a natural, step- or adopted child?			E. Does . . . (your first (second, ...) child) live in this household?			(If No is marked ask:) How old was . . . (your first (second, ...) child) when he/she last left home?	
Male	Female	Natural	Step	Adopted	Deceased	Yes	No	Age	
4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>	9 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/> →	3	years
7 <input type="radio"/>	8 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/> →	7	years
4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>	9 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/> →	3	years
7 <input type="radio"/>	8 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/> →	7	years
4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>	9 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/> →	3	years
7 <input type="radio"/>	8 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/> →	7	years
4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>	9 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/> →	3	years
7 <input type="radio"/>	8 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/> →	7	years
4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>	9 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/> →	3	years
7 <input type="radio"/>	8 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/> →	7	years
4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>	9 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/> →	3	years
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4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>	9 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/> →	3	years
7 <input type="radio"/>	8 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/> →	7	years
4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>	9 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/> →	3	years
7 <input type="radio"/>	8 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/> →	7	years
4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>	9 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/> →	3	years
7 <input type="radio"/>	8 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/> →	7	years
4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>	9 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/> →	3	years
7 <input type="radio"/>	8 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/> →	7	years
4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>	9 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/> →	3	years
7 <input type="radio"/>	8 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/> →	7	years
4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>	9 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/> →	3	years
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4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>	9 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/> →	3	years
7 <input type="radio"/>	8 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/> →	7	years

C8. INTERVIEWER CHECK ITEM:

Review C7, columns A and E.

Are there any children less than 15 years old living in household?

Yes 1 ☐

No 2 ☐ → GO TO C16

C9. The next questions refer to your children less than 15 years old living in the household.

C10. During the past 12 months, did any of your children receive childcare on a REGULAR basis? Exclude childcare provided by a family member living in this household.

Yes 3 ☐ → How many? children

No 4 ☐ → GO TO C16

C11. Did your child(ren) receive this care so that you or your spouse/partner could ...

	Yes	No
Work at a job?	01 <input type="radio"/>	02 <input type="radio"/>
Study?	03 <input type="radio"/>	04 <input type="radio"/>
Do volunteer work?	05 <input type="radio"/>	06 <input type="radio"/>
Provide care to a family member or friend?	07 <input type="radio"/>	08 <input type="radio"/>
Do something else?	09 <input type="radio"/>	10 <input type="radio"/>

Specify

C12. During the past 12 months, did ... (your youngest child) receive childcare OUTSIDE YOUR HOUSEHOLD on a regular basis?

Yes 3 ☐

No 4 ☐ → GO TO C14

C13. Did ... (your youngest child) go to ...

	Yes	No
A workplace daycare center?	01 <input type="radio"/>	02 <input type="radio"/>
Another daycare center?	03 <input type="radio"/>	04 <input type="radio"/>
A sitter or neighbour's home?	05 <input type="radio"/>	06 <input type="radio"/>
Grandparent's home?	07 <input type="radio"/>	08 <input type="radio"/>
Another relative's home?	09 <input type="radio"/>	10 <input type="radio"/>
Some other arrangement (outside your household)? ..	11 <input type="radio"/>	12 <input type="radio"/>

Specify

C14. During the past 12 months, did ... (your youngest child) receive childcare IN YOUR HOME on a regular basis? Exclude childcare provided by a family member living in your household.

Yes 5 ☐

No 6 ☐ → GO TO C16

C15. Who provided this care to ... (your youngest child)? Was it ...

	Yes	No
The child's grandparent?	1 <input type="radio"/>	2 <input type="radio"/>
Another relative?	3 <input type="radio"/>	4 <input type="radio"/>
A sitter or nanny?	5 <input type="radio"/>	6 <input type="radio"/>
Someone else?	7 <input type="radio"/>	8 <input type="radio"/>

Specify

C16. INTERVIEWER CHECK ITEM:

Review C7, columns A and E.

Are there any children less than 15 years old living outside household?

Yes 3 ☐

No 4 ☐ → GO TO C24

C17. The next questions are about your (youngest) child living outside the household.

C18. Who does ... (this child) live with?

Child's mother/father 5 ☐
A relative 6 ☐
Other 7 ☐

Specify

C19. Does ... (this child) live within ...

10 km (6 miles or 10 minutes by car)? 1 ☐
50 km (30 miles or 30 minutes by car)? ... 2 ☐
100 km (60 miles or 1 hour by car)? 3 ☐
200 km (120 miles or 2 hours by car)? ... 4 ☐
400 km (240 miles or 4 hours by car)? ... 5 ☐
1000 km (600 miles or 10 hours by car)? ... 6 ☐
Beyond 1000 km (more than 600 miles or 10 hours by car)? 7 ☐
Don't know 8 ☐

C20. During the past 12 months, how often did you see ... (this child)? Was it ...

Daily? 2 ☐
At least once a week? 3 ☐
At least once a month? 4 ☐
Less than once a month? ... 5 ☐
Not at all? 6 ☐

C21. Do you see ... (this child) ...

Less often than you would like? 7 ☐
More often than you would like? 8 ☐
About the right amount? ... 9 ☐ } GO TO C23

<p>C22. What prevents you from seeing ... (this child) more often?</p> <p>(Mark all that apply)</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 80%;"> <p>Distance 01 <input type="radio"/></p> <p>Poor relationship with child 02 <input type="radio"/></p> <p>Shortage of your time 03 <input type="radio"/></p> <p>Your health problems 04 <input type="radio"/></p> <p>Financial reasons 05 <input type="radio"/></p> <p>Transportation problems 06 <input type="radio"/></p> <p>Other family responsibilities 07 <input type="radio"/></p> <p>Custodial arrangements 08 <input type="radio"/></p> <p>Poor relationship with custodian 09 <input type="radio"/></p> <p>Other 10 <input type="radio"/></p> </div> <div style="width: 10%; text-align: center;"> <p>↓</p> <p>Specify</p> <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table> <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table> </div> </div> <p>No particular reason 11 <input type="radio"/></p>																															<p>C32. Does ... (this child) live with ...</p> <table style="width: 100%;"> <thead> <tr> <th></th> <th style="text-align: center;">Yes</th> <th style="text-align: center;">No</th> </tr> </thead> <tbody> <tr> <td>His/her spouse/partner?</td> <td style="text-align: center;">4 <input type="radio"/></td> <td style="text-align: center;">5 <input type="radio"/></td> </tr> <tr> <td>His/her children?</td> <td style="text-align: center;">6 <input type="radio"/></td> <td style="text-align: center;">7 <input type="radio"/></td> </tr> <tr> <td>Someone else?</td> <td style="text-align: center;">8 <input type="radio"/></td> <td style="text-align: center;">9 <input type="radio"/></td> </tr> </tbody> </table> <p style="text-align: center;">↓</p> <p style="text-align: center;">Who?</p> <p>(Mark all that apply)</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 80%;"> <p>Friend/roommate 1 <input type="radio"/></p> <p>Child's mother/father 2 <input type="radio"/></p> <p>Other relative 3 <input type="radio"/></p> </div> <div style="width: 10%;"></div> </div>		Yes	No	His/her spouse/partner?	4 <input type="radio"/>	5 <input type="radio"/>	His/her children?	6 <input type="radio"/>	7 <input type="radio"/>	Someone else?	8 <input type="radio"/>	9 <input type="radio"/>
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<p>C23. During the past 12 months, how often did you have contact by letter or telephone with ... (this child)? Was it ...</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 80%;"> <p>Daily? 1 <input type="radio"/></p> <p>At least once a week? 2 <input type="radio"/></p> <p>At least once a month? 3 <input type="radio"/></p> <p>Less than once a month? 4 <input type="radio"/></p> <p>Not at all? 5 <input type="radio"/></p> </div> <div style="width: 10%;"></div> </div>	<p>C33. Does ... (this child) live within ...</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 80%;"> <p>10 km (6 miles or 10 minutes by car)? 2 <input type="radio"/></p> <p>50 km (30 miles or 30 minutes by car)? 3 <input type="radio"/></p> <p>100 km (60 miles or 1 hour by car)? 4 <input type="radio"/></p> <p>200 km (120 miles or 2 hours by car)? 5 <input type="radio"/></p> <p>400 km (240 miles or 4 hours by car)? 6 <input type="radio"/></p> <p>1000 km (600 miles or 10 hours by car)? 7 <input type="radio"/></p> <p>Beyond 1000 km (more than 600 miles or 10 hours by car)? 8 <input type="radio"/></p> <p>Don't know 9 <input type="radio"/></p> </div> <div style="width: 10%;"></div> </div>																																										
<p>C24. INTERVIEWER CHECK ITEM:</p> <p>Review C7, columns A and E.</p> <p>Number of children 15 years of age and older, living outside household?</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 80%;"> <p>None 1 <input type="radio"/> → GO TO D1</p> <p>One 2 <input type="radio"/> → GO TO C30</p> <p>Two or more 3 <input type="radio"/></p> </div> <div style="width: 10%;"></div> </div>	<p>C34. During the past 12 months, what best describes ... (this child's) MAIN activity? Was he/she mainly ...</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 80%;"> <p>Working at a job or business? 1 <input type="radio"/></p> <p>Looking for work? 2 <input type="radio"/></p> <p>A student? 3 <input type="radio"/></p> <p>Keeping house? 4 <input type="radio"/></p> <p>Other 5 <input type="radio"/></p> </div> <div style="width: 10%; text-align: center;"> <p>↓</p> <p>Specify</p> <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table> <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table> </div> </div>																																										
<p>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)?</p> <div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;">4</div> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;"></div> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;"></div> <div>child(ren)</div> </div>	<p>C35. During the past 12 months, how often did you see ... (this child)? Was it ...</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 80%;"> <p>Daily? 5 <input type="radio"/></p> <p>At least once a week? 6 <input type="radio"/></p> <p>At least once a month? 7 <input type="radio"/></p> <p>Less than once a month? 8 <input type="radio"/></p> <p>Not at all? 9 <input type="radio"/> → GO TO C37</p> </div> <div style="width: 10%;"></div> </div>																																										
<p>C26. Of your children 15 years of age and older living outside your household, with whom do you have the most contact?</p> <p>If necessary, use birth order, date and sex to probe.</p> <div style="display: flex; align-items: center; justify-content: center;"> <div>CHILD I. D. #</div> <div style="border: 1px solid black; padding: 2px 5px; margin: 0 5px;">5</div> <div style="border: 1px solid black; padding: 2px 5px; margin: 0 5px;"></div> <div style="border: 1px solid black; padding: 2px 5px; margin: 0 5px;"></div> <div>→ GO TO C28</div> </div> <p>No particular child 500 <input type="radio"/></p>	<p>C36. Did you usually see ... (this child) ...</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 80%;"> <p>At your home? 1 <input type="radio"/></p> <p>At his/her usual place of residence? 2 <input type="radio"/></p> <p>Somewhere else? 3 <input type="radio"/></p> </div> <div style="width: 10%; text-align: center;"> <p>↓</p> <p>Specify</p> <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table> <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table> </div> </div> <p>Equally at both residences 4 <input type="radio"/></p>																																										
<p>C27. Of those children with whom you have the most contact, who is the oldest?</p> <div style="display: flex; align-items: center; justify-content: center;"> <div>CHILD I. D. #</div> <div style="border: 1px solid black; padding: 2px 5px; margin: 0 5px;">6</div> <div style="border: 1px solid black; padding: 2px 5px; margin: 0 5px;"></div> <div style="border: 1px solid black; padding: 2px 5px; margin: 0 5px;"></div> </div>	<p>C37. Do you see ... (this child) ...</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 80%;"> <p>Less often than you would like? 5 <input type="radio"/></p> <p>More often than you would like? 6 <input type="radio"/></p> <p>About the right amount? 7 <input type="radio"/></p> </div> <div style="width: 10%; text-align: center;"> <p>↓</p> <p>Specify</p> <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table> <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table> </div> </div>																																										
<p>C28. The next questions are about this child.</p>	<p>C38. Do you see ... (this child) ...</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 80%;"> <p>Less often than you would like? 5 <input type="radio"/></p> <p>More often than you would like? 6 <input type="radio"/></p> <p>About the right amount? 7 <input type="radio"/></p> </div> <div style="width: 10%; text-align: center;"> <p>↓</p> <p>Specify</p> <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table> <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table> </div> </div>																																										
<p>C29. INTERVIEWER:</p> <p>GO TO C31</p>	<p>C39. Do you see ... (this child) ...</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 80%;"> <p>Less often than you would like? 5 <input type="radio"/></p> <p>More often than you would like? 6 <input type="radio"/></p> <p>About the right amount? 7 <input type="radio"/></p> </div> <div style="width: 10%; text-align: center;"> <p>↓</p> <p>Specify</p> <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table> <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table> </div> </div>																																										
<p>C30. The next questions are about your child, 15 years of age or older, living outside your household.</p>	<p>C40. Do you see ... (this child) ...</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 80%;"> <p>Less often than you would like? 5 <input type="radio"/></p> <p>More often than you would like? 6 <input type="radio"/></p> <p>About the right amount? 7 <input type="radio"/></p> </div> <div style="width: 10%; text-align: center;"> <p>↓</p> <p>Specify</p> <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table> <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table> </div> </div>																																										
<p>C31. Does ... (this child) live alone?</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 80%;"> <p>Yes 1 <input type="radio"/> → GO TO C33</p> <p>No 2 <input type="radio"/></p> </div> <div style="width: 10%;"></div> </div>	<p>C41. Do you see ... (this child) ...</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 80%;"> <p>Less often than you would like? 5 <input type="radio"/></p> <p>More often than you would like? 6 <input type="radio"/></p> <p>About the right amount? 7 <input type="radio"/></p> </div> <div style="width: 10%; text-align: center;"> <p>↓</p> <p>Specify</p> <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table> <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table> </div> </div>																																										

C38. What prevents you from seeing ... (this child) more often?

(Mark all that apply)

- Distance 01 ☐
- Poor relationship with child 02 ☐
- Shortage of your time 03 ☐
- Shortage of his/her time 04 ☐
- Your health problems 05 ☐
- His/her health problems 06 ☐
- Financial reasons 07 ☐
- Transportation problems 08 ☐
- Other family responsibilities 09 ☐
- Other 10 ☐

Specify

No particular reason 11 ☐

C39. During the past 12 months how often did you have contact by letter or telephone with ... (this child)? Was it ...

- Daily? 1 ☐
- At least once a week? 2 ☐
- At least once a month? 3 ☐
- Less than once a month? 4 ☐
- Not at all? 5 ☐

D SECTION D: Fertility Intentions

D1. INTERVIEWER CHECK ITEM:

Review GSS 5-1, Item 44 for respondent only.
Is age of respondent...

- 45 or older? ... 6 ☐ → GO TO E1
- 44 or younger? ... 7 ☐

D2. The next questions are about your intentions to have (more) children.

D3. INTERVIEWER CHECK ITEM:

Review GSS 5-1, Item 49 for respondent only.
If respondent is living with a spouse/partner, phrase questions D4 and D5 to include spouse/partner.

D4. Have you (or your spouse/partner) had an operation that makes it impossible for you to have a/another child?

- Yes 8 ☐ → GO TO E1
- No 9 ☐

D5. Have you ever been told that you (or your partner) cannot have any(more) children?

- Yes 1 ☐ → GO TO E1
- No 2 ☐

D6. Do you intend to have a/another child sometime?

- Yes 3 ☐
- No 4 ☐
- Don't know 5 ☐ } → GO TO E1

D7. What is the total number of children that you intend to have (including those you have now)?

- child(ren)
- Don't know 98 ☐

SECTION E: Friends

E

E1. Other than your immediate family, how many people do you consider close friends?

(Exclude spouse, parents, brothers, sisters and children. Include friends, aunts, uncles, cousins, nieces, nephews, in-laws, etc.)

friends

None 00 ☐ → GO TO F1

E2. The next few questions are about your closest friend. Your immediate family should be excluded.

E3. Is your closest friend male or female?

- Male 1 ☐
- Female 2 ☐

E4. Where did this friendship start?

- At school 2 ☐
- At work 3 ☐
- At club / organization 4 ☐
- At church 5 ☐
- At home or in the neighbourhood 6 ☐
- Through family 7 ☐
- Through a friend 8 ☐
- Other 9 ☐

Specify

E5. Does your friend live within ...

- 10 km (6 miles or 10 minutes by car)? ... 1 ☐
- 50 km (30 miles or 30 minutes by car)? ... 2 ☐
- 100 km (60 miles or 1 hour by car)? ... 3 ☐
- 200 km (120 miles or 2 hours by car)? ... 4 ☐
- 400 km (240 miles or 4 hours by car)? ... 5 ☐
- 1000 km (600 miles or 10 hours by car)? ... 6 ☐
- Beyond 1000 km (more than 600 miles or 10 hours by car)? ... 7 ☐
- Same household 8 ☐

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 ☐
- At least once a month? 4 ☐
- Less than once a month? ... 5 ☐
- Not at all? 6 ☐

E7. During the past 12 months, how often did you have contact by letter or telephone with your friend? Was it...

- Daily? 5 ☐
- At least once a week? 6 ☐
- At least once a month? 7 ☐
- Less than once a month? ... 8 ☐
- Not at all? 9 ☐

SECTION F: Household help

F

F1. INTERVIEWER CHECK ITEM: Review GSS 5-1.

Single person household ... ☐ 1 → GO TO F7
 Otherwise ... ☐ 2

F2. The next questions are about people who helped with the work around your house during the past 12 months. Include only household members.

F3. a) Who helps with meal preparation in your household?
 (Enter Page-Line Number of each household member - review GSS 5-1, Items 40 and 41)

	Less than 1/4	Less than 1/2	1/2 or more	All?	
<input type="text"/>	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>
<input type="text"/>	06 <input type="radio"/>	07 <input type="radio"/>	08 <input type="radio"/>	09 <input type="radio"/>	10 <input type="radio"/>
<input type="text"/>	11 <input type="radio"/>	12 <input type="radio"/>	13 <input type="radio"/>	14 <input type="radio"/>	15 <input type="radio"/>
<input type="text"/>	16 <input type="radio"/>	17 <input type="radio"/>	18 <input type="radio"/>	19 <input type="radio"/>	20 <input type="radio"/>

Not applicable / no one in household ... ☐ 97 → GO TO F4

c) Who is PRIMARILY responsible for meal preparation in your household?
 (Accept multiple response only if responsibility shared equally)

☐ 22 Someone from outside household

F4. a) Who helps with meal cleanup in your household?
 (Enter Page-Line Number of each household member - review GSS 5-1, Items 40 and 41)

	Less than 1/4	Less than 1/2	1/2 or more	All?	
<input type="text"/>	23 <input type="radio"/>	24 <input type="radio"/>	25 <input type="radio"/>	26 <input type="radio"/>	27 <input type="radio"/>
<input type="text"/>	28 <input type="radio"/>	29 <input type="radio"/>	30 <input type="radio"/>	31 <input type="radio"/>	32 <input type="radio"/>
<input type="text"/>	33 <input type="radio"/>	34 <input type="radio"/>	35 <input type="radio"/>	36 <input type="radio"/>	37 <input type="radio"/>
<input type="text"/>	38 <input type="radio"/>	39 <input type="radio"/>	40 <input type="radio"/>	41 <input type="radio"/>	42 <input type="radio"/>

Not applicable / no one in household ... ☐ 97 → GO TO F5

c) Who is PRIMARILY responsible for meal cleanup in your household?
 (Accept multiple response only if responsibility shared equally)

☐ 44 Someone from outside household

F5. a) Who helps with house cleaning and laundry in your household?
 (Enter Page-Line Number of each household member - review GSS 5-1, Items 40 and 41)

	Less than 1/4	Less than 1/2	1/2 or more	All?	
<input type="text"/>	45 <input type="radio"/>	46 <input type="radio"/>	47 <input type="radio"/>	48 <input type="radio"/>	49 <input type="radio"/>
<input type="text"/>	50 <input type="radio"/>	51 <input type="radio"/>	52 <input type="radio"/>	53 <input type="radio"/>	54 <input type="radio"/>
<input type="text"/>	55 <input type="radio"/>	56 <input type="radio"/>	57 <input type="radio"/>	58 <input type="radio"/>	59 <input type="radio"/>
<input type="text"/>	60 <input type="radio"/>	61 <input type="radio"/>	62 <input type="radio"/>	63 <input type="radio"/>	64 <input type="radio"/>

Not applicable / no one in household ... ☐ 97 → GO TO F6

c) Who is PRIMARILY responsible for house cleaning and laundry in your household?
 (Accept multiple response only if responsibility shared equally)

☐ 66 Someone from outside household

F6. a) Who helps with house maintenance and outside work such as repairs, painting, carpentry, lawn mowing, shovelling snow?
 (Enter Page-Line Number of each household member - review GSS 5-1, Items 40 and 41)

	Less than 1/4	Less than 1/2	1/2 or more	All?	
<input type="text"/>	67 <input type="radio"/>	68 <input type="radio"/>	69 <input type="radio"/>	70 <input type="radio"/>	71 <input type="radio"/>
<input type="text"/>	72 <input type="radio"/>	73 <input type="radio"/>	74 <input type="radio"/>	75 <input type="radio"/>	76 <input type="radio"/>
<input type="text"/>	77 <input type="radio"/>	78 <input type="radio"/>	79 <input type="radio"/>	80 <input type="radio"/>	81 <input type="radio"/>
<input type="text"/>	82 <input type="radio"/>	83 <input type="radio"/>	84 <input type="radio"/>	85 <input type="radio"/>	86 <input type="radio"/>

Not applicable / no one in household ... ☐ 97 → GO TO F7

c) Who is PRIMARILY responsible for house maintenance and outside work in your household?
 (Accept multiple response only if responsibility shared equally)

☐ 88 Someone from outside household

8-4500-52 1

How often did they provide this help?

	No	Yes	At least once a week	At least once a month	Less than once a month
Meal preparation?	01 <input type="radio"/>	02 <input type="radio"/> →	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>
House cleaning or laundry? .	06 <input type="radio"/>	07 <input type="radio"/> →	08 <input type="radio"/>	09 <input type="radio"/>	10 <input type="radio"/>
House maintenance or outside work?	11 <input type="radio"/>	12 <input type="radio"/> →	13 <input type="radio"/>	14 <input type="radio"/>	15 <input type="radio"/>
Transportation for yourself? .	16 <input type="radio"/>	17 <input type="radio"/> →	18 <input type="radio"/>	19 <input type="radio"/>	20 <input type="radio"/>
Grocery shopping?	21 <input type="radio"/>	22 <input type="radio"/> →	23 <input type="radio"/>	24 <input type="radio"/>	25 <input type="radio"/>

F29. During the past 12 months, were you involved in any other unpaid volunteer work for any organizations, such as charities, teaching, fundraising, office work?

Yes 1

How often did you provide this service?

At least once a week At least once a month Less than once a month

2 ○ 3 ○ 4 ○

No \$ 0

F30. Because of a long-term physical condition, mental condition or health problem, are you limited in the kind or amount of activity that you can do at home, at work, at school or in other activities such as transportation or leisure?

Yes 6 ☐

No ? $\bigcirc \rightarrow$ 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 
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 

Specify

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?

- | | | |
|---|----|-----------------------|
| Spouse/partner | 01 | <input type="radio"/> |
| Parent | 02 | <input type="radio"/> |
| Daughter | 03 | <input type="radio"/> |
| Son | 04 | <input type="radio"/> |
| Sister / brother | 05 | <input type="radio"/> |
| Other relative including
in-laws | 06 | <input type="radio"/> |
| Friend | 07 | <input type="radio"/> |
| Neighbour | 08 | <input type="radio"/> |
| Someone you work with | 09 | <input type="radio"/> |
| Church / clergy / priest | 10 | <input type="radio"/> |
| God | 11 | <input type="radio"/> |
| Family doctor / GP | 12 | <input type="radio"/> |
| Psychologist / psychiatrist /
marriage counsellor / other
professional counsellor | 13 | <input type="radio"/> |
| Other | 14 | <input type="radio"/> |

Specify

[illegible][illegible]

- No one 15 ☐
- Don't know 16 ☐ GO TO G3

GO TO G3

A. Whom would you turn to first for help?

- | | | |
|---|----|-----------------------|
| Parent | 33 | <input type="radio"/> |
| Daughter | 34 | <input type="radio"/> |
| Son | 35 | <input type="radio"/> |
| Sister / brother | 36 | <input type="radio"/> |
| Other relative including
in-laws | 37 | <input type="radio"/> |
| Friend | 38 | <input type="radio"/> |
| Neighbour | 39 | <input type="radio"/> |
| Someone you work with | 40 | <input type="radio"/> |
| Church / clergy / priest | 41 | <input type="radio"/> |
| God | 42 | <input type="radio"/> |
| Family doctor / GP | 43 | <input type="radio"/> |
| Psychologist / psychiatrist /
marriage counsellor / other
professional counsellor | 44 | <input type="radio"/> |
| Other | 45 | <input type="radio"/> |

Specify

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
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- No one 46 ☐
- Don't know 47 ☐ **GO TO H1**

GO TO H1

B. Whom would you turn to second for help?

- | | | |
|---|----|-----------------------|
| Spouse/partner | 17 | <input type="radio"/> |
| Parent | 18 | <input type="radio"/> |
| Daughter | 19 | <input type="radio"/> |
| Son | 20 | <input type="radio"/> |
| Sister / brother | 21 | <input type="radio"/> |
| Other relative including
in-laws | 22 | <input type="radio"/> |
| Friend | 23 | <input type="radio"/> |
| Neighbour | 24 | <input type="radio"/> |
| Someone you work with | 25 | <input type="radio"/> |
| Church / clergy priest | 26 | <input type="radio"/> |
| God | 27 | <input type="radio"/> |
| Family doctor / GP | 28 | <input type="radio"/> |
| Psychologist / psychiatrist /
marriage counsellor / other
professional counsellor | 29 | <input type="radio"/> |
| Other | 30 | <input type="radio"/> |

Specify

[illegible][illegible]

- No one 31 ☐
- Don't know 32 ☐

32 ○

B. Whom would you turn to second for help?

- | | | |
|---|----|-----------------------|
| Parent | 48 | <input type="radio"/> |
| Daughter | 49 | <input type="radio"/> |
| Son | 50 | <input type="radio"/> |
| Sister / brother | 51 | <input type="radio"/> |
| Other relative including
in-laws | 52 | <input type="radio"/> |
| Friend | 53 | <input type="radio"/> |
| Neighbour | 54 | <input type="radio"/> |
| Someone you work with | 55 | <input type="radio"/> |
| Church / clergy / priest | 56 | <input type="radio"/> |
| God | 57 | <input type="radio"/> |
| Family doctor / GP | 58 | <input type="radio"/> |
| Psychologist / psychiatrist /
marriage counsellor / other
professional counsellor | 59 | <input type="radio"/> |
| Other | 60 | <input type="radio"/> |

Specify

[illegible][illegible]

- No one 61 ☐
- Don't know 62 ☐

62 ○

H SECTION H: Marriages	
<p>H1. The next questions are about marriages and common-law partnerships. Your answers will help us better measure how family relationships are changing.</p>	<p>H14. Is this your first marriage?</p> <p>Yes 5 <input type="radio"/></p> <p>No 6 <input type="radio"/> → GO TO H16</p>
<p>H2. Have you ever been a partner in a common-law relationship? By this we mean partners living together as husband and wife without being legally married.</p> <p>Yes 1 <input type="radio"/></p> <p>No 2 <input type="radio"/></p>	<p>H15. INTERVIEWER CHECK ITEM:</p> <p>Review H6.</p> <p>Is the respondent currently separated (H6 = Yes)?</p> <p>Yes 7 <input type="radio"/> → GO TO J1</p> <p>No 8 <input type="radio"/> → GO TO J3</p>
<p>H3. Are you now legally married?</p> <p>Yes 3 <input type="radio"/> → GO TO H5</p> <p>No 4 <input type="radio"/></p>	<p>H16. What was the date of your first marriage?</p> <p>Month Year</p>
<p>H4. Have you ever been legally married?</p> <p>Yes 5 <input type="radio"/> → GO TO H16</p> <p>No 6 <input type="radio"/> → GO TO H37</p>	<p>H17. What was your first husband/wife's marital status before entering into that marriage? Was it ...</p> <p>Widowed? 1 <input type="radio"/></p> <p>Divorced? 2 <input type="radio"/></p> <p>Single? 3 <input type="radio"/></p>
<p>H5. Are you living with your spouse?</p> <p>Yes 7 <input type="radio"/> → GO TO H8</p> <p>No 8 <input type="radio"/></p>	<p>H18. What was his/her date of birth?</p> <p>Month Year</p>
<p>H6. Are you separated?</p> <p>Yes 1 <input type="radio"/></p> <p>No 2 <input type="radio"/> → GO TO H8</p>	<p>H19. INTERVIEWER CHECK ITEM:</p> <p>Review H2.</p> <p>Has the respondent ever been a partner in a common-law relationship (H2 = Yes)?</p> <p>Yes 4 <input type="radio"/></p> <p>No 5 <input type="radio"/> → GO TO H22</p>
<p>H7. When did you separate?</p> <p>Month Year</p>	<p>H20. Did you and your first spouse live common-law before entering into this marriage?</p> <p>Yes 6 <input type="radio"/></p> <p>No 7 <input type="radio"/> → GO TO H22</p>
<p>H8. What was the date of your current marriage?</p> <p>Month Year</p>	<p>H21. Approximately when did you and your first husband/wife begin to live together?</p> <p>Month Year</p>
<p>H9. What was your spouse's marital status before entering into this marriage? Was it ...</p> <p>Widowed? 7 <input type="radio"/></p> <p>Divorced? 8 <input type="radio"/></p> <p>Single? 9 <input type="radio"/></p>	<p>H22. Did your first marriage end in ...</p> <p>(Read categories and record month and year)</p> <p>When?</p> <p>Month Year</p> <p>Separation and then divorce or annulment? ... 1 <input type="radio"/> { sep. 2 <input type="radio"/> 3 <input type="radio"/> div. ann. 4 <input type="radio"/> 5 <input type="radio"/></p> <p>Separation only? 6 <input type="radio"/> → Month Year</p> <p>Death of spouse? 7 <input type="radio"/> → Month Year</p> <p>Other 8 <input type="radio"/> → Month Year</p>
<p>H10. What is your spouse's date of birth?</p> <p>Month Year</p>	<p>H23. INTERVIEWER CHECK ITEM:</p> <p>Review H3.</p> <p>Is respondent currently married (H3 = Yes)?</p> <p>Yes 1 <input type="radio"/></p> <p>No 2 <input type="radio"/> → GO TO H26</p>
<p>H11. INTERVIEWER CHECK ITEM:</p> <p>Review H2.</p> <p>Has the respondent ever been a partner in a common-law relationship (H2 = Yes)?</p> <p>Yes 1 <input type="radio"/></p> <p>No 2 <input type="radio"/> → GO TO H14</p>	
<p>H12. Did you and your spouse live common-law before entering into this marriage?</p> <p>Yes 3 <input type="radio"/></p> <p>No 4 <input type="radio"/> → GO TO H14</p>	
<p>H13. Approximately when did you and your current spouse begin to live together?</p> <p>Month Year</p>	

<p>H24. Is your current marriage your second?</p> <p>Yes 3 <input type="radio"/></p> <p>No 4 <input type="radio"/> → GO TO H27</p>	<p>H35. INTERVIEWER CHECK ITEM:</p> <p>Review H3.</p> <p>Is respondent currently married (H3 = Yes)?</p> <p>Yes 1 <input type="radio"/></p> <p>No 2 <input type="radio"/> → GO TO H38</p>
<p>H25. INTERVIEWER CHECK ITEM:</p> <p>Review H6.</p> <p>Is respondent currently separated (H6 = Yes)?</p> <p>Yes 5 <input type="radio"/> → GO TO J1</p> <p>No 6 <input type="radio"/> → GO TO J3</p>	<p>H36. INTERVIEWER CHECK ITEM:</p> <p>Review H6.</p> <p>Is respondent currently separated (H6 = Yes)?</p> <p>Yes 3 <input type="radio"/> → GO TO J1</p> <p>No 4 <input type="radio"/> → GO TO J3</p>
<p>H26. Have you been legally married a second time?</p> <p>Yes 7 <input type="radio"/></p> <p>No 8 <input type="radio"/> → GO TO H38</p>	<p>H37. Do you think you will ever marry?</p> <p>Yes 7 <input type="radio"/> → GO TO H39</p> <p>No 8 <input type="radio"/> } → GO TO J1</p> <p>Don't know 9 <input type="radio"/> }</p>
<p>H27. What was the date of your second marriage?</p> <p> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p> Month Year</p>	<p>H38. Do you think you will ever marry again?</p> <p>Yes 4 <input type="radio"/></p> <p>No 5 <input type="radio"/> } → GO TO J1</p> <p>Don't know 6 <input type="radio"/> }</p>
<p>H28. What was your second husband/wife's marital status before entering into that marriage? Was it ...</p> <p>Widowed? 1 <input type="radio"/></p> <p>Divorced? 2 <input type="radio"/></p> <p>Single? 3 <input type="radio"/></p>	<p>H39. At what age would you like to get married/remarried?</p> <p> <input type="text"/> years</p> <p>Don't know 98 <input type="radio"/></p>
<p>H29. What was his/her date of birth?</p> <p> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p> Month Year</p>	<p>SECTION J: Common-law partnerships J</p>
<p>H30. INTERVIEWER CHECK ITEM:</p> <p>Review H2.</p> <p>Has the respondent ever been a partner in a common-law relationship (H2 = Yes)?</p> <p>Yes 4 <input type="radio"/></p> <p>No 5 <input type="radio"/> → GO TO H33</p>	<p>J1. INTERVIEWER CHECK ITEM:</p> <p>Review H2.</p> <p>Has the respondent ever been a partner in a common-law relationship (H2 = Yes)?</p> <p>Yes 1 <input type="radio"/></p> <p>No 2 <input type="radio"/> → GO TO K1</p>
<p>H31. Did you and your second spouse live common-law before entering into this marriage?</p> <p>Yes 6 <input type="radio"/></p> <p>No 7 <input type="radio"/> → GO TO H33</p>	<p>J2. Are you now living with a common-law partner?</p> <p>Yes 3 <input type="radio"/> → GO TO J5</p> <p>No 4 <input type="radio"/> → GO TO J4</p>
<p>H32. Approximately when did you and your second husband/wife begin to live together?</p> <p> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p> Month Year</p>	<p>J3. INTERVIEWER CHECK ITEM:</p> <p>Review H2.</p> <p>Has the respondent ever been a partner in a common-law relationship (H2 = Yes)?</p> <p>Yes 5 <input type="radio"/></p> <p>No 6 <input type="radio"/> → GO TO K1</p>
<p>H33. Did your second marriage end in ... (Read categories and record month and year)</p> <p style="text-align: center;">When?</p> <p style="text-align: center;">Month Year</p> <p>Separation and then divorce or annulment? ... 1 <input type="radio"/> { sep. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 3 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> div./ann. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 4 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 5 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Separation only? 6 <input type="radio"/> → <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Death of spouse? 7 <input type="radio"/> → <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Other 8 <input type="radio"/> → <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	<p>J4. Have you ever been a partner in a common-law relationship that was not followed by marriage?</p> <p>Yes 7 <input type="radio"/> → GO TO J9</p> <p>No 8 <input type="radio"/> → GO TO K1</p>
<p>H34. In total, how many times have you been legally married?</p> <p> <input type="text"/> times</p>	<p>J5. Approximately when did you and your partner begin to live together?</p> <p> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p> Month Year</p>
	<p>J6. What was your partner's marital status before entering into this union? Was it ...</p> <p>Widowed? 1 <input type="radio"/></p> <p>Separated? 2 <input type="radio"/></p> <p>Divorced? 3 <input type="radio"/></p> <p>Single? 4 <input type="radio"/></p>

J7. What is your partner's date of birth? <div style="display: flex; justify-content: space-around; width: 100px;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> </div> <div style="display: flex; justify-content: space-around; width: 100px;"> Month Year </div>	<div style="border: 1px solid black; padding: 2px;"> SECTION K: Satisfaction <div style="float: right; border: 1px solid black; padding: 0 5px;">K</div> </div>
J8. Have you had a previous common-law relationship that was not followed by marriage? Yes 5 <input type="radio"/> No 6 <input type="radio"/> → GO TO K1	K1. Now, I am going to ask you to rate certain areas of your life. K2. Would you describe yourself as ... Very happy? 1 <input type="radio"/> Somewhat happy? 2 <input type="radio"/> Somewhat unhappy? 3 <input type="radio"/> Very unhappy? 4 <input type="radio"/> No opinion 5 <input type="radio"/>
J9. Approximately when did you begin your first common-law relationship that was not followed by marriage? <div style="display: flex; justify-content: space-around; width: 100px;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> </div> <div style="display: flex; justify-content: space-around; width: 100px;"> Month Year </div>	K3. How would you describe your state of health? Compared to other persons your age, would you say it is ... Excellent? 6 <input type="radio"/> Good? 7 <input type="radio"/> Fair? 8 <input type="radio"/> Poor? 9 <input type="radio"/>
J10. What was that partner's marital status before entering into that union? Was it ... Widowed? 2 <input type="radio"/> Separated? 3 <input type="radio"/> Divorced? 4 <input type="radio"/> Single? 5 <input type="radio"/>	
J11. What was that partner's date of birth? <div style="display: flex; justify-content: space-around; width: 100px;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> </div> <div style="display: flex; justify-content: space-around; width: 100px;"> Month Year </div>	
J12. Did this partnership end by separation or by the death of your partner? <i>(Record reason, month and year)</i> <div style="text-align: right; margin-right: 20px;">When?</div> <div style="text-align: center; margin-right: 20px;">Month Year</div> Separation 6 <input type="radio"/> → <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> Death of partner 7 <input type="radio"/> → <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div>	
J13. Have you been a partner in any other common-law relationships that were not followed by marriage? Yes 8 <input type="radio"/> No 9 <input type="radio"/> → GO TO K1	
J14. Approximately when did you begin your second common-law relationship that was not followed by marriage? <div style="display: flex; justify-content: space-around; width: 100px;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> </div> <div style="display: flex; justify-content: space-around; width: 100px;"> Month Year </div>	
J15. What was that partner's marital status before entering into that union? Was it ... Widowed? 1 <input type="radio"/> Separated? 2 <input type="radio"/> Divorced? 3 <input type="radio"/> Single? 4 <input type="radio"/>	
J16. What was that partner's date of birth? <div style="display: flex; justify-content: space-around; width: 100px;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> </div> <div style="display: flex; justify-content: space-around; width: 100px;"> Month Year </div>	
J17. Did this partnership end by separation or by the death of your partner? <i>(Record reason, month and year)</i> <div style="text-align: right; margin-right: 20px;">When?</div> <div style="text-align: center; margin-right: 20px;">Month Year</div> Separation 5 <input type="radio"/> → <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> Death of partner 6 <input type="radio"/> → <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div>	
J18. In total, how many times have you been a partner in common-law relationships that were not followed by marriage? <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> times	

L SECTION L: Classification	
<p>L1. Now a few general questions.</p> <p>L2. How many times did you move in the last 10 years, that is since January 1980?</p> <div style="margin-left: 20px;"> <input type="text" value="2"/> times </div> <div style="margin-left: 20px;"> None <input type="radio"/> </div> <p>L3. When did you move to your present address?</p> <div style="margin-left: 20px;"> <input type="text" value="2"/> <input type="text"/> <input type="text"/> <input type="text"/> </div> <div style="margin-left: 20px;"> Month Year </div> <div style="margin-left: 20px;"> Always lived there <input type="radio"/> → GO TO L6 </div> <p>L4. How far away did you last live before moving to your present address? Was it within ...</p> <div style="margin-left: 20px;"> <p>10 km (6 miles or 10 minutes by car)? ... <input type="radio"/></p> <p>50 km (30 miles or 30 minutes by car)? ... <input type="radio"/></p> <p>100 km (60 miles or 1 hour by car)? ... <input type="radio"/></p> <p>200 km (120 miles or 2 hours by car)? ... <input type="radio"/></p> <p>400 km (240 miles or 4 hours by car)? ... <input type="radio"/></p> <p>1000 km (600 miles or 10 hours by car)? ... <input type="radio"/></p> <p>Beyond 1000 km (more than 600 miles or 10 hours by car)? ... <input type="radio"/></p> </div> <p>L5. What were your reasons for this move? (Mark all that apply)</p> <div style="margin-left: 20px;"> <p>Your work <input type="radio"/> 01</p> <p>Other family member's work <input type="radio"/> 02</p> <p>To be closer to family <input type="radio"/> 03</p> <p>To take care of family member <input type="radio"/> 04</p> <p>Marriage <input type="radio"/> 05</p> <p>Separation <input type="radio"/> 06</p> <p>To move to own dwelling/ independence <input type="radio"/> 07</p> <p>To move to a larger home <input type="radio"/> 08</p> <p>To move to a smaller home <input type="radio"/> 09</p> <p>To move to a less expensive home <input type="radio"/> 10</p> <p>To purchase a home <input type="radio"/> 11</p> <p>To move to a better neighbourhood/ change in neighbourhood <input type="radio"/> 12</p> <p>To attend school <input type="radio"/> 13</p> <p>Financial reasons <input type="radio"/> 14</p> <p>Other <input type="radio"/> 15</p> </div> <div style="text-align: right; margin-right: 20px;"> ↓ Specify </div> <div style="margin-left: 20px;"> <div style="border-bottom: 1px solid black; width: 100%; height: 15px;"></div> <div style="border-bottom: 1px solid black; width: 100%; height: 15px;"></div> </div>	<p>L6. In what type of dwelling are you now living? Is it a...</p> <div style="margin-left: 20px;"> <p>Single detached house? <input type="radio"/> 1</p> <p>Semi-detached or double (side-by-side)? <input type="radio"/> 2</p> <p>Garden house, town house or row house? <input type="radio"/> 3</p> <p>Duplex (one above the other)? <input type="radio"/> 4</p> <p>Low-rise apartment (less than 5 stories)? <input type="radio"/> 5</p> <p>High-rise apartment (5 or more stories)? <input type="radio"/> 6</p> <p>Mobile home? <input type="radio"/> 7</p> <p>Other <input type="radio"/> 8</p> </div> <div style="text-align: right; margin-right: 20px;"> ↓ Specify </div> <div style="margin-left: 20px;"> <div style="border-bottom: 1px solid black; width: 100%; height: 15px;"></div> <div style="border-bottom: 1px solid black; width: 100%; height: 15px;"></div> </div> <p>L7. Is this dwelling owned by a member of this household?</p> <div style="margin-left: 20px;"> <p>Yes <input type="radio"/> 1</p> <p>No <input type="radio"/> 2</p> </div> <p>L8. What is your postal code?</p> <div style="margin-left: 20px;"> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> </div> <div style="margin-left: 20px;"> Don't know <input type="radio"/> 3 </div> <p>L9. How many telephones, including extensions, are there in your dwelling?</p> <div style="margin-left: 20px;"> <p>One <input type="radio"/> 4 → GO TO L14</p> <p>Two or more <input type="radio"/> 5</p> </div> <p>L10. Do all the telephones have the same number?</p> <div style="margin-left: 20px;"> <p>Yes <input type="radio"/> 6 → GO TO L14</p> <p>No <input type="radio"/> 7</p> </div> <p>L11. How many different numbers are there?</p> <div style="margin-left: 20px;"> <input type="text" value=""/> </div> <p>L12. Are any of these numbers for business use only?</p> <div style="margin-left: 20px;"> <p>Yes <input type="radio"/> 8</p> <p>No <input type="radio"/> 9 → GO TO L14</p> </div> <p>L13. How many are for business use only?</p> <div style="margin-left: 20px;"> <input type="text" value=""/> </div>

L22. What is the highest level of education that you have attained?

- Masters or earned doctorate 1 ☐
- Bachelor or undergraduate degree, or teacher's college 2 ☐
- Diploma or certificate from community college, CEGEP or nursing school 3 ☐
- Diploma or certificate from trade, technical or vocational school, or business college 4 ☐
- Some university 5 ☐
- Some community college, CEGEP or nursing school 6 ☐
- Some trade, technical or vocational school, or business college 7 ☐
- Other 8 ☐

Specify

L23. What, if any, is your religion?

- No religion 01 ☐ → GO TO L25
- Roman Catholic 02 ☐
- United Church 03 ☐
- Anglican 04 ☐
- Presbyterian 05 ☐
- Lutheran 06 ☐
- Baptist 07 ☐
- Eastern Orthodox 08 ☐
- Jewish 09 ☐
- Other 10 ☐

Specify

L24. Other than on special occasions, such as weddings, funerals or baptisms, how often did you attend services or meetings connected with your religion in the last 12 months?

Was it ...

- At least once a week? ... 1 ☐
- At least once a month? ... 2 ☐
- A few times a year? ... 3 ☐
- At least once a year? ... 4 ☐
- Not at all? ... 5 ☐

L25. To which ethnic or cultural group do you or did your ancestors belong? Would it be ...

(Accept multiple responses)

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

Specify

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

L26. During the past 12 months, what best describes your MAIN activity? Were you mainly ...

- Working at a job or business? 1 ☐ → GO TO L29
- Looking for work? 2 ☐ → GO TO L28
- A student? 3 ☐
- Keeping house? 4 ☐
- Retired? 5 ☐ } GO TO L28
- Other 6 ☐

Specify

L27. Were you studying full-time or part-time?

- Full-time 7 ☐
- Part-time 8 ☐

L28. Did you have a job or were you self-employed at any time during the past 12 months?

- Yes 1 ☐
- No 2 ☐ → GO TO L36

L29. Including vacation, illness, strikes, lock-outs and maternity/paternity leave, for how many weeks during the past 12 months did you do any work at a job or business?

3 weeks

L30. During those weeks, how many hours per week did you usually work?

4 hours

L31. Did you regularly work evening or night shifts?

- Yes 5 ☐
- No 6 ☐

<p>L32. Did you regularly work on Saturday or Sunday?</p> <p>Yes 7 <input type="radio"/></p> <p>No 8 <input type="radio"/></p>	<p>L39. Was he/she studying full-time or part-time?</p> <p>Full-time 1 <input type="radio"/></p> <p>Part-time 2 <input type="radio"/></p>
<p>L33. For whom did you work for the longest time during the past 12 months? (Name of business, government department or agency, or person)</p> <div style="border: 1px solid black; height: 15px; width: 100%;"></div> <div style="border: 1px solid black; height: 15px; width: 100%;"></div> <div style="border: 1px solid black; height: 15px; width: 100%;"></div> <div style="border: 1px solid black; height: 15px; width: 100%;"></div>	<p>L40. Did your spouse have a job or was he/she self-employed at any time during the past 12 months?</p> <p>Yes 3 <input type="radio"/></p> <p>No 4 <input type="radio"/> → GO TO L45</p>
<p>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)</p> <div style="border: 1px solid black; height: 15px; width: 100%;"></div> <div style="border: 1px solid black; height: 15px; width: 100%;"></div> <div style="border: 1px solid black; height: 15px; width: 100%;"></div> <div style="border: 1px solid black; height: 15px; width: 100%;"></div>	<p>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?</p> <p>5 weeks</p>
<p>L35. What kind of work were you doing? (Give full description: e.g. accounts clerk, dairy farmer, primary school teacher)</p> <div style="border: 1px solid black; height: 15px; width: 100%;"></div> <div style="border: 1px solid black; height: 15px; width: 100%;"></div> <div style="border: 1px solid black; height: 15px; width: 100%;"></div> <div style="border: 1px solid black; height: 15px; width: 100%;"></div>	<p>L42. During those weeks, how many hours per week did he/she usually work?</p> <p>6 hours</p>
<p>L36. INTERVIEWER CHECK ITEM: Review H5 and J2. Is the respondent living with his/her spouse or partner (H5 = Yes or J2 = Yes)?</p> <p>Yes 1 <input type="radio"/></p> <p>No 2 <input type="radio"/> → GO TO L46</p>	<p>L43. Did he/she regularly work evening or night shifts?</p> <p>Yes 7 <input type="radio"/></p> <p>No 8 <input type="radio"/></p>
<p>L37. The next few questions are about your spouse/partner.</p>	<p>L44. Did he/she regularly work on Saturday or Sunday?</p> <p>Yes 1 <input type="radio"/></p> <p>No 2 <input type="radio"/></p>
<p>L38. During the past 12 months, what best describes your spouse's MAIN activity? Was he/she mainly ...</p> <p>Working at a job or business? 3 <input type="radio"/> → GO TO L41</p> <p>Looking for work? 4 <input type="radio"/> → GO TO L40</p> <p>A student? 5 <input type="radio"/></p> <p>Keeping house? 6 <input type="radio"/></p> <p>Retired? 7 <input type="radio"/> } GO TO L40</p> <p>Other 8 <input type="radio"/> } ↓</p> <p style="text-align: center;">Specify</p> <div style="border: 1px solid black; height: 15px; width: 100%;"></div> <div style="border: 1px solid black; height: 15px; width: 100%;"></div>	<p>L45. What is the highest level of education your spouse attained?</p> <p>Masters or earned doctorate 01 <input type="radio"/></p> <p>Bachelor or undergraduate degree, or teacher's college 02 <input type="radio"/></p> <p>Diploma or certificate from community college, CEGEP or nursing school 03 <input type="radio"/></p> <p>Diploma or certificate from trade, technical or vocational school, or business college 04 <input type="radio"/></p> <p>Some university 05 <input type="radio"/></p> <p>Some community college, CEGEP or nursing school 06 <input type="radio"/></p> <p>Some trade, technical or vocational school, or business college 07 <input type="radio"/></p> <p>Secondary/high school graduation 08 <input type="radio"/></p> <p>Some secondary high school 09 <input type="radio"/></p> <p>Elementary school (some or completed) 10 <input type="radio"/></p> <p>No schooling 11 <input type="radio"/></p> <p>Other 12 <input type="radio"/></p> <p style="text-align: right;">↓ Specify</p> <div style="border: 1px solid black; height: 15px; width: 100%;"></div> <div style="border: 1px solid black; height: 15px; width: 100%;"></div>

L46. During 1989, did you receive income ...

- | | Yes | No |
|--|-------------------------|-------------------------|
| a) From wages, salary or self-employment? | 1 <input type="radio"/> | 2 <input type="radio"/> |
| b) From government, such as Family Allowance, Unemployment Insurance, Social Assistance, Canada or Quebec Pension Plan or Old Age Security? .. | 3 <input type="radio"/> | 4 <input type="radio"/> |
| c) From interest, dividends, investments or private pensions? | 5 <input type="radio"/> | 6 <input type="radio"/> |
| d) From any other sources, such as alimony, scholarships, etc.? ... | 7 <input type="radio"/> | 8 <input type="radio"/> |

L47. What is your best estimate of your total personal income in 1989 from all sources, including those just mentioned?

Income 1 ☐ → \$

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

 .00

No income ... 2 ☐

Don't know ... 3 ☐

L48. Including yourself, how many persons in your household received income from any source, during 1989?

--	--	--

 persons

L49. INTERVIEWER CHECK ITEM:

Review L48.

If L48 = 01 4 ☐ → GO TO M1

Otherwise 5 ☐

L50. What is your best estimate of the total income of all household members from all sources in 1989? Was the total household income ...

- | | |
|--|--|
| Less than \$10,000? 05 <input type="radio"/> | Less than \$5,000? 09 <input type="radio"/> |
| | \$5,000 and more? 10 <input type="radio"/> |
| Less than \$20,000? 01 <input type="radio"/> | Less than \$15,000? 11 <input type="radio"/> |
| | \$15,000 and more? 12 <input type="radio"/> |
| Less than \$40,000? 07 <input type="radio"/> | Less than \$30,000? 13 <input type="radio"/> |
| | \$30,000 and more? 14 <input type="radio"/> |
| \$20,000 and more? 02 <input type="radio"/> | Less than \$60,000? 15 <input type="radio"/> |
| | \$60,000 to \$79,999? 16 <input type="radio"/> |
| | \$80,000 and more? 17 <input type="radio"/> |
| No income 03 <input type="radio"/> | |
| Don't know ... 04 <input type="radio"/> | |

M1. INTERVIEWER:

This survey is part of a longer-term project to investigate the relationship between the family and other issues such as health. For this reason, we may need to recontact your household in a year or more from now.

Refused to provide information . . . 60 → GO TO M8

Given name

[illegible]

Street and Number/
Lot and Concession

City, Town, Village,
Municipality

[illegible]

Refused to provide contact 70 → GO TO M8

Given name

Surname

Street and Number/
Lot and Concession

City, Town, Village,
Municipality

[illegible]

Postal code | | | | | | | |

| | | | - | | | - | | |

(Area code)

Thank respondent and end interview.

What is the sex of the respondent?

Male 8 ☐

Female 9 ○

99. COMMENTS

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