Onctor No individual State Program Conto

**FEMALE** 

## **Family** History Survey



CONFIDENTIAL when completed

Step-children First, I'm going to ask you about childre	
Have you ever raised step-children? (By step-children we mean children from the former union of a spouse or common-law partner.)	
'O Yes	SECOND STEP-CHILD
<sup>2</sup> O No▶Go to Section B	
2. What was the date of birth of your first step-child?	17. What was the date of birth of your second step-child?
Mo Yr	Mo Yr
3. When did your first step-child come under your care?	18. When did your second step-child come under your care?
Mo Yr	Mo Yr
4. Did you adopt this child?	19. Did you adopt this child?
³O Yes	<sup>3</sup> O Yes
¹O No ▶Go to Q6	<sup>1</sup> O No → Go to Q21
5. What was the date of adoption?	20. What was the date of adoption?
Mo Yr	Mo. Yr
6. Was this child a girl or a boy?	21. Was this child a girl or a boy?
<sup>5</sup> O Girl	<sup>5</sup> O Girl
<sup>6</sup> ○ Boy	°O Boy
7. Does this child live in this household or somewhere else?  O in this household	22. Does this child live in this household or somewhere else?
O Somewhere else > Go to Q14	O In this household Go to Q25 Somewhere else Go to Q29
O Deceased Go to Q8	O Somewhere else Go to Q29 O Deceased Go to Q23
8. What was the date this child died?	23. What was the date this child died?
9. At that time, was this child	Mo. Yr.  24. At that time, was this child
On his/her own?	On his/her own?
O In someone else's custody or care?	<sup>2</sup> O In someone else's custody or care?
³O Still at home? Go to Q16	<sup>3</sup> O Still at home? Go to Q31
10. Interviewer check item:	25. Interviewer check item:
O If Question 2 is before 0.2 6.8 Go to Q11	O If Question 17 is before 0,2 6,8 Go to Q26
<sup>2</sup> O Otherwise Go to Q16	<sup>2</sup> O Otherwise Go to Q31
11. Has this child ever left home to live on his/her own?	26. Has this child ever left home to live on his/her own?.
¹○ Yes	O Yes
<sup>5</sup> O No Go to Q16	<sup>5</sup> O No Go to Q31
12. When did this child last leave home?	27. When did this child last leave home?
Mo Yr	Mo Yr.
13. When did you start residing together again?	28. When did you start residing together again?
Mo Y′ → Go to Q16	Mo Yr Go to Q31
14. When this child stopped residing with you, was it to live on his/her own or in someone else's custody or care?	29. When this child stopped residing with you, was it to live on his/her own or in someone else's custody or care?
<sup>6</sup> ○ On his/her own	<sup>6</sup> ○ On his/her own
O In someone else's custody or care	O In someone else's custody or care
15. When did this child stop residing with you?	30. When this child stop residing with you?
Mo. Yr.  16. Have you raised a second step-child?	Mo. Yr.  31. Have you raised a third step-child?
O YesGo to Q17	O Yes Go to Q32
O No Go to Section B	O No Go to Section B

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SECTION A: Step-children	
THIRD STEP-CHILD	FOURTH STEP-CHILD
	•
32. What was the date of birth of your third step-child?	47. What was the date of birth of your fourth step-child?
Mo. Yr.	Mo. Yt.
33. When did your third step-child come under your care?	48. When did your fourth step-child come under your care?
Mo. Yr.	Mo. Yr.
34. Did you adopt this child?	49. Did you adopt this child?
³O Yes	³O Yes
¹O NoGo to Q36	O No Go to Q51  50. What was the date of adoption?
35. What was the date of adoption?	50. What was the date of adoption:
Mo. Yr	Mo. Y!
35. Was this child a girl or a boy?	51. Was this child a girl or a boy?
<sup>5</sup> O Girl	<sup>3</sup> O Girl
<sup>6</sup> O Boy  37. Does this child live in this household or somewhere else?	Boy  52. Does this child live in this household or somewhere else?
O In this household Go to Q40	O In this household Go to Q55
O Somewhere else Go to Q44	O Somewhere else Go to Q59
O Deceased Go to Q38	O Deceased Go to Q53
38. What was the date this child died?	53. What was the date this child died?
Mo. Yr. 39. At that time, was this child	Mo. Yr.
On his/her own?	On his/her own?
O in someone else's custody or care?	or care?  Go to Q60
³O Still at home? Go to Q46	<sup>3</sup> O Still at home? ► Go to Q61
40. Interviewer check item:	55. Interviewer check item:
O If Question 32 is before 0,2 6,8Go to Q41	O If Question 47 is before 0,26,8 Go to Q56
<sup>2</sup> O Otherwise Go to Q46	<sup>2</sup> O Otherwise Go to Q61
41. Has this child ever left home to live on his/her own?	56. Has this child ever left home to live on his/her own?
<sup>4</sup> O Yes	O Yes
<sup>5</sup> O NoGo to Q46	5O No ▶ Go to O61
42. When did this child last leave home?	57. When did this child last leave home?
Mo Yr.	Mo Yr.
43. When did you start residing together again?	58. When did you start residing together again?
Go to Q46	Mo Yr Go to Q61
44. When this child stopped residing with you, was it to live on his/her own or in someone else's custody or care?	59. When this child stopped residing with you, was it to live on his/her own or in someone else's custody or care?
On his/her own	<sup>6</sup> O On his/her own
O in someone else's custody or care	O in someone else's custody or care
45. When did this child stop residing with you?	60. When did this child stop residing with you?
Mo Yr. 46. Have you raised a fourth step-child?	Mo Yr.  81. Have you raised a fifth step-child?
O YesGo to Q47	<sup>8</sup> ○ Yes Go to next booklet
O No Go to Section B	O No Go to Section B
or the second of	The state of the s

SECTION B: Adopted Children	•
Have you ever adopted children? (Exclude any children mentioned in the step-children section).	
³O Yes	SECOND ADOPTED CHILD
<sup>4</sup> O No <b>→</b> Go to Section C	
2. What was the date of birth of your first adopted child?	15. What was the date of birth of your second adopted child?
Mo. Yr  3. What was the date of adoption of this child?	Mo. Yr.  16. What was the date of adoption of this child?
Mo. Yr.  4. Was this child a girl or a boy?	Mo. Yr.  17. Was this child a girl or a boy?
O Girl	O Girl
<sup>2</sup> O Boy	<sup>2</sup> O Boy
5. Does this child live in this household or somewhere else?	18. Does this child live in this household or somewhere else?
<sup>3</sup> O In this household <b>S</b> Go to Q8	<sup>3</sup> O In this household Go to Q21
O Somewhere else Go to Q12	O Somewhere else So to Q25
<sup>5</sup> O Deceased Go to Q6	5 O Deceased Go to Q19
6. What was the date this child died?	19. What was the date this child died?
Mo. Yr. 7. At that time, was this child	Mo. Yr.  20. At that time, was this child
On his/her own?	
	On his/her own?
custody or care?	O in someone else's custody or care?
<sup>6</sup> O Still at home?	O Still at home?Go to Q27
8. Interviewer check item:	21. Interviewer check item:
¹O If Question 2 is before 0,2 6,8 → Go to Q9	1 Ouestion 15 is before 0,2 6,8 Go to Q22
<sup>2</sup> O Otherwise Go to Q14	<sup>2</sup> O Otherwise Go to Q27
9. Has this child ever left home to live on his/her own?	22. Has this child ever left home to live on his/her own?
'O Yes	'O Yes
<sup>2</sup> O No Go to Q14	<sup>2</sup> O No _ → Go to Q27
10. When did this child last leave home?	23. When did this child last leave home?
Mo. Yr.	Mo Yr.
11. When did you start residing together again?	24. When did you start residing together again?
Mo. Yr. Go to Q14	Mo. Yr. Go to Q27
12. When this child stopped residing with you, was it to live on his/her own or in someone else's custody or care?	25. When this child stopped residing with you, was it to live on his/her own or in someone else's custody or care?
<sup>3</sup> O On his/her own	<sup>3</sup> O On his/her own
<sup>4</sup> O in someone else's custody or care	<sup>4</sup> O in someone else's custody or care
13. When did this child stop residing with you?	26. When did this child stop residing with you?
Mo. Yr.	Mo. Yr.
14. Old you adopt a second child?	27. Did you adopt a third child?
O Yes Go to Q15	<sup>5</sup> O Yes► Go to Q28
O No Go to Section C	O No . ▶ Go to Section C

	ECTION B: Sopted Children	
	THIRD ADOPTED CHILD	FOURTH ADOPTED CHILD
28.	What was the date of birth of your third adopted child?	41. What was the date of birth of your fourth adopted child?
-	Mo. Yr.	Mo. Yr.
29.	What was the date of adoption of this child?	42. What was the date of adoption of this child?
	Mo. Yr.	Mo. Yr.
30.	Was this child a girl or a boy?	43. Was this child a girl or a boy?
	O Girl	¹O Girl
 	<sup>2</sup> O Boy	<sup>2</sup> O Boy
31.	Does this child live in this household or somewhere else?	44. Does this child live in this household or samewhere else?
	<sup>3</sup> O in this household Go to Q34	<sup>3</sup> O In this household <del>&gt;</del> Go to Q47
	O Somewhere else Go to Q38	<sup>4</sup> O Somewhere else Go to Q51
	<sup>5</sup> O Deceased Go to Q32	<sup>5</sup> O Deceased Go to Q45
32.	What was the date this child died?	45. What was the date this child died?
	Mo. Yr.	. Mg. Yr.
33.	At that time, was this child	46. At that time, was this child
	On his/her own?	<sup>5</sup> O On his/her own?
	O in someone else's custody or care?	O in someone else's custody or care?
	<sup>6</sup> O Still at home?Go to Q40	<sup>6</sup> O Still at home? Go to Q53
34.	Interviewer check Item:	47. Interviewer check Item:
	O If Question 28 O,2 6,8 Go to Q35	O If Question 41 is before  0,26,8 Go to Q48
	<sup>2</sup> O Otherwise Go to Q40	<sup>2</sup> O Otherwise Go to Q53
35.	Has this child ever left home to live on his/her own?	48. Has this child ever left home to live on his/her own?
	¹O Yes	'O Yes
	<sup>2</sup> O No Go to Q40	<sup>2</sup> O No Go to Q53
36.	When did this child last leave home?	49. When did this child last leave home?
	Mo. Yr.	Mo. Yr.
37.	When did you start residing together again?	50. When did you start residing together again?
	Go to Q40	Go to Q53
38.	When this child stopped residing with you, was it to live on his/her own or in someone else's custody or care?	51. When this child stopped residing with you, was it to live on his/her own or in someone else's custody or care?
	<sup>3</sup> O On his/her own	<sup>3</sup> O On his/her own
	<sup>4</sup> O in someone else's custody or care	<sup>4</sup> O In someone else's custody or care
39.	When did this child stop residing with you?	52. When did this child stop residing with you?
	Mo. Yr.	Ma. Yr.
40.	Did you adopt a fourth child?	53. Did you adopt a fifth child"
	O Yes Go to Q41	<sup>5</sup> ○ Yes Go to next booklet
	O No Go to Section C	O No Go to Section C

ECTION C: latural Children  1. Have you ever given birth to a child? (Do not count stillibirths.)  5 Yes	
stillbirths.)	
50	
○ Yes	SECOND NATURAL CHILD
O No Go to Section D	
2. What was the date of birth of your first child?	14. What was the date of birth of your second child?
Mo. Yr.	Mo. Yr.
3. Was this child a girl or a boy?	15. Was this child a girl or a boy?
O Girl	O Girl
<sup>2</sup> O Boy	<sup>2</sup> O Boy
4. Does this child live in this household or somewhere else?	16. Does this child live in this household or somewhere else?
<sup>3</sup> O In this household <b>_</b> Go to Q7	3O In this household Go to Q19
O Somewhere else Go to Q11	O Somewhere else Go to Q23
O Deceased Go to Q5	<sup>5</sup> O Deceased Go to Q17
5. What was the date this child died?	17. What was the date this child died?
Mo. Yr.	Mo. Yr.
6. At that time, was this child	18. At that time, was this child
On his/her own?	On his/her own?
O In someone else's custody or care?	O In someone else's custody or care?
O Still at home? Go to Q13	<sup>8</sup> O Still at home? Go to Q25
7. Interviewer check Item:	19. Interviewer check item:
Off Question 2	O If Question 14 s before 0,2 6,8 Go to Q20
<sup>2</sup> O Otherwise Go to Q13	<sup>2</sup> O Otherwise Go to Q25
. Has this child ever left home to live on his/her own?	20. Has this child ever left home to live on his/her own?
'O Yes	¹O Yes
<sup>2</sup> O No Go to Q13	<sup>2</sup> O No Go to Q25
9. When did this child last leave home?	21. When did this child last leave home?
Mo. Yr.	Mo. Yr.
0. When did you start residing together again?	22. When did you start residing together again?
Mo. Yr. ■Go to Q13	Mg. Yr.
Mo. Yr.  1. When this child stopped residing with you, was it to live on his/her own or in someone else's custody or care?	23. When this child stopped residing with you, was it to live on his/her own or in someone else's custody or care?
<sup>3</sup> O On his/her own	<sup>3</sup> O On his/her own
<sup>4</sup> O In someone else's custody or care	<sup>4</sup> O In someone else's custody or care
<sup>5</sup> O Never resided together Go to Q13	<sup>5</sup> O Never resided togetherGo to Q25
2. When did this child stop residing with you?	24. When did this child stop residing with you?
	Mg. Yr.
Mo. Yr.	MIQ. 11.
	25. Did you give birth to a third child?
Mo. Yr.  13. Did you give birth to a second child?  O YesGo to Q14	

SECTION C: Natural Children	
THIRD NATURAL CHILD	FOURTH NATURAL CHILD
26. What was the date of birth of your third child?	38. What was the date of birth of your fourth child?
Mo. Yr.	
27. Was this child a girl or a boy?	39. Was this child a girl or a boy?
'O Girl	¹O Girl
<sup>2</sup> O Boy	²○ Boy
28. Does this child live in this household or somewhere else?	40. Does this child live in this household or somewhere else?
³O In this household Go to Q31	<sup>3</sup> O In this household Go to Q43
<sup>4</sup> ○ Somewhere else Go to Q35	<sup>4</sup> O Somewhere else Go to Q47
<sup>5</sup> O Deceased Go to Q29	5○ Deceased Go to Q41
29. What was the date this child died?	41. What was the date this child died?
Mo. Yr.	Mo. Yr.
30. At that time, was this child	42. At that time, was this child
On his/her own?	On his/her own?
O In someone else's custody or care?	O in someone else's custody or care?
<sup>8</sup> ○ Still at home? Go to Q37	<sup>a</sup> O Still at home? Go to Q49
31. Interviewer check Item:	43. Interviewer check item:
O If Question 26 0,2 6,8 Go to Q32	O If Question 38 is before  0,26,8 Go to Q44
<sup>2</sup> O Otherwise Go to 037	<sup>2</sup> O Otherwise Go to Q49
32. Has this child ever left home to live on his/her own?	44. Has this child ever left home to live on his/her own?
O Yes	'O Yes
30	30
<sup>2</sup> O No Go to Q37  33. When did this child last leave home?	<sup>2</sup> O No Go to Q49  45. When did this child last leave home?
Mo. Yr.	Mo. Yr.
34. When did you start residing together again?	46. When did you start residing together again?
Mo. Yr. → Go to Q37	Mo. Yr. → Go to Q49
35. When this child stopped residing with you, was it to live on his/her own or in someone else's custody or care?	47. When this child stopped residing with you, was it to live on his/her own or in someone else's custody or care?
<sup>3</sup> O On his/her own	<sup>3</sup> O On his/her own
O In someone else's custody or care	O In someone else's custody or care
<sup>5</sup> ○ Never resided together Go to Q37	<sup>5</sup> ○ Never resided together
36. When did this child stop residing with you?	48. When did this child stop residing with you?
Mo. Yr.	Mo. Yr.
37. Did you give birth to a fourth child?	49. Did you give birth to a fifth child?
O YesGo to Q38	O Yes Go to Q50
O No Go to Section D	<sup>7</sup> O No        Go to Section D

SECTION C: Natural Children	
FIFTH NATURAL CHILD	SIXTH NATURAL CHILD
50. What was the date of birth of your fifth child?	62. What was the date of birth of your sixth child?
Mo. Yr.	Mo. Yr.
51. Was this child a girl or a boy?	63. Was this child a girl or a boy?
O Girl	'O Girl
<sup>2</sup> O Boy	<sup>2</sup> O Boy
52. Does this child live in this household or somewhere else?	64. Does this child live in this household or somewhere else?
On this household Go to Q55	<sup>3</sup> ○ In this household Go to Q67
O Somewhere else Go to Q59	<sup>4</sup> ○ Somewhere else Go to Q71
<sup>5</sup> O Deceased Go to Q53	<sup>5</sup> O Deceased Go to Q65
53. What was the date this child died?	65. What was the date this child died?
Mo. Yr.	Mo. Yr.  66. At that time, was this child
On his/her own?	On his/her own?
O In someone else's Go to Q60	O In someone else's Go to Q72
custody or care?	custody or care?
<sup>8</sup> O Still at home? Go to Q61	<sup>8</sup> O Still at home? Go to Q73
55. Interviewer check item:	67. Interviewer check Item:
O If Question 50 0,2 6.8 Go to Q56	Off Question 62 o,2 6,8 Go to Q68
<sup>2</sup> O Otherwise Go to Q61	<sup>2</sup> O Otherwise Ga to Q73
56. Has this child ever left home to live on his/her own?	68. Has this child ever left home to live on his/her own?
¹○ Yes	'O Yes
<sup>2</sup> O NoGo to Q61	<sup>2</sup> O NoGo to Q73
57. When did this child last leave home?	69. When did this child last leave home?
Mo. Yr.	Mo. Yr.
58. When did you start residing together again?	70. When did you start residing together again?
Mo. Yr. ■ Go to Q61	Mo. Yr. Go to Q73
59. When this child stopped residing with you, was it to live on his/her own or in someone else's custody or care?	71. When this child stopped residing with you, was it to live on his/her own or in someone else's custody or care?
On his/her own	<sup>3</sup> O On his/her own
<sup>4</sup> O In someone else's custody or care	O In someone else's custody or care
<sup>5</sup> O Never resided together Go to Q61	<sup>5</sup> O Never resided togetherGo to Q73
60. When did this child stop residing with you?	72. When did this child stop residing with you?
Mo. Yr.	Mo. Yr.
61. Did you give birth to a sixth child?	73. Did you give birth to a seventh child?
O Yes Go to Q62	<sup>6</sup> ○ Yes Go to Q74
O NoGo to Section D	O NoGo to Section D

SECTION C: Natural Children	
SEVENTH NATURAL CHILD	EIGHTH NATURAL CHILD
	and the same the date of blab of your sinbab obild?
74. What was the date of birth of your seventh child?	86. What was the date of birth of your eighth child?
Ma. Yr.	Mo. Yr.
75. Was this child a girl or a boy?	87. Was this child a girl or a boy?
O Girl	'O girl
<sup>2</sup> O Boy	<sup>2</sup> O Boy
76. Does this child live in this household or somewhere else?	88. Does this child live in this household or somewhere else?
. Go to Q79	<sup>3</sup> O in this household Go to Q91
O Somewhere else Go to Q83	O Somewhere else Go to Q95
5 Deceased Go to Q77	5 Deceased Go to Q89  89. What was the date this child died?
77. What was the date this child died?	os. Wild was the date this Child died?
Mo. Yr.	Mo. Yr.
78. At that time, was this child	90. At that time, was this child
<sup>6</sup> ○ On his/her own?	O On his/her own?
O In someone else's custody or care?	O in someone else's custody or care?
O Still at home? Go to Q85	<sup>a</sup> O Still at home?Go to Q97
79. Interviewer check item:	91. Interviewer check item:
O If Question 74	O If Question 86 is before O Q 6,8 Go to Q 92
<sup>2</sup> O Otherwise Go to Q85	<sup>2</sup> O Otherwise Go to Q97
80. Has this child ever left home to live on his/her own?	92. Has this child ever left home to live on his/her own?
O Yes	O Yes
<sup>2</sup> O No → Go 10 Q85	<sup>2</sup> O No Go to Q97
81. When did this child last leave home?	93. When did this child last leave home?
Mo. Yr.	Mo. Yr.
82. When did you start residing together again?	94. When did you start residing together again?
Mo. Yr.	Mo. Yr.
83. When this child stopped residing with you, was it to live on his/ner own or in someone else's custody or care?	95. When this child stopped residing with you, was it to live on his/her own or in someone else's custody or care?
<sup>3</sup> O On his/her own	³O On his/her own
O in someone else's custody or care	O in someone else's custody or care
<sup>5</sup> O Never resided together Go to Q85	<sup>5</sup> O Never resided together Go to Q97
84. When did this child stop residing with you?	96. When did this child stop residing with you?
i	
Mo. Yr.  85. Did you give birth to an eighth child?	Mo. Yr.  97. Did you give birth to a ninth child?
O Yes Go to Q86	O Yes Go to next booklet
O No Go to Section D	O No → Go to Section D

	CTION D: rriages The next few questions are about marriages	
1.	Have you ever been legally married?	
	¹○ Yes	THIRD MARRIAGE
	O NoGo to Section E	
2	What was the date of your first marriage?	10. What was the date of your third marriage?
	Mo. Yr.	Mo. Yr.
3.	Are you still living with your first husband?	11. Are you still living with your third husband?
	'O Yes Go to Section E	'O YesGo to Section E
<u> </u>	<sup>2</sup> O No	²○ No
4.	Did your first marriage end in (Read categories and record dates.)	12. Did your third marriage end in (Read categories and record dates.)
	<sup>3</sup> O Separation?	<sup>3</sup> O Separation?
	O Separation and then divorce or annulment?	O Separation and then divorce or annulment?
	O Death of spouse?	<sup>5</sup> O Death of spouse? Mo. Yr.
	6 ○ Other? <b>Mo.</b> Yr.	Oother?
5.	Have you been legally married a second time?	13. Have you been legally married a fourth time?
	<sup>7</sup> ○ Yes Go to Q6	'O Yes Go to Q14
	<sup>8</sup> ○ No Go to Section E	<sup>8</sup> ○ No Go to Section E
	SECOND MARRIAGE	FOURTH MARRIAGE
6.	What was the date of your second marriage?	14. What was the date of your fourth marriage?  Mo. Yr.
7.		15. Are you still living with your fourth husband?
	¹O YesGo to Section E	¹O YesGo to Section E
	<sup>2</sup> O No	<sup>2</sup> O No
8.	Did your second marriage end in (Read categories and record dates.)	16. Did your fourth marriage end in (Read categories and record dates.)
	<sup>3</sup> O Separation? Mo. Yr.	<sup>3</sup> O Separation?
:	Separation and then divorce or annulment?  Separation and then divorce of A. Mo. Yr.	Separation and then divorce or annulment?
 	Death of spouse?	5 Death of spouse? Mo. Yr.
	6 Other?Mo. Yr.	6O Other?Mo. Yr.
9.	Have you been legally married a third time?	17. Have you been legally married a fifth time?
1	<sup>7</sup> O Yes Go to Q10	'O YesGo to next booklet
	<sup>8</sup> ○ NoGo to Section E	<sup>8</sup> ○ No Go to Section E

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	CTION E: The next questions are about ommon-law partnerships that led to marriage.	common-law partnerships, including those
1.	Have you ever been a partner in a common-law relationship? By this we mean, partners live together as husband and wife, without being legally married.	
	O Yes	SECOND PARTNERSHIP
	<sup>2</sup> O No Go to Section F	
2.	Approximately when did you and your first common-law partner begin to live together?	Approximately when did you and your second common-law partner begin to live together?
	Mo. Yr.	Mo. Yr.
3.	Are you still living together as common-law partners?	9. Are you still living together as common-law partners?
	³O Yes → Go to Section F	³O Yes → Go to Section F
i	10 No	10 No
4.	Did you ever marry this partner?	10. Did you ever marry this partner?
	<sup>5</sup> O Yes	<sup>5</sup> O Yes
	6O No Go to Q6	<sup>6</sup> O No Go to Q12
5.	Can you please tell me again the date of that marriage?  Mo. Yr. Go to Q7	11. Can you please tell me again the date of that marriage?  Mo. Yr. Go to Q13
. 6.	your partner? (Record dates)	12. Did this partnership end by separation or by the death of your partner? (Record dates)
	O Separation Mo. Yr.	O Separation.
	<sup>2</sup> O Death Mo. Yr.	<sup>2</sup> O Death Mo. Yr.
7.	Have you been a partner in a second common-law relationship?	13. Have you been a partner in a third common-law relationship?
	³O Yes <sub>— .</sub> Go to Q8	³O Yes Go to Q14
	O No Go to Section F	O No Go to Section F

SECTION E: Common-law partnerships	
THIRD PARTNERSHIP	FOURTH PARTNERSHIP
14. Approximately when did you and your third common-law partner begin to live together?  Mo. Yr.	20. Approximately when did you and your fourth common-law partner begin to live together?  Mo. Yr.
15. Are you still living together as common-law partners?	21. Are you still living together as common-law partners?
³O YesGo to Section F	³O Yes Go to Section F
'O No	10 No
16. Did you ever marry this partner?	22. Did you ever marry this partner?
<sup>5</sup> O Yes	<sup>5</sup> O Yes
<sup>6</sup> O NoGo to Q18	<sup>8</sup> O No Go to Q24
17. Can you please tell me again the date of that marriage?  Mo. Yr. Go to Q19	23. Can you please tell me again the date of that marriage?  Mo. Yr. Go to Q25
<ol> <li>Did this partnership end by separation or by the death of your partner? (Record dates)</li> </ol>	24. Did this partnership end by separation or by the death of your partner? (Record dates)
O Separation Mo. Yr.	O Separation Mo. Yr.
<sup>2</sup> O Death	<sup>2</sup> O Death Mo. Yr.
19. Have you been a partner in a fourth common-law relationship?	25. Have you been a partner in a fifth common-law relationship?
³○ Yes Go to Q20	³O Yes Go to next booklet
O No Go to Section F	O No Go to Section F

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Have you ever worked at a job or business on a regular basis? By this I mean a full or part-time job which lested a or longer.  10 Yes 20 NoEND	
	anding
	andina
	endina
In what year did you first start working on a regular basis? Exclude part-time employment while you were att school full-time.	
1 9 Year	
Only part-time work while full-time studentEND	
Since that time have you ever stopped working for a period of one year or longer?	
³O Yes	
4O No END	
I am going to ask you some questions about each time you stopped regular work for one year or longer.	
Interviewer Instruction: Please complete one column of questions for each work interruption. We are collecting in for the first four interruptions only.	tormation
FIRST INTERRUPTION SECOND INTERRUPTION	
In what year did your first work interruption begin?  10. In what year did your second work interruption	n begin?
19	
At that time were you working full-time or part-time?  11. At that time were you working full-time or part-time?	t-time?
O Full-time	
<sup>2</sup> O Part-time	
What were the reasons you stopped working? (mark all that apply)  12. What were the reasons you stopped working? (mark all that apply)	
O Pregnancy or Child Care	
<sup>2</sup> O Returned to school	
<sup>3</sup> O Retired	
O Moved to be with partner with partner	
<sup>5</sup> O Laid off/job ended	
O Own illness/disability	
<sup>2</sup> ○ Marriage	
<sup>8</sup> ○ Other	
For how long did you stop working before you returned to work on a regular basis, either full or part-time?  13. For how long did you stop working before you work on a regular basis, either full or part-time?	
Years	
85 Never worked since END 65 Never worked since END	
When you returned was it to work full-time or part-time? 14. When you returned was it to work full-time or	part-time?
O Full-time	ļ
<sup>2</sup> O Part-time	
Have you taken any other breaks of one year or longer from regular employment?  15. Have you taken any other breaks of one year or regular employment?	onger from
³O Yes Go to Q10	
'O No END	

SECTION F: Work History	
THIRD INTERRUPTION	FOURTH INTERRUPTION
16. In what year did your third work interruption begin?	22. In what year did your fourth work interruption begin?
19	19
17. At that time were you working full-time or part-time?	23. At that time were you working full-time or part-time?
<sup>1</sup> O Full-time	¹O Full-time
<sup>2</sup> O Part-time	<sup>2</sup> O Part-time
18. What were the reasons you stopped working? (mark all that apply)	24. What were the reasons you stopped working? (mark all that apply)
O Pragnancy or child care	<sup>1</sup> O Pregnancy or child care
<sup>2</sup> O Returned to school	<sup>2</sup> O Returned to school
<sup>3</sup> O Retired	<sup>3</sup> O Retired
<sup>4</sup> O Moved to be with partner	O Moved to be with partner
<sup>5</sup> O Laid off/job ended	<sup>5</sup> O Laid off/job ended
Own illness/disability	Own illness/disability
<sup>2</sup> O Marriage	'O Marriage
<sup>8</sup> O Other	<sup>8</sup> O Other
19. For how long did you stop working before you returned to work on a regular basis, either full or part-time?	25. For how long did you stop working before you returned to work on a regular basis, either full or part-time?
Years	Years
Never worked since END	Never worked since END
20. When you returned was it to work full-time or part-time?	26. When you returned was it to work full-time or part-time?
<sup>1</sup> O Full-time	<sup>1</sup> O Full-time
<sup>2</sup> O Part-time	<sup>2</sup> O Part-time
21. Have you taken any other breaks of one year or longer from regular employment?	Have you taken any other breaks of one year or longer from regular employment?
³○ Yes Go to Q22	<sup>3</sup> O Yes Go to Q28
*O No END	4○ No END
	28. How many more breaks were there?
	numberEND

700	-	
		GSS-3
	CONFIDENTIAL	when completed
	GENERAL SOCIAL SURVEY  HEALTH AND SOCIAL SUPPORT  QUESTIONNAIRE  AGES 55 AND OVER	

SECTION A	7. Do you have diabetes?
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.	<sup>1</sup> O Yes <sup>2</sup> O No <sup>3</sup> O Don't know  Go to 9
1. How would you describe your state of health? Compared to other persons your age, would you say it was  1	8. At what age were you first diagnosed?  "O Never diagnosed  "O Don't know  9. Do you have any respiratory problems such as
2. Now I'd like to ask you some questions about your blood pressure. How long ago did you last have your blood pressure checked?  1. Within last 6 months 2. 7 to 12 months ago 3. 13 to 24 months ago 4. More than 2 years ago	asthma, emphysema, chronic bronchitis, persistent cough or shortness of breath?  1 O Yes 2 O No 3 O Don't know
O Never Go to 5	10. Do you have arthritis, rheumatism or bursitis?  'O Yes  2 O No
3. Have you ever been told by a doctor or nurse that you have high blood pressure?  O Yes O No O Don't know  Note: Women should exclude high blood pressure due to pregnancy.	SECTION B  11. It is important in the next few questions for you to refer to the 14 day period from Sunday
4. Has any medication or treatment such as a change in diet ever been prescribed for your high blood pressure?  1 O Yes  2 O No 3 O Don't know	*O Working  *O Going to school  *O Keeping house  *O Other (specify)  Note: If sickness or illness is reported, ask for usual major activity.
S. 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?  'O Yes  'O No  Go to 7  6. At what age were you first diagnosed?	12. During those 14 days did you stay in bed at all because of your health, including any nights apent as a patient in a hospital?  13. How many days did you stay in bed for all or most of the day?
"O Never diagnosed  "O Don't know	14. Interviewer:  If code 4, 5 or 6 in Q 11. C Go to 15  Otherwise. C Go to 16

15.	On how many of those days would you normally (worked? have   gone to school? (done housework?)	23.	During the you see or to health?  None  Don't S	last 12 months, how many times did alk to a medical specialist about your	
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?  1 Yes  4 No Go to 20	24.			
17.	How many days did you cut down for all or most of the day?	25.	During the	last 12 months, how many times did	
			you see or excluding m	talk to a nurse about your health, aking appointments?	
18.	Interviewer:		<sup>37</sup> O None		
	If code 4, 5 or 6 in Q. 11, 10 Go to 19		M O Don't l	now	
	Otherwise, <sup>2</sup> O Go to 20	26.	Did you sn	end any nights as a patient in a	
			hospital, nu	ursing home or convalescent home ast 12 months?	
19.	On how many of those days were you not able (work? )	ĺ	_	How many nights?	
!	to   go to school?   do housework?)		<sup>2</sup> O No	inow many mignes.	
		SECTION D			
SEC	TION C	Now I would like to ask you some questions about			
20.	During those 14 days, did you see or talk to a medical doctor about your health? <sup>3</sup> Yes	yon tem	normally	on an average day, with any aids if use them. Please exclude any ulties you might be experiencing due njury.	
	1 O No Go to 22	27.		ve any trouble walking 400 metres ing; that's about 3 city blocks?	
21.	What was the main reason for this contact?		¹○ Yes→	Are you completely unable to do this?	
	<sup>3</sup> O Illness or health problem		2 O No	³O Yes	
	<sup>4</sup> O Medical check-up	1		10 No	
	_	<u></u>	•	<del></del>	
	O Shots, inoculations or vaccination	28	Do you have	any trouble walking up and down a	
	<sup>6</sup> O Pre or post-natal care	28.	Do you have flight of stai	any trouble walking up and down a rs?	
		28.	flight of stai		
	<sup>6</sup> O Pre or post-natal care	28.	flight of stai	Are you completely unable to do	
22.	Pre or post-natal care  Other (specify)  Now I'd like to ask you about your contacts	28.	flight of stai	Are you completely unable to do this?	
22.	9 Other (specify)		flight of stai  5 ○ Yes→  6 ○ No	Are you completely unable to do this?  O Yes O No	
22.	Now 1'd like to ask you about your contacts during the last 12 months with the health care	28.	flight of stai	Are you completely unable to do this?	
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		flight of stai  Yes  No  Do you have kilograms to pound bag of	Are you completely unable to do this?  O Yes O No  e any trouble carrying an object of 5 o metres; that's like carrying a 12	
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		flight of stai  Yes  No  Do you have kilograms to pound bag of	Are you completely unable to do this?  O Yes O No  e any trouble carrying an object of 5 o metres; that's like carrying a 12 of groceries about 30 feet?  Are you completely unable to do	
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?		flight of stai  Yes  No  No  Do you have kilograms to pound bag of	Are you completely unable to do this?  O Yes O No  any trouble carrying an object of 5 metres; that's like carrying a 12 f groceries about 30 feet?  Are you completely unable to do this?	

30.	Do you have any trouble standing for long periods of time; for example, waiting in line at a	SECTION E
	bank for 20 minutes or more?	The next few questions concern your physical condition and physical activity.
	Yes Are you completely unable to do this?	38. What is your height?
	O No O Yes	1 2
	O No	feet inches or centimetres
31.	Do you have any trouble, when standing, bending down to pick up an object from the floor?	³O Don't know
	Yes - Are you completely unable to do this?	39. What is your weight?
	O No O Yes	
	'O No	lbs. or kilograms
32.	Do you have any trouble cutting your own toenails?	O Don't know
	Yes Are you completely unable to do this?	40. Do you consider yourself to be
	O No O Yes	Overweight Underweight
	O No	Onderweight  O About the proper weight?
33.	Do you have trouble using your fingers to grasp or handle?	O About the proper weight:
	Yes - Are you completely unable to do this?	SECTION F  41. Thinking back over the last 3 months did you
	10 No 10 Yes	participate in active physical exercise, that is, exercise which made you perspire or breathe
	·O No	more heavily than normal?
34.	Do you have any trouble reaching above your head?	¹ O Yes ¹ O No ———— Go to 50
	Yes - Are you completely unable to do this?	
l	O No O Yes	42. Whet did you do? Anything else? (Mark all that apply.)
	O No	1 O Running or jogging
35.	Do you have any trouble seeing well enough to	<sup>2</sup> O Bicycling
	read ordinary newsprint, with glasses if you normally wear them?	O Tennis
}	Yes - Are you completely unable to do	4 O Exercise in a class or at home
	this?	<sup>5</sup> O Swimming
1	1 O No	O Raquetball or squash
	O No	Other (specify)
36.	Do you have any trouble hearing what is said in a normal conversation with at least two persons.	Other (specify)
	with a hearing aid if you normally use one?	Other (specify)
	SO Yes—Are you completely unable to do this?	43. Over the last 3 months which did you do most frequently?
	O No O Yes	<sup>1</sup> O Running or jogging
	O No	<sup>2</sup> O Bicycling
37.		<sup>3</sup> O Tennis
	you can do at home, at work or at school because of a long term physical condition or health	4 O Exercise in a class or at home
	problem?	<sup>3</sup> O Swimming
}	Yes - How are you limited?	• O Raquetball or squash
1	20 No	Other (specify)

44.	How frequently did you participate in this activity?	50.	which of the following best describes the level of physical effort in your work or daily activities?
	1 times per week		Light - such as office work, driving, sitting
	OR 2 times per month		<sup>2</sup> O Moderate – such as vacuuming.
	O Less than once a month		carpentry, walking  J O Heavy - such as pushing or carrying
	O Don't know		heavy objects
<u> </u>	<del></del>		O Don't know
45.	About how much time did you spend on each occasion?		
	<sup>3</sup> O More than one hour	51.	Over the past 3 months how frequently did you participate in light physical exercise or
	4 O 46 minutes to one hour		recreation such as walking, dancing, golfing, gardening, baseball, etc.?
	30 31 minutes to 45 minutes		
	* O 16 minutes to 30 minutes		times a week OR
	O 15 minutes or less		2 times a month
	<sup>5</sup> O Don't know		S O Less than once a month
46.	Interviewer:		<sup>4</sup> ○ Don't know
	If only one circle	52.	Overall, do you consider the amount of physical
	marked in Q. 42 O Go to 50		activity you usually get to be
İ	Otherwise, <sup>2</sup> O Go to 47		O Too much
			* O Too little
47.	Which was the next most frequent exercise you participated in during the last 3 months?		O The right amount?
ł	<sup>3</sup> O Running or jogging	SEC	CTION G
	O Bicycling	The	next questions are about smoking.
	<sup>5</sup> O Tennis	53.	At the present time do you smoke cigarettes
	C Exercise in a class or at home		daily, occasionally or not at all?
	O Swimming		O Daily
	*O Raquetball or squash		Occasionally Go to 57
ĺ	Other (specify)		O Notatall
		54.	At what age did you start smoking cigarettes
48.	How frequently did you do this activity?	"	daily?
1	1 times a week	Ì	
	OR		<sup>36</sup> ○ Don't know
	times a month	55.	About how many cigarettes do you smoke each
	• O Less than once a month		day?
	O Don't know	1	
49.	About how much time did you spend on each	56.	What brand of cigarettes do you usually smoke?
	occasion?		Go to 62
	1 O More than one hour	1	(code from brand chart)
	4O 46 minutes to one hour		•
	3 O 31 minutes to 45 minutes	57.	Do you smoke pipes, cigars, or cigarillos daily?
	O 16 minutes to 30 minutes  O 15 minutes or less		³O Yes
	O Don't know		*O No
1	O DOIL CHIOM	1 -	•

58.	Have you ever smoked cigarettes daily?	The day	next question concerns drinking in the last 7 s. By a drink we mean:
	<sup>7</sup> ○ Yes  • ○ No ————— Go to 62	- 0	one pint bottle of beer one small glass of wine 1/2 ounces of liquor
59.	At what age did you start smoking daily?	66.	(a) Thinking back over the last 7 days, on how many of these days did you have any alcoholic drinks?
}		1	
		ł	O None Go to 67
	•	1	
60.	At what age did you last stop smoking daily?		(b) On how many of these days did you have 2 or more drinks?
,		ł	
			O None Go to 67
			(c) On how many of these days did you have 4 or
			more drinks?
61.	About how many cigarettes did you usually smoke daily?		
			O None Go to 67
			(d) On how many of these days did you have 8 or
			more drinks?
62.	How many people in your household, excluding yourself, smoke daily?		
			None Go to 67
	™ O Don't know		(e) On how many of these days did you have 12 or more drinks?
			C moreurmas.
		Ì	. L
SEC	CTION H	1	¹○ None
The	following questions are about drinking wine,		
bee	r or liquor all kinds of alcoholic beverages.	67.	Compared to this time last year are you now drinking
63.	In the last 12 months have you taken a drink of beer, wine, liquor or other alcoholic beverage?		¹O More
	¹ O Yes		O About the same Go to 70
	<sup>1</sup> O No ——— Go to 68		¹O Less
l		68.	Did you ever drink alcoholic beverages?
			O Yes
64.	How often did you take a drink?	1	<sup>3</sup> O No Go to 70
	Was it		
)	O Everyday	69.	Why did you stop?
	<sup>5</sup> O At least once a week		• O Health
1	One or more times a month		Other (specify)
	<sup>7</sup> O Less often than once a month?		
	Don't know	SEC	CTION I
		рег	ent studies have shown that the amount of sleep a son gets may be related to their health.
65.	At what age did you start drinking alcoholic beverages?	70.	Within a 24-hour period, how much time do you usually spend in bed resting, reading and sleeping?
	™ O Don't know		hours minutes
1		<u> </u>	O Don't know

r		<del> </del>	<del></del>					<del></del>
	this time, eeping?	how long do you	usually spend					
L				}				
ho	urs mit	nutes						
9	O Don't kn	ow						
72. Do	o you consid	ler that you get		1				
1	O Too mu	ch sleep						
2 (	O Too litti	e sleep						
F		he right amount?		<u> </u>	·			
SECTIO	ON J							
y o	u are very	stions ask you to rat satisfied, somewhat ings about each of th	satisfied, some	about ar what dis	eas of your satisfied or	life an very d	d living condition is the distribution of the	ons, whether w would you
				omewhat Satisfied	. Somev Dissati		Very Dissatisfied	No Opinion
	Your heal		σ <sub>1</sub> Ο σ	<sup>2</sup> O	<b>∞</b> ○		۵ <b>۰</b>	14 O
(b)	Your job o major acti		os Q	O	<b>*</b> O		<b>~</b> O	**Q
	Yourfina: Yourhous			<u>,</u> 0	13 O 18 O		14 O 19 O	**O
(e)	Family rel	ations	21 Ŏ 2	²Ŏ	<b>≈</b> O		۳Ŏ	"Ŏ
<u> </u>	Friendshi			7 O	** Ŏ		<sup>29</sup> O	30 🔾
74. Us	sing the san e as a whole	ne scale, how do you	feel about your	76(b)			h, how many ti town or commu	
1,	O Very sa	tisfied			"O Never		Go to 76(c)	
2	O Somewi	hat satisfied				With (Mark	whom did you tr all that apply)	avel?
3	O Somew	hat dissatisfied				10		
(	O Very di					_	Spouse/Partner	
5	O No opini	on			i	ļ	Son/Daughter	
75. W	ould you de	scribe yourself as	•			_	Other Relative	
1	O Very ha	рру		}		,0 1	Friend	
	O Somew	•		1		•0 (	Other (specify)	
ł		hat unhappy						
1	O Very ur			76(c)	Go to senio	r cent	res or clubs?	
SECTI	O No opini	ion		-		<b>77</b> O	Never	
1	_	questions concern s	ooial activities				·	
	In the last to public p	month, how many ti places such as movi	mes did you go	76(d)	Go out to a cards, or to		es such as bingo, d courses?	playing
ļ	_	———— Go to 76	?/ <b>b</b> )		"O Neve		Go to 76(e)	
	C Wever	With whom did you		1	<b>□</b>		whom did you go all that apply)	o?
	اسلا	(Mark all that apply)		[]		10	Alone	
		¹O Alone		}		20 :	Spouse/Partner	
}		<sup>2</sup> O Spouse/Partner		]]		30	Son/Daughter	
		<sup>3</sup> O Son/Daughter				10	Other Relative	
		Other relative		11		0.	Fŗiend	11
		5O Friend				40	Other (specify)	
		6O Other (specify)		1				
	1			76(e)	Attend me	etings	of clubs or organ	nizations?
		•		-		<b>27</b> O	Never	

SEC			80. In the last 6 months have you done any unpababysitting?			
you This such	have included as be	ew questions are about any unpaid help given to others during the last 6 months. des volunteer work through organizations ospitals, churches, sport associations and	10	Yes ► No	For which person or for which organization? (Mark all that apply)  3 O Son/Daughter	
		nteer organizations as well as unpaid help ends, neighbours or acquaintances.	İ			
77.	In the	last 6 months have you done any unpaid			O Parent	
•••	house	work outside your home such as cooking,	ĺ	- {	Other relative	
! _	`	g or cleaning?	į		•O Friend, neighbour, etc.	
10 10		For which person or for which organization? (Mark all that apply)		į	Organization (specify)	
-0	140	<sup>3</sup> O Son/Daughter	81.	In the	last 6 months have you provided personal	
		O Parent	}		hings such as help bathing or dressing, to e outside your home?	
		5O Other relative	1.	Yes >(		
		O Friend, neighbour, etc.	ŀ	- 1	For which person or for which organization? (Mark all that apply)	
		<sup>7</sup> O Organization (specify)	20	No	<sup>3</sup> O Son/Daughter	
		<u></u>			4 O Parent	
			1	į	¹O Other relative	
					<sup>4</sup> O Friend, neighbour, etc.	
78	In th	te last 6 months have you provided	1	l	O Organization (specify)	
10.	trans	portation such as driving a person to a		l		
	docto	r, a hospital or to stores?	82.	in the	last 6 months have you provided any	
_	Yes No	For which person or for which organization? (Mark all that apply)		unpai	d volunteer work for organizations such as ng, fundraising or office work?	
	740	<sup>3</sup> O Son/Daughter	0	Yes ►	For which person or for which	
		O Parent	20	No	organization? (Mark all that apply)	
		3 Other relative			3 Son/Daughter	
		O Friend, neighbour, etc.	ļ		O Parent	
		Organization (specify)	1		Other relative	
					O Friend, neighbour, etc.	
					Organization (specify)	
79.	maint	te last 6 months have you done any tenance or yard work such as repairs, ing, carpentry or lawn mowing?	83.	any or	e last 6 months, did you donate money to	
٥,	Yes ➤	For which person or for which organization? (Mark all that apply)			not to any persons who do not live in your hold, including family members?	
20	No	³○ Son/Daughter	10	Yes >	1 = #	
		-	10	No	organization? (Mark all that apply)	
					1 _ (11	
		Other pleting			<sup>3</sup> O Son/Daughter	
		30 Other relative			O Parent	
		Other relative Friend, neighbour, etc.			1 1 1	
		30 Other relative			O Parent	
		Other relative Friend, neighbour, etc.			4 O Parent 3 O Other relative	
		Other relative Friend, neighbour, etc.			4 O Parent 3 O Other relative 4 O Friend, neighbour, etc.	
ĺ	CTION next q	Other relative Triend, neighbour, etc. Organization (specify)		ukes pa	4 O Parent 4 O Other relative 4 O Friend, neighbour, etc. 7 Organization (specify)	
The	next q	Other relative Triend, neighbour, etc. Organization (specify)		Lkes pa	4 O Parent 4 O Other relative 4 O Friend, neighbour, etc. 7 Organization (specify)	
The	next q	M  Other relative OFriend, neighbour, etc. Organization (specify)  M  uestions are about household activities and seconds.		ıkes pa	4 O Parent 3 O Other relative 4 O Friend, neighbour, etc. 3 Organization (specify)  True in these activities in your home.	
The	Interv	M  Westions are about household activities and viewer: Ask if not known:		ukes pa	4 O Parent 4 O Other relative 4 O Friend, neighbour, etc. 7 Organization (specify)	
The	Interv	Other relative OFriend, neighbour, etc. Organization (specify)  M  uestions are about household activities and viewer: Ask if not known: ou live in an apartment?  Yes ————————————————————————————————————		ikes pa	4 O Parent 3 O Other relative 4 O Friend, neighbour, etc. 3 Organization (specify)  True in these activities in your home.	

85. Is the yard work for your dwelling, such as lawn mowing, leaf raking and snow removal usually done by												
	'O Yourselfalone -				:							
	O Yourself and some	one else										
	<sup>7</sup> O Someone else				į							
86.	Who (besides yourself) d	oes the yard work?	For each circle many How often is	arked ask: — involved doing t	he yard work?							
			Once or more per week	Once or more per month	Less than once a month							
	<sup>□1</sup> ○ Spouse		a O	<b>cz</b> 🔾	<b>~</b> O							
	<sup>05</sup> ○ Daughter		<sup>06</sup> O	a. O	∞O							
	<sup>00</sup> ○ Son		10 O	<sup>11</sup> O	120							
	13 Other relative		14 O	15 🔾	: <b>•</b> O							
	17 O Friend or neighbour		18 🔘	1. O	30 O							
	21 O House maintenance s	ervice	<sup>22</sup> O	23 O	<sup>24</sup> O							
	25 O Lawn/garden mainter	nance service	26 🔘	27 🔾	.a.O							
	<sup>29</sup> O Senior centre or club		30 🔘	21 O	<sup>32</sup> O							
	33 O Landlord or agent		34 O	35 🔾	36 🔾							
	37 O Condominium corpora	ation	36 🔘	29 🔾	<b>.</b> •O							
	41 O Other (specify)		42 🔿	<b>4</b> 0	40							
87.	If you had to, could you	io the yard work without h	elp?	· · · · · · · · · · · · · · · · · · ·								
	¹O Yes	Are you completely unab	le to do it?									
	20 No	¹O Yes										
		10 No										
88.	Is the housework in you	household usually done b	y	<del></del>								
	<sup>5</sup> O Yourself alone —	→ Go to 92										
	O Yourself and some	one else			O Yourself and someone else							
	<sup>7</sup> O Someone else											
69.	Who (besides yourself) does the housework? For each circle marked ask:											
	w no (besides yourself) d	oes the housework?	For each circle many Mow often is		he housework?							
	w no (besides yourself) d	oes the housework?			he housework?  Less than once a month							
	on O Spouse	oes the housework?	How often is Once or more	— involved doing the Once or more	Less than							
		oes the housework?	How often is — Once or more per week	involved doing to Once or more per month	Less than once a month							
	°¹ ○ Spouse	oes the housework?	How often is — Once or more per week	— involved doing the Once or more per month	Less than once a month							
	oı ○ Spouse os ○ Daughter	oes the housework?	How often is — Once or more per week	Once or more per month  SO Once or more	Less than once a month							
	o1 O Spouse o5 O Daughter o9 O Son	oes the housework?	Once or more per week	Once or more per month	Less than once a month							
	Spouse Daughter Son Other relative		Once or more per week	Once or more per month	Less than once a month  Control Contro							
	Spouse Daughter Son Other relative Friend or neighber		How often is — Once or more per week  Once or more per week  Once or more per week  Once or more per week  Once or more per week  Once or more per week  Once or more per week  Once or more per week  Once or more per week	Once or more per month	Less than once a month  a C  a C  c C  c C  c C  c C  c C  c C							
	o1 ○ Spouse  o ○ Daughter  o ○ Son  13 ○ Other relative  17 ○ Friend or neighber  21 ○ Homemaker service	rice	How often is — Once or more per week	Once or more per month  Once or more per month  Once or more per month  Once or more per month  Once or more per month	Less than once a month  Conce a mont							
	Spouse Daughter Son Other relative Friend or neighber Homemaker service Friendly visitor service	rice	How often is — Once or more per week	Once or more per month  Once or more per month  Once or more per month  Once or more per month  Once or more per month  Once or more per month  Once or more per more per more per month  Once or more per  Less than once a month  CO  CO  CO  CO  CO  CO  CO  CO  CO  C								
90.	o1 O Spouse  o3 O Daughter  o3 O Son  o3 Other relative  rio Friend or neighber  Homemaker service  rio Friendly visitor service  Senior centre or club  Other (specify)	rice	How often is — Once or more per week  Once or more per week  Once or more per week  Once or more per week  Once or more per week  Once or more per week  Once or more per week  Once or more per week  Once or more per week	Once or more per month  Once or more per month  Once or more per month  Once or more per month  Once or more per month  Once or more per month  Once or more per month  Once or more per more per more per month  Once or more per m	Less than once a month  COMMO							
90.	Spouse Daughter Son Cher relative Homemaker service Senior centre or club Cher (specify)  If you had to, could you of	rice	How often is — Once or more per week  Once or more per week  Once or more per week  Once or more per week  Once or more per week  Once or more per week  Once or more per week  Once or more per week  Once or more per week	Once or more per month  Once or more per month  Once or more per month  Once or more per month  Once or more per month  Once or more per month  Once or more per month  Once or more per more per more per month  Once or more per m	Less than once a month  COMMO							
90.	Spouse Daughter Son Cher relative Homemaker service Senior centre or club Cher (specify)  If you had to, could you of	rice o do beavy housework such a	How often is Once or more per week  Once or or more per week  Once or or or or or or or or or or or or or	Once or more per month  Once or more per month  Once or more per month  Once or more per month  Once or more per month  Once or more per month  Once or more per month  Once or more per month  Once or more per more per more per month  Once or more per more	Less than once a month  COMMO							
90.	o1 O Spouse  o O Daughter  o O Son  13 O Other relative  17 Friend or neighber  21 O Homemaker service  25 Friendly visitor service  26 Other (specify)  16 Yes  10 Yes	rice o do beavy housework such a - Go to 92	How often is Once or more per week  Once or or more per week  Once or or or or or or or or or or or or or	Once or more per month  Once or more per month  Once or more per month  Once or more per month  Once or more per month  Once or more per month  Once or more per month  Once or more per month  Once or more per more per more per month  Once or more per more	Less than once a month  COMMO							

	If you had to, could	you do l	.g downer work such	as washing dishes and	ausung without n	elp?			
	¹O Yes	A	re you completely us	nable to do light house	work?				
	<sup>2</sup> O No								
	'O No								
2.	Are the meals in you	ur house	bold usually prepare	ed by					
	<sup>5</sup> O Yourself alon			-					
	O Yourself and								
	O Someone else								
93.	Who (besides yours	elf) mak	es the meals?	For each circle ma					
			•		involved in	_			
				Once or more per week	Once or more per month	Less than once a month			
	o₁ ○ Spouse			~O		<b>M</b> ()			
	∞O Daughter			<b>*</b> O	67 🔾	u4 ()			
	<sup>∞</sup> O Son			10 🔘	:1 O	12 🔘			
	Other relative			14 ()	3 O	14 O			
	Other relative  Friend or neighbour  Homemaker service		<b>:</b> •O	:•O	»O				
			#O	<b>"</b> O	24 🔾				
	⇒O Friendly visite			<b>*</b> O	# O	m ()			
				<b>*</b> O	31 O	32 O			
	Senior centre o			<b>34</b> O	35 O	36 🔾			
	Other (specify)	' <del></del>			J	_			
	If you had to make meals on a regular basis, could you do it without help?								
94.	If you had to make	meals on	a regular basis, cou	ld you do it without hel	p?				
94.	If you had to make a			ld you do it without hel	p?				
94.		A			p?				
94.	¹O Yes	A	re you completely u		p?				
	¹O Yes ²O No ———	A	re you completely un O Yes O No	nable to make meals?	p?				
	<sup>1</sup> O Yes <sup>2</sup> O No ———————————————————————————————————	A  (*)  (*)  ping in y	Te you completely under your household usua.	nable to make meals?	p?				
	Is the grocery shows  Yourself alon	ping in y	O Yes O No Our household usua Go to 98	nable to make meals?	p?				
	Is the grocery short	ping in y	O Yes O No Our household usua Go to 98	nable to make meals?	p?				
	Is the grocery shows  Yourself alon  Yourself and  Someone else	ping in y e someone	O Yes O No Our household usua Go to 98	nable to mak - meals?					
	Is the grocery short	ping in y e someone	O Yes O No Our household usua Go to 98	nable to make meals?  liy done by  For each circle m		grocery			
95.	Is the grocery shows  Yourself alon  Yourself and  Someone else	ping in y e someone	O Yes O No Our household usua Go to 98	nable to make meals?  lly done by  For each circle m.  How often is —	arked ask:	grocery  Less than once a month			
)5. 	Is the grocery shows  Yourself alon  Yourself and  Someone else	ping in y e someone	O Yes O No Our household usua Go to 98	For each circle m How often is — shopping?	arked ask:involved in Once or more	Less than			
)5. 	Is the grocery sho;  Yourself alon  Yourself and  Someone else  Who (besides yours	ping in y e someone	O Yes O No Our household usua Go to 98	For each circle m. How often is shopping?  Once or more per week	arked ask:involved in Once or more per month	Less than once a month			
)5. 	Is the grocery shows  Yourself alon  Yourself and  Someone else  Who (besides yours	ping in y e someone	O Yes O No Our household usua Go to 98	For each circle m. How often is — shopping?  Once or more per week	arked ask:involved in Once or more per month  ∞ ○	Less than once a month			
)5. 	Is the grocery show of the sho	ping in y e someone	O Yes O No Our household usua Go to 98	For each circle m. How often is shopping?  Once or more per week	Once or more per month	Less than once a month			
95.	Is the grocery show of the	ping in y e someone	O Yes O No Our household usua Go to 98	For each circle m. How often is — shopping?  Once or more per week	once or more per month	Less than once a month			
)5. 	Is the grocery show of the sho	ping in y someone self) shop	O Yes O No Our household usua Go to 98	For each circle m. How often is — shopping?  Once or more per week	Once or more per month	Less than once a month			
95.	Is the grocery show of the	ping in y e someone self) shop	Tre you completely un O Yes O No Our household usua O Go to 98 e else os for groceries?	For each circle m. How often is — shopping?  Once or more per week	Once or more per month	Less than once a month  Compared to the compar			
95.	Is the grocery sho;  No  Is the grocery sho;  Yourself alon  Yourself and  Someone else  Who (besides yours  Daughter  Son  Other relative  Friend or neight	ping in y e someone i ielf) shop	Tre you completely un O Yes O No Our household usua O Go to 98 e else os for groceries?	For each circle me How often is shopping?  Once or more per week	Once or more per month	Less than once a month  Company to the company to t			

97.	If you had to, could you	do the grocery shopping	ng without help?				
	Yes Are you completely unable to do shopping?						
	2O No	³O Yes	•				
		10 No					
98.	Do you usually get help	with managing your m	oney such as keeping tra	ck of expenses an	d paying bills?		
	<sup>3</sup> O Yes						
		► Go to 101			·		
			•				
99.	Who usually helps you?		For each circle ma How often does	rked ask: belp	o? '		
			Once or more per week	Once or more per month	Less than once a month		
	Ol Spouse		∞. ○	ra 🔘	° O		
	<sup>05</sup> ○ Daughter		<b>∞</b> ○	07 🔾	OS (		
	<sup>09</sup> ○ Son		10 🔘	" O	12 🔿		
	13 Other relative		14 🔘	15 🔘	18 🔾		
	17 O Friend or neighbour	г	70 🔘	19 🔾	20 🔾		
	21 O Counselling service	:	<i>n</i> 🔾	äO	24 🔘		
	25 C Legal/accounting se	ervice	26 🔾	$r \cap$	28 🔾		
	<sup>™</sup> O Senior centre or clu	b	30 🔘	31 O	32 🔾		
	33 O Other (specify)		×O	35 🔘	36 🔘		
				···			
100.	. If you had to, could you	manage your money w	rithout help?				
	'O Yes	<del></del>	·				
	<sup>2</sup> O No	Are you completely	unable to do it?				
		³O Yes	•				
		40 No					
Ĺ					·		
101.	. Do you usually get help	with personal care suc	h as dressing, feeding or	taking medication	n?		
	50 W						
}	<sup>5</sup> O Yes						
,	O No	➤ Go to 104					
102.	. Who usually helps you?		For each circle ma How often does		<b>.</b>		
			Once or more per week	Once or more per month	Less than once a month		
	ot ○ Spouse		02 🔾	722 O	o <del>u</del> ()		
}	<sup>05</sup> ○ Daughter		.∞ ○	at O	06 🔾		
	™O Son		ro 🔾	11 O	12 🔿		
	3 Other relative		14 🔘	15 🔘	16 🔾		
	<sup>17</sup> O Friend or neighbour	r	:8 🔾	:9 🔘	20 🔿		
	nO Nursing service		33 O	<b>2</b> O	24 🔾		
	50 Friendly visitor ser	vice	26 🔘	77 O	28 🔘		
	<sup>39</sup> O Homemaker service	•	30 🔘	31 O	" O		
ı	<sup>23</sup> O Other (specify)		40	.us 🔘	J6 O		

¹O Yes	Are you completely unai	ble to care for yourself?					
10 No	³O Yes						
,	4O No						
,							
SECTION N		109. Interviewer: Ask if not known:					
The following questions are a family and friends.	bout contact with your	Is your father still living?					
104. Interviewer: Ask if not know	vn:	20 No )					
Is your mother still living	•	Go to 114					
¹O Yes		, John Land ,					
20 No )							
O Don't know	Go to 109	110. How old is your father?					
		110. How did is your tacher:					
		™O Don't know					
105. How old is your mother?							
™O Don't know		111. Does he live in this household?					
		¹O Yes — Go to 114					
· · · · · · · · · · · · · · · · · · ·		20 No					
106. Does she live in this house	hold?						
¹O Yes —	Go to 109						
2O No		112. How often do you see your father?					
		<sup>3</sup> O Daily					
		O At least once a week					
107. How often do you see you	r mother?	<sup>5</sup> O At least once a month					
<sup>3</sup> O Daily		C Less than once a month					
O At least once a week		O Never					
O At least once a month							
Less than once a mon	th .						
O Never							
		113. How often do you have contact by letter or telephone with him?					
		¹O Daily					
108. How often do you have	contact by letter or	<sup>2</sup> O At least once a week					
telephone with her?	. consuct by letter or	3 O At least once a month					
<sup>1</sup> O Daily		Less than once a month					
O At least once a week		<sup>5</sup> O Never					
<sup>3</sup> O At least once a month							
O Less than once a mon	th						
O Never							
		114. Do you have any children?					
		O Yes How many?					
		_2O No Go to 119					

115. Do all of them live in this household?	122. How often do you have contact by letter or telephone with them?
<sup>3</sup> O Yes ——— Go to 118	•
10 No	¹O Daily
	<sup>2</sup> O At least once a week
The next questions concern your children not living in this household.	<sup>3</sup> O At least once a month
	O Less than once a month
116. How often do you see them?	O Never
<sup>5</sup> O Daily	•
<sup>4</sup> O At least once a week	123. About how many other relatives have you had
O At least once a month	contact with in the last 3 months? Include aunts, uncles, cousins, nieces, nephews, in-laws.
<sup>8</sup> O Less than once a month	uncies, cousins, nieces, nepnews, in-laws.
°O Never	
	<sup>37</sup> ○ None ——— Go to 126
117. How often do you have contact by letter or telephone with them?	
<sup>1</sup> O Daily	124. How often do you see your relatives?
<sup>2</sup> O At least once a week	¹O Daily
3 At least once a month	O At least once a week
O Less than once a month	<sup>3</sup> O At least once a month
<sup>5</sup> O Never	Less than once a month
• .	5 Never
	· O Never
118. Do you have any grandchildren?	
*○ Yes ——— How many?	
<sup>7</sup> O No	125. How often do you have contact by letter or telephone with them?
	¹O Daily
	<sup>2</sup> O At least once a week
119. Do you have any sisters or brothers?	<sup>3</sup> O At least once a month
<sup>4</sup> ○ Yes → How many?	O Less than once a month
*O No ———— Go to 123	<sup>5</sup> O Never
120. Do all of them live in this household?	126. Other than relatives, how many people do you
¹O Yes — Go to 123	consider close friends? That is, friends you feel
<sup>2</sup> O N <sub>0</sub>	close to and can confide in.
	<sup>n</sup> O None — → Go to 129
The next questions concern your brothers and sisters not living in this household.	
121. How often do you see your brothers and sisters?	
<sup>1</sup> O Daily	127. How often do you see your close friends?
40 At least once a week	O Daily
'O At least once a month	<sup>2</sup> O At least once a week
*O Less than once a month	<sup>3</sup> O At least once a month
O Never	4O Less than once a month
	O Never

128. How often do you have contact by letter or telephone with them?	133. What is your date of birth?					
¹O Daily						
<sup>2</sup> O At least once a week	Day Month Year					
<sup>3</sup> O At least once a month						
4O Less than once a month	134. Where were you born?					
O Never	<sup>∞</sup> O Newfoundland					
	<sup>37</sup> ○ Prince Edward Island					
SECTION O	∞ O Nova Scotia					
129. Now, I'd like to ask you for some background information. How many years of elementary or	<sup>∞</sup> O New Brunswick					
secondary education have you completed?	<sup>∞</sup> ○ Québec					
°¹O No schooling \	□ Ontario Go to 136					
<sup>07</sup> ○ One	<sup>67</sup> O Manitoba					
∞O Two	<sup>∞</sup> ○ Saskatchewan					
⊶O Three	⁰ O Alberta					
∞○ Four	10 O British Columbia					
<sup>™</sup> ○ Five	"O Yukon					
<sup>or</sup> ○ Six	12 O Northwest Territories					
<sup>∞</sup> ○ Seven	13 Country outside Canada (specify)					
∞O Eight						
10 O Nine						
<sup>11</sup> O Ten	135. In what year did you first immigrate to Canada?					
12 O Eleven	1 9					
<sup>13</sup> O Twelve	<sup>97</sup> O Canadian citizen by birth					
<sup>14</sup> O Thirteen	Canadian citizen by birth					
15 O Don't know	136. What language did you first speak in childhood?					
130. Have you graduated from secondary school?	<sup>1</sup> O English <sup>2</sup> O French					
	<sup>3</sup> O Italian					
¹O Yes	O German					
<sup>2</sup> O No	O Ukrainian					
131. Have you had any further schooling beyond	Other (specify)					
elementary/secondary school?	Guier (specia)					
C Yes						
*O No — Go to 133	137. Do you still understand that language?					
	O Yes					
132. What is the highest level? (accept multiple response)	O No					
Some community college, CEGEP, or nursing school	138. What language do you speak at home now? (If more than one language, which is spoken most often).					
Diploma or certificate from community college, CEGEP, or nursing school	¹O English					
<sup>3</sup> O Some university	<sup>2</sup> O French					
*O Bachelor or undergraduate degree or teacher's	<sup>3</sup> O Italian					
college	O Chinese					
<sup>3</sup> O Master's or earned doctorate	<sup>5</sup> O German					
Other (specify)	O Other (specify)					

139.	What	t, if any, is your religion?	144. Is this dwelling owned or being rented by a
	JI O	No religion — Go to 141	member of this household?
	<sup>12</sup> O	Roman Catholic	¹ O Owned
	$O^n$	United Church	<sup>2</sup> O Rented
	٩O	Anglican	145. Who is the person (or one of the persons) that lives here and is responsible for paying the rent,
	18 O	Presbyterian	or mortgage, or taxes, electricity, etc. for this
	*O	Lutheran	dwelling?
	ΨO	Baptist	(enter page-line number)
	<b>∞</b> O	Eastern Orthodox	<b>410</b> -
	n <b>9</b> O	Jewish	<sup>97</sup> O Person lives elsewhere
	۰۰Ö	Other (specify)	146. How many telephones, counting extensions, are there in your dwelling?
140.	Other	r than on special occasions such as	4○ One ———— Go to 151
	you a	lings, funerals or baptisms, how often do attend services or meetings connected with	O Two or more
		religion?	O 1 wo of more
	ıО	At least once a week	147. Do all the telephones have the same number?
	²O	At least once a month	6 No
	³O	At least once a year	O Yes — Go to 151
	40	Less than once a year	3 1e3 ——— 00 w 151
	,0	Never	148. How many different numbers are there?
	•0	Don't know	
141.	To wi	hich ethnic or cultural group do you or did ancestors belong? (accept multiple response).	
	_	French	149. Are any of these numbers for business use only?
		English	*O No
		Irish	°O Yes
		Scottish	
		German	150 How many are for business use only?
		Italian	The same same same same same same same sam
		Ukrainian	
		Don't know	
		Other (specify)	151. Last week, did you do any work at a job or business? (not counting work around the house)
	J	owier (special)	<u>-</u>
142.	In wi	hat type of dwelling are you now living?	¹O Yes — Go to 162 ¹O No
		Single detached house	_
		Semi-detached or double (side-by-side)	<sup>3</sup> ○ Permanently unable to work ——➤ Go to 165
		Garden house, town-house or row house	
		Duplex (one above the other)	
		Low-rise apartment (less than 5 stories)	152. During that week did you have a job or business at which you did not work?
		High-rise apartment (5 or more stories)	*O Yes ———— Go to 154
		Other (specify)	5O No
	-		0.50
			153. Last week, did you have a job to start in the next
143.	What	t is the Postal Code for this dwelling?	4 weeks?
	ш		*O Yes } Go to 155
	,O	Don't know	_ 10 No )
			1

154. Why were you absent from work last week?	160. Were you enrolled as a full-time or part-time student?
New job to start in the future Go to 162	¹O Full-time
<sup>2</sup> O Own illness or disability	<sup>2</sup> O Part-time ——— Go to 165
<sup>3</sup> O Personal or family responsibilities	
O Bad weather	161. Did you have a job at anytime during the last 5
5O Labour dispute (strike or lockout)	years?
<ul> <li>Layoff, expects to return (Paid workers only)</li> </ul>	O Yes O No Go to 165
TO Vacation	
O Seasonal business	162. For whom do/did you work?
(Exclude paid workers)  Other (specify)	
O other (special)	
155. In the past 4 weeks, have you looked for work?	163. What kind of business, industry or service is was this?
¹O Yes	
2 O No	
156. In the past 4 weeks, what have you done to find	164. What kind of work do/did you do?
work? (accept multiple response)	
40 P.11	
O Public employment agency	
<sup>5</sup> O Private employment agency	186 What was your in case he for the control of
O Union	165. What was your income before taxes from wages, salaries and self-employment during 1984?
Other (specify)	·
	\$
	No income or loss
157. Are you looking for a full-time or part-time job?	<sup>6</sup> O Don't know
O Full-time	166. What was your income from government sources
(30 or more hours per week)	such as Family Allowance, U.I.C., Social
O Part-time	Assistance, Canada or Quebec Pension Plan or Old Age Security?
(Less than 30 hours per week)	
, , , , , , , , , , , , , , , , , , , ,	\$
158. Was there any reason why you could not take a	O No income
job last week?	O Don't know
<sup>1</sup> O Yes - Own illness or disability	167. What was your income from interest, dividends
<sup>2</sup> O Yes - Personal or family responsibilities	or private pensions?
<sup>3</sup> O Yes - Going to school	
O Yes - Already has a job	\$
Other (specify)	¹O No income or loss
O No - (Was available for work)	<sup>2</sup> O Don't know
	168. What was the total income of all household members from all sources during 1984?
159. Last week, did you attend a school, college or university?	
<sup>-</sup> O Yes	\$
'O No	<sup>3</sup> O No income
2 2 2	O Don't know

## Confidential when completed

## General social survey Selection control form

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<u> </u>								RECORD OF	FCALLS	
10	11 De	te.	12 St		13 Fin	ish	14	15		16
	Day	Month	Hr.	Min.	Hr.	Min.	Result	Intervi	iewer's Name	Comments
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15								·		
20.	Hello	, I'm			. from	Statis	tics Car	ada. We are	<u> </u>	
<u> </u>	doing	8 SULA	ey abo	ut the h	eeith o	d Cene	dlens.			
21.		te to ma					right n	umber.		
	Oye	4						1		
	O No	<b>→</b> 2	Xel agai	n. If still	l wrong	, END				
22.	le thi	a numb	er for a	busine	ss, an ir	etitutk	on or a p	rivate home?		
	O Pri	ivate ho	me			,	)			
	Ово	ith home	and b	usiness	/instituti	on	} Go:	30 ס		
	_ Bu	siness,	instituti	on or n	ther nor	-reside	nce			
	U <sub>(S)</sub>	pecify) (	Name o	f busin	ess/inst	itution)				
	_							<del></del>		·
									1	
23	. Does	anyon	• use t	his tek	phone	numb	w as a	home phone		
	Oye									
	ON	· <del></del>	Thank r	espondi	ent and	END				
24		many p					ddress	and use this		
	OL	as than	15 —	► Go t	o 30				-	
	O 15	s or mor	سے ہ	► Com	nieta in	an G 50	E. 1 A			

	I need to select one person from your person living or staying here who ha	ho • r	404	isual place of rei	view. Starting wit sidence elsewher and ages in 42 an	<b>■</b> 7	et nar	ne en	d s	90 (	of ea	ich
	· · · · · · · · · · · · · · · · · · ·		-	<del></del>	<del></del>				_			-
32.	Are there any persons away from this household attending school, visiting, travelling or in the hospital	•0	41	42	<del></del>	<del></del>	43	44	45	48	47 4 F	1
	who USUALLY five here?	<b>L</b>		Names of house	should marmhare		SEL	AGE	E	- 1	A 3 A	١,
	OYes → Enter names and ages in 42 and 44	۲	5	Given Name	<del></del>	11111111		<del>                                     </del>	╁	Н		$\dagger$
	_	l	1	Surname	<del></del>	<del>, , , , , , , , , , , , , , , , , , , </del>	١,	١.	1			1
	ON6	Γ		Given Name								1
•	Place among also live at this address.	L	2	Surneme			<u> </u>		L			
<b>J.</b>	Does anyone else live at this address, such as other relatives, roomers, boarders or employees?	Г	3	Given Name		1.1.1.1.1.1.1						T
	_	L	Ľ	Surneme		<del>                                      </del>	<u> </u>		L	L		1
	OYes → Enter names and ages in 42 and 44			Given Name				Ì				
	ONo .	L	L	Surneme		<del></del>			L		4	1
	<b>0</b>	1	5	Given Name			}					1
и.	INTERVIEWER:	-	Ļ	Surname		<del>1.11.1.1.1.1.</del>	-	1	Ļ	L	$\dashv$	+
	a Processor in a 44 Marcach 48 for	1	6	Given Name	<del></del>	<del>11111111</del>	}	}	1		1	١
	<ul> <li>Enter answers for 44 through 48 for each person recorded in 42.</li> </ul>	H	-	Surname	111111		1-	-	$\vdash$	H	1	+
	• Then go to \$0.		7	Given Name		<del>1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.</del>	1	<b>\</b>		1		1
		H	╁	Sumame Given Name	<del></del>				$\vdash$		Н	$\dagger$
		ŀ	8	Sumame	<del></del>	<del>1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 </del>	1			[		
50.	How I'm going to use a selection provinged to interview. This will just take			re to determine		abel ssehold Members	<del></del>	<del> 1</del>			<u> </u>	
51.	INTERVIEWER:				B - Seect							
	• in Rem 43, number the persons 15 arder from aidest to youngest.	to	84	years of age in								
	Determine the selected person by re Selection Grid.	der	rán(	7 to the								
			ec:	ted nection	]							
	• in item 43, circle the number of the	300										061
52.	• In item 43, circle the number of the The person I am to Interview Is				60. Final Status	61. Number of Eligible Household Mempers	62.	Interv	1 <b>@W</b>	er:		
52.							62.	Interv			<u></u>	
52.	The person I am to Interview Is Is he/she there?  ○Yes → Ga to 70					Household Members	62				<u>! _'</u>	
52.	The person I am to Interview Is Is he/she there?				Status 53. Notes	Household Members	62.					
	The person I am to Interview Is  Is he/she there?  Oves → Ga to 70  ONo → Ser up appointment				Status 53. Notes	Household Members	62.				<u></u>	
	The person I am to Interview Is Is he/she there?  ○Yes → Ga to 70  ○ No → Set up appointment and go to 70		red	d name)	Status 53. Notes	Household Members	62.				<u> </u>	
	The person I am to Interview Is Is he/she there?  ○Yes → Ga to 70  ○ No → Set up appointment and go to 70  Best time to contact selected person.		i i	d name)	Status 53. Notes	Household Members	62					
	The person I am to Interview Is  Is he/she there?  Over> Go to 70  No> Set up appointment and go to 70  Best time to contact selected person.		i i	d name)	Status  53. Notes Item No.	Household Members	62.					
	The person I am to Interview Is  Is he/she there?  Over> Go to 70  No> Set up appointment and go to 70  Best time to contact selected person.		i i	d name)	Status  53. Notes Rem No.	Household Members  // // // // // // // // // // // // //				:		5-2

			۷ –								
30.	I'm calling you for a	from Statistics Canada. survey on family and friends. (My g with me today and may listen aluate the survey.)		Nous famil aujor	vous : le et les urd'hul.	de Statisti appelons concernant une e amis. (Mon surveillant trav il se peut qu'il écoute notre l'enquête.)	nquète aille av	sur la ec moi			
31.	I'd like to make sure is this	that I've dialed the right number. (read number)?		J'almerals m'assurer que j'al composé le bon numéro. S'agit-li du nº (lire le numéro)≀ Oui							
		——➤ Dial again, if still wrong, END				O — → Composez de nou encore d'un mau METTEZ FIN À L'IN	ıvais n	umėro,			
32.	All information we cobe kept confidential. the survey results an	ollect in this voluntary survey will Your participation is essential if e to be accurate.		cette Votre	e enqué e partic	nseignements que vous f te volontaire resteront d ipation est essentielle d ent précis.	confide	ntiels.			
33.	Is this the number for private home?	or a business, an institution or a		S'agi établ	it-II du Iissemer	numéro d'une entre nt ou d'une maison privée	eprise, e?	d'un			
	Private home			Maiso	on privée	naison privée	assez à	36			
	Business, institution or	•				naison privée . O J					
	other non residence .	···········O				résidentiel O					
34.	phone number?	is telephone number as a home		nume	éro pers		hone o	omme			
	Yes O	Thank respondent and END			(	_	4 4 -				
				Non		Remerciez le r	epongai L'INTEI	nt et RVIEW.			
35.	How many persons use this number as a	live or stay at this address and home phone number?		cette	e adre	e personnes vivent ou sse et utilisent ce omme numéro personnel?	numér				
	Less than 15 O				s de 15 (	~					
	15 or more 🔾	Make appointment.		15 ou plus . O Fixez un rendez-vous.							
36.	an interview. Starting name and age of each	person from your household for g with the oldest, what is the ch person living or staying there ace of residence elsewhere?		Je dols 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.							
l	(Enter names and ages	in items 42 and 44.)		(Insc	rivez le	nom et l'âge aux rubriques	42 et 4	4.)			
37.		mplete items 45 through 51 for ch person recorded in item 42.		INTE	RVIEWE	UR: Remplissez les rubrio pour chaque personn rubrique 42.					
		efer to Interviewer Reference and for instructions and codes.				Pour les instructions voir la Fiche de r l'intervieweur.					
		en go to item 60.				Puis, passez à la rubi	rique 60	). 			
	1 1		7	40.	41.	42.	43.	44.			
1:				Page	Line	Names of Household Members	Sel. No.	Age			
	SELECT	TION GRID LABEL		Page	Ligne	Noms des	No de	Âge			
	ÉTIQUETTE (	GRILLE DE SÉLECTION				membres du ménage	Sél.				
L	<del></del>		_		1		,				
A	Household ac	embres Imissibles			2						
В	= Selection No	ménage uméro de									
	Number sé	lection			3						
					4						
					5						
					6						
					7			-			
				<u> </u>				<del>                                     </del>			
				!	8		1 1				

60.	INTER	VIEWE	R:		giving the p	ine Number of preceding	ρе	crivez le num r s o n n e seignements	qui don	ne les
				1_1		Line Number of hold respondent	7	Nun répo	néro de page ondant du me	e-ligne du énage
61.	attend hospi	ding tal wh	schoo 10 US	ol, visit SUALLY	ing, travel live there?		Y a-t-il d'autres pe ménage parce qu'ell voyage ou à l'h HABITUELLEMENT la	es sont aux ôpital ma	études, en	visite, en
	Yes .		(	o <del></del>		names and lete items 44 h51.	Oui	rem	crivez leui plissez les à 51.	nom et rubriques
	No .		(	0			Non	<u> </u>		
62.					e there, : ders or em	such as other ployees?	Y a-t-il d'autres pe exemple des persons des pensionnaires or	nes apparen	tées, des ch	nt là, par nambreurs,
	Yes .		(	0	→ Enter comp throug	names and lete items 44 h51.	Oui	rem	crivez leui pplissez les à 51.	r nom et rubriques
	No .		• • • •	0			Non	0		ı
63.	INTER	VIEWE	ER:	years o oldest t	f age and o o youngest.	the persons 15 ver in order from Enter number of members	au: - Ins	la rubrique 4 x personnes a de la plus crivez le na missibles du l	âgées de 15 âgée à la p ombre de	ans et plus plus jeune.
			8	1		er of eligible hold members	8	<sub>I</sub> Nor	nbre de pers nissibles du i	onnes nėnage
64.	INTER	VIEW	ER: 9	by refe Label. selection respond Number	rring to the In item In number dent and e r   Page-	octed respondent Selection Grid Grid Grid Selection Grid Grid Grid Grid Grid Grid Grid Grid	ųtil A : de		ite grille de 3, encerclez ı répondant	sélection. le numéro sélectionné ge-ligne e-ligne du
65.	The		- 1	n to int	andaw is	(read name).	La personne que je v	rale intendes	ver est	
05.	(Is he				eiview is	(reau name).	(lisez le nom). (Est-II/			
	Yes .		•••	0		Form GSS 5-2 egin interview.	Oui	ESC	G 5-2 et	
	No .			0	Set u and e item 1	ip appointment enter details in 6.	Non	O → Fixe	nmencez l'in ez un rend crivez les d rique 16.	ez-vous et
45.	46.				47.	48.		Page-Line	Number of:	=
Sex		it is .	's		Family	What is 's rela	tionship to	Numéro de 49.	page-ligne d 50.	e: 51.
Sexe	1	tal st l est l		1	Identifier Code-	(Head of Family)?  Quel est le lien de	avec	Spouse / Partner	Mother	Father
м	_	rimon W/V	Sep.	Single Cel.	famille	(chef de famille)?		Conjoint / partenaire	Mère	Père
0	2 3	Ô	5 O	6		If "0", specify	/ - Si "0", précisez	199On/a-s/0	21 299\(\int n/a-s/o	399\(\) n/a-s/0
ô c		7	8	9		If "0", specify	y - Si "0", précisez	41 1 499 n/a-s/o	51 J 599 n/a-s/o	699 <b>○</b> n/a-s/o
00	2 3	Ó	5	6		If "0", specify	y - Si *0*, précisez	199 n/a-s/o	21 L 299 n/a-s/o	399\(\frac{1}{3}\) n/a-s/0
00		7	O	o O		If "0", specify	v - Si *0", précisez	41 L 499 n/a-s/o	5111 599○ n/a-s/o	699∕ n/a-s/o
00		ô	<b>o</b>	ő		If "0", specify	y - Si "0", précisez	1111 199() n/a-s/0	299\(\square\) n/a-s/0	3 L L J 399
0 0		ó	Ô	9		If "0", specify	/ - Si "0", précisez	41 499	5 1 1 599 n/a-s/o	699On/a-s/o
00	2 0 0	Ó	5 O	6			y - Si "0", précisez	199 n/a-s/o	299\(\sigma\rangle\argon\rangle	399\(\int \rac{1}{3} \) \(\text{1} \)
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	Da		Dé	but	F	in	"Result	Interviewer's Name	Comments
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29		1				1	1		
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33				1			1.		
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1:	Statistics Canada  Canada  Telephone Number  Label Identification Number	Interviewer's Na	ime
	Туре	G	SS 5-2
		Confidential when Authority: Statistics Act, Revised Statutes of 1985, Chapter S19.	Canada,
	GENERAL SOCIAL SURVEY		
	FAMILY AND FRIENDS		
	QUESTIONNAIRE		
	AGES 15 YEARS AND OVER		

SEC	TION A: Parents and grandparents	A8.	Does she live within
A0.	INTERVIEWER:		10 km (6 miles or 10 minutes by car)? 10
i	Repeat the introduction below if selected respondent is	•	50 km (30 miles or 30 minutes by car)? <sup>2</sup> O
]	different from household respondent.	1	100 km (60 miles or 1 hour by car)? <sup>3</sup> ○ 200 km (120 miles or 2 hours by car)? <sup>4</sup> ○
	Hello, I'm from Statistics Canada. I'm calling you for a survey on family and friends.	•	400 km (240 miles or 4 hours by car)? 50
l	All the information we collect in this voluntary	i	1000 km (600 miles or 10 hours by car)? 6 🔾
	survey will be kept confidential. Your participation is essential if the survey results are to be accurate.		Beyond 1000 km and living In Canada or
1	is assertial if the survey results are to so accurate.		United States (more than 600 miles or 10
A1.	The following questions are about your parents	1	hours by car)?
ļ	and grandparents.		Don't know 9
A2.	In what country was your mother born?		
	Canada 1○→ In which province	A9.	During the past 12 months how often did you see your mother? Did you see her
•	or territory?  Newfoundland 01 O		Daily? 10
	Prince Edward Island 02		At least once a week? 2 🔾
-	Nova Scotia 03		At least once a month? 3 〇
İ	New Brunswick 04 O	Î	Less than once a month? 4 🔾
İ	Quebec		Not at all? $5 \bigcirc \rightarrow GO \ TO \ A11$
	Ontario	410	Did you usually see her
	Saskatchewan 08	A 10.	-
į	Alberta 09	Į	At your home? 6 O
	British Columbia 10O		residence?
	Yukon Territory 11 O Northwest Territories 12 O		Somewhere else? 8 O
İ	Country		<b>∀</b> Specify
	outside Canada <sup>2</sup>	•	1
	Canada - V	<u> </u>	
.	. Specify		
			Equally at both residences 9 O
		A11.	Do you see your mother
АЗ.	Is your mother still living?		Less often than you would like? 1 O
1	Yes 3O		Troute into
	No 4 O	İ	More often than you would like? 2
	When did she die?	ŧ	About the right amount? 30 GO TO A13
İ			
	year Don't know 98○►	A12.	What prevents you from seeing her more often?
1	Don't know 50 GO TO A22		(Mark all that apply)
			Distance
A4.	How old is your mother?	ļ	Poor relationship with her
	years		Shortage of your time
	Don't know 00 O		<i>,</i>
A5.	Does your mother live		Shortage of her time
	In this household? 6 ○→GO TO A15	[	
	In another household? <sup>7</sup> O		
	In an institution? 8 ○→GO TOA8		Financial reasons
A6.	Does she live alone?	1	Transportation problems
	Yes ¹ ○→ GO TO A8	İ	Other family responsibilities 09
	No 2O		Other 10 🔿
A7.	Does she live	1	↓
	Yes No		Specify <sup>'</sup>
	With her spouse/partner? 3		
1	With any of her children? . 50 60		
1	With others?	]	No particular reason

<sup>9</sup> O

With others? ..... 8 O

		4 -	
A31.	Does he live within  10 km (6 miles or 10 minutes by car)? 10	A36.	During the past 12 months, how often did you have contact by letter or telephone with him? Was it
	50 km (30 miles or 30 minutes by car)? <sup>2</sup>	1	Daily? 4 🔾
İ	100 km (60 miles or 1 hour by car)? 3 🔾		· · · · · · · · · · · · · · · · · · ·
	200 km (120 miles or 2 hours by car)? 4 🔾	ļ	At least once a week? 5
	400 km (240 miles or 4 hours by car)? 5 O	1	At least once a month? 6
	1000 km (600 miles or 10 hours by car)? . 6 ○	{	Less than once a month? 7 O
	Beyond 1000 km and living in Canada or United States (more than 600 miles or 10		Not at all? 8 0
	hours by car)?	A37.	INTERVIEWER:
	Outside Canada or United States? 8	}	GO TO A45
	Don't know <sup>9</sup>	A38.	During the past 12 months, what best describes
A32.	During the past 12 months how often did you see your father? Did you see him		your father's MAIN activity? Was he mainly
	Daily? 1 O		Working at a job or business? $3\bigcirc -GO \ TO \ A41$
	At least once a week? 2 O		Looking for work? 4○→GO TO A40
	At least once a month? 3 C		A student? 5 🔾
į		1	Keeping house? 60
	Not at all? 5 ○ → GO TO A34	1	Retired?
A33.	Did you usually see him	1	Other 8 0
	At your home? 6 🔿		. ↓
	At his usual place of residence? 7		Specify
	Somewhere else? 8 🔾	}	
	<b>†</b>	ļ	
	Specify		
		A39.	Was he studying full-time or part-time?
	Equally at both residences 9 O		Full-time
A34.	Do you see your father	A40	Did your father have a job or was he self-
	Less often than you would like?	7,40.	employed at any time during the past 12 months?
	More often than you would like? 2 O		Yes 1 ○ No
	About the right amount? 3 O		· · · · · · · · · · · · · · · · · · ·
A35.	What prevents you from seeing him more often?	A41.	Including vacation, illness, strikes, lock-outs and paternity leave, for how many weeks during the past 12 months did he do any work at a job or
	(Mark all that apply)		business?
			L_L_ weeks
	Poor relationship with him	A42.	During those weeks, was his work mainly full-time or part-time?
	,	l	Full-time 3 O
	Shortage of his time 04		Part-time
	Your health problems <sup>05</sup>	Δ/12	Did he regularly work evening or night shifts?
	His health problems 06	A40.	Yes 50
	Financial reasons		No 6O
	Transportation problems 08		
	Other family responsibilities	A44.	Did he regularly work on Saturday or Sunday?
			Yes 7O
	Other 100		No8 O
	Spanify	A45.	INTERVIEWER CHECK ITEM:
ı		l	Review A5 and A25.
1	<del>╶╴╸╸╸╸╸╸╸╸╸╸╸╸╸╸╸╸╸╸╸╸╸╸╸╸╸╸╸╸╸╸╸╸╸╸╸╸</del>		Does either of the respondent's mother or father live in the household (A5 = In this household or
·	· · · · · · · · · · · · · · · · · · ·		A25 = Yes)? . Yes 1 ○ ———— GO TO A49
	No particular reason		No 2 O

	<del></del>	5 -	
A46.	How old were you when you last lived with one or both your parents?	SEC	CTION B: Brothers and sisters
	years	B1.	The following questions are about your brothers and sisters. Include step-, adopted and half-
Ā47.	What was the main reason for your move? Was it		brothers and sisters.
	To get married?	-	<del></del>
	To move because of a job? 4O	B2.	How many brothers and sisters did you have? Include those who may have died.
	To attend school? 5 O		
	To be independent / move into own place?		None 100○ → GO TO C1
	For some other reason?	B3.	How many brothers do you have still living?
48.	INTERVIEWER: GO TO A53	ł	2 brother(s) living
49.	Have you always lived with at least one of your parents?		None
	Yes 8 → GO TO A53 No 9 ○	84.	How many of your (living) brothers are older than you?
<u> </u>	How old were you when you last left home to live	-	3 brother(s) older
50.	on your own?		None 300
	years		
51.	What was the main reason for this move? Was it	B5.	How many sisters do you have still living?
	To get married? 10	l	sister(s) living
	To move because of a job?2		None
	To attend school ?	B6.	How many of your (living) sisters are older than
	To be independent / move into own place?		you?
	For some other reason? 5 〇		
2.	When did you start living with your parents again?	<u> </u>	None 500
	19 []	B7.	INTERVIEWER CHECK ITEM:
			Review B3 and B5.
3.	Are any of your grandparents still living?  Yes ¹○→ Who?		Does the respondent have any living brothers or sisters?
	Mother's mother 3 (		Yes 10
	Mother's father 4	``	No 2○ → GO TO C1
	Father's mother 5	<u> </u>	
	Father's father 6	B8.	Do you have any brothers or sisters living outside this household?
	No <sup>2</sup> ○ — GO TO B1	1	Yes 3 🔾
4.	Do any of them live outside this household?		No 4○→ GO TO C1
	Yes 7 O	B9.	The next questions concern your brothers and sisters living outside this household.
	No	B10	During the past 12 months, how often did you
55.	The next questions concern your grandparents living outside this household.	B 10.	see any of your brothers or sisters? Was it
6.	During the past 12 months, how often did you see any of your grandparents? Was it		Daily? 5 O
	Daily? ¹ O		At least once a week? 60
	At least once a week? <sup>2</sup>		At least once a month? 7 O
	At least once a month? 3		Less than once a month? 8 O
	Less than once a month?		Not at all? 90
	Not at all? 5	B11.	During the past 12 months, how often did you
	During the past 12 months, how often did you have contact by letter or telephone with any of		have contact by letter or telephone with any of your brothers or sisters? Was it
	your grandparents? Was it  Daily? 50		Daily? 1 (
			At least once a week? <sup>2</sup>
	At least once a week? 6 At least once a month? 7		At least once a month? 3
			Less than once a month? 4 O
			Not at all? 5
	Not at all? 9 O		

	TION C: Children			
C1.	Now some questions about your children and grandchildren.	C7. Starting with the older first name and age you have ever raised to / fathered). Includingly have died.	Interviewer: Ask questions B to E for at most 22 children the 21 oldest and the youngest.	
C2.	Have you ever raised step- children? By step-children we mean children from a former union of a spouse or common-law partner.		A	B. In what month and year was (you first (second, child) born?
	Yes . ¹○——>How many?	IDENTIFICATION CHILD Name	AGE	DATE OF BIRTH
	No . 20	1.D. #	2   years	. Month Year
C3.	Have you ever adopted children? (Exclude any step-children mentioned in the		5 years	6
	Yes . <sup>3</sup> O——How many?	03.	2 years	3
		04.	5 years	[6]
C4.	No . 4 O Have you ever (given birth to	05.	years	[3]
	/fathered) a child of your own? (Do not count stillbirths.)	06.	5 years	6
	Yes . ⁵O—→How many?	07.	2 years	3 1
	No . 6O	08.	5 years	6
C5.	INTERVIEWER:  Compute total number of step-, adopted, natural children. Add entries in C2, C3, C4.  Total number of children	09.	2 years	3 1
		10.	5 years	6
		11.	2 years	3 1
		12.	5 years	6
Ce	None $^{00}\bigcirc \longrightarrow GO \ TO \ D1$ Do you have any	13.	2 years	3
C6.	Do you have any grandchildren?  Yes . 70——How many?	14.	5 years	6
		15.	2 years	3
	No . 8O	16.	5 years	6
		17.	2 years	3   1
		18.	5 years	6
		19.	2 years	3   1
		20.	5 years	6
		21.	2 years	3   1   1   1   1   1   1   1   1   1
		22.	5 years	6

C.	Was (second male or		c	hild)	. (you a na d child	tural	(second , step-	or	(yo (se ch thi	es	1	(If No is mark How old war first (second when he/sh home?	s (youi l,) child)
	Male	Female		latural	S	tep	Adopte	ed	Deceas	ed Yes	No	Δ	ge
	40	5 🔾	6	0	7	0	80	i	3 O	10	2 🔿	<b>→</b> 3	years
	70	8 🔾	1	0	2	0	3 ()		40	5 🔿	6 🔿	7	years
	40	5 🔾	6	0	7	0	80		9 🔿	10	2 🔿	→ [3]	years
	7 🔾	8 🔾	1	0	2	0	3 🔿		40	5 🔿	60	<b>→</b> 7	years
	4 🔿	5 🔾	6	0	7	0	8 🔿	l	9 🔿	10	2 🔿	→ [3]	years
	70	8 ○	1	0	2	0	3 🔿		40	5 🔿	6 🔿	<b>→</b> [7]	years
	40	5 🔾	6	0	7	0	8 🔿		9 🔾	10	² ()	→ 3	years
	7 🔾	8 🔾	. 1	0	2	0	3 ()		40	5 🔾	6 🔿	<b>→</b> 7	years
	40	5 🔾	6	0	7	0	8 🔾	-	9 🔾	10	<sup>2</sup> ()	<b>→</b> 3	years
	7 🔿	8 🔾	1	0	2	0	3 ()		40	5 🔾	6 🔾	<b>→</b> 7	years
	40	5 🔾	6	0	7	0	8 ()		9 🔿	10	2 🔿	<b>→</b> 3	years
	7 🔿	8 🔾	1	0	2	0	3 🔿		40	5 🔾	6 🔿	<b>→</b> 7	years
	4 🔿	5 🔾	6	0	7	0	8 🔿		9 🔿	10	2 🔿	→ 3 .	years
	70	8 🔾	1	0	2	0	3 ()		40	5 🔿	6 🔿	7	years
	4 🔿	5 🔾	6	0	7	0	8 ()		9 🔾	10	2 🔿	<b>→</b> 3	years
	7 🔿	8 🔿	1	0	2	0	3 🔿		40	5 🔿	6 🔿	7 7	years
	40	5 🔾	6	0	7 (	0	8 🔿		9 🔿	10	2 🔿	3	years
	7 🔿	8 🔿	1	0	2	0	3 🔿		40	5 🔾	6 🔿	7	years
	4 🔿	5 🔾	6	0	7 (	0	8 🔿		9 🔾	10	2 🔾	→ 3	years
	7 🔿	8 🔾	1	0	2 (	0	3 🔿		40	5 🔾	6 🔾	7	years
	40	5 🔿	. 6	0	7 (	0	8 🔿		90	10	2 🔾 -	→ 3	years
	70	8 🔿	1	0	2 (	 o	3 ()		40	5 ()	60	<b>&gt;</b> 7	years

	-	o <b>-</b>	
C8.	INTERVIEWER CHECK ITEM:	C15.	. Who provided this care to (your youngest child)? Was it
	Review C7, columns A and E.	İ	cind): was it
	Are there any children less than 15 years old living in household?		Yes No
	Yes 1 O		The child's grandparent? 1 2
1	No 2 → GO TO C16	l	Another
		1	relative? 3 4
C9.	The next questions refer to your children less than 15 years old living in the household.		A sitter or nanny?
			Someone else? 7 8
C10.	During the past 12 months, did any of your	]	<b>↓</b>
	children receive childcare on a REGULAR basis? Exclude childcare provided by a family member living in this household.		Specify
	Yes 3 → How many? LL children		
	No	Cic	INTERVIEWER CHECK ITEM:
044	Bid and a second	C 18.	Review C7. columns A and E.
C11.	Did your child(ren) receive this care so that you or your spouse/partner could		Are there any children less than 15 years old living
	Yes No	l	outside houséhold?
	Work at a job? 01 ○ 02 ○		Yes 3 O
	Study?		No ⁴○ → GO TO C24
	Provide care to a family member or friend? 07	C17.	The next questions are about your (youngest) child living outside the household.
	Do something else? 09 O 10 O	010	Miles de la child live de la C
[	<b>↓</b>	C18.	Who does (this child) live with?
	Specify		Child's mother/father 5 🔾
			A relative
			Other
			<b>♥</b> Specify
C12.	During the past 12 months, did (your youngest child) receive childcare OUTSIDE YOUR HOUSEHOLD on a regular basis?		
	Yes <sup>3</sup>		
	No 40 GO TO C14	C19	Does (this child) live within
	100 :::::::::::::::::::::::::::::::::::	013.	10 km (6 miles or 10 minutes by car)? 10
C13.	Did ( your youngest child) go to		50 km (30 miles or 30 minutes by car)? 2 O
	Yes No		100 km (60 miles or 1 hour by car)? 3 🔾
	A workplace daycare center? 01 O 02 O		200 km (120 miles or 2 hours by car)? 4 🔾
	Another daycare center? 03 O 04 O		400 km (240 miles or 4 hours by car)? 5 0
	A sitter or		1000 km (600 miles or 10 hours by car)? . 6 O
	neighbour's home? 05 O 06 O  Grandparent's		Beyond 1000 km (more than 600 miles or 10 hours by car)?
	home? 07 O 08 O		Don't know 8 O
	Another relative's home? 09 0 10 0	C20.	During the past 12 months, how often did you see (this child)? Was it
	Some other arrangement (outside your household)? . 11 O 12 O		Daily? 2 O
			At least once a week? 3 〇
	Specify		At least once a month? 4 〇
			Less than once a month? . 5 O
			Not at all? 6 🔾
		C21.	Do you see (this child)
C14.	During the past 12 months, did(your youngest child) receive childcare IN YOUR HOME on a regular basis? Exclude childcare provided by a		Less often than you would like?
	family member living in your household.		More often than
	Yes 5 O		you would like? 8 GO TO C23
	No 6 ○ → GO TO C16		About the right amount? 9

.....

	_	9 -
C22.	What prevents you from seeing $\dots$ (this child) more often?	
İ	(Mark all that apply)	Yes No
ŀ	Distance	His/her spouse/partner? 4 5 5
}	Poor relationship with child02O	His/her children? 6 7 7 0
[	Shortage of your time	Someone else? 8 9
	Your health problems 04O	Who?
]	Financial reasons	(Mark all that apply)
}	Transportation problems	Friend/roommate 10
l	Other family responsibilities 07 O	Child's mother/father 2 O
	Custodial arrangements 08 O	Other relative 3O
ļ	Poor relationship with custodian 09 O	Striet relative
[	Other 10 🔾	C33. Does (this child) live within
ļ	<b>.</b>	10 km (6 miles or 10 minutes by car)? 20
	Specify Specify	50 km (30 miles or 30 minutes by car)? 3 O
1		100 km (60 miles or 1 hour by car)? 4 🔾
		200 km (120 miles or 2 hours by car)? 5 🔾
		400 km (240 miles or 4 hours by car)? 6 O
	No particular reason 110	1000 km (600 miles or 10 hours by car)? . 7 🔾
	S is the second of the second	Beyond 1000 km (more than 600 miles or
C23.	During the past 12 months, how often did you have contact by letter or telephone with (this	31
	child)? Was it	Don't know9
}	Daily?	C34. During the past 12 months, what best describes
1	At least once a week? 20	(this child's) MAIN activity? Was he/she mainly
	,	Working at a job or business?
		Looking for work? 20
Ì	Not at all?	A student? 3 ○
Ć24.	INTERVIEWER CHECK ITEM:	Keeping house?
]	Review C7, columns A and E.	Other 5 ○
	Number of children 15 years of age and older, living outside household?	,
ĺ	None 1 ○ → GO TO D1	Specify
1	One 20 GO TO C30	
ł	Two or more 3 🔾	
C25.	Of your children 15 years of age and older living	
020.	outside your household, how many live within 100 km (60 miles or one hour by car)?	C35. During the past 12 months, how often did you see (this child)? Was it
Į	1.4.1.1.1.abildran	Daily? 5 ○
	4 child(ren)	At least once a week? 6 🔾
C26.	Of your children 15 years of age and older living	
1	outside your household, with whom do you have the most contact?	Less than once a month? 8 🔾
!	If necessary, use birth order, date and sex to probe.	Not at all? 9 → GO TO C37
}	CHILD I. D. #  5      → GO TO C28	C36. Did you usually see (this child)
	CHILD I. D. # <u>[5]</u> — GO TO C28  No particular child 500○	At your home? ¹ 🔾
ļ	Two particular common 1,1111	At his/her usual place of residence? 2
C27.	Of those children with whom you have the most contact, who is the oldest?	Somewhere else? 3 🔾
	CHILD I. D. # [6]	Specify
C28.	The next questions are about this child.	
C29.	INTERVIEWER:	d
	GO TO C31	Equally at both residences 4 🔾
C30.	The next questions are about your child, 15 years of age or older, living outside your household.	C37. Do you see (this child)
		Less often than you would like? 5 ○
C31.	Does ( this child) live alone?	More often than you
	Yes ¹ ○→ GO TO C33	would like? 60 GO TO C39
	No <sup>2</sup>	About the right amount? 7

C38.	What prevents you from seeing (this child)	SEC	CTION E: Friends	E
	more often?	E1.	Other than your immediate family, how many	
	(Mark all that apply)  Distance  010		people do you consider close friends?	
			(Exclude spouse, parents, brothers, sisters and children, include friends, aunts, uncles, cousins,	
	Tool tolationarip with child		nieces, nephews, in-laws, etc.)	i
	Onortago or your time 1711111111111111111111111111111111111			
	Chortage of his/hor time			
	Tour Houlds problems		friends	
	His/her health problems 06 Financial reasons 07		None	l
	Transportation problems	E2.	The next few questions are about your closest	1
	Other family responsibilities		friend. Your immediate family should be excluded.	
	Other	-	to a street to the street and the street to	1
ł		E3.	Is your closest friend male or female?	
Ì	Specify		Male 1 🔿	
			Female 2 O	
		E4.	Where did this friendship start?	
	No particular reason		At school 2 🔾	
C39.	During the past 12 months how often did you have		At work	
	contact by letter or telephone with (this child)? Was it		At club / organization 4 O	
	Daily? 1 O		At church 5 O	
	At least once a week? 20		At home or in the neighbourhood 6 O	
	At least once a month? 3 O	1	Through family 7 🔾	
	Less than once a month? 40		Through a friend 8 O	
	Not at all? 5 🔾		Other <sup>9</sup> O	
CEC	TION D. Facility Intentions		Specify Specif	
-	TION D: Fertility Intentions			
D1.	INTERVIEWER CHECK ITEM: Review GSS 5-1, Item 44 for respondent only.			
	Is age of respondent		· · · · · · · · · · · · · · · · · · ·	
		E5.	Does your friend live within	
	45 or older? 6○ — → GO TO E1 44 or younger? 7○		10 km (6 miles or 10 minutes by car)? 10	
	44 of younger 1		50 km (30 miles or 30 minutes by car)? 2 O	
D2.	The next questions are about your intentions to have (more) children.		100 km (60 miles or 1 hour by car)? 3 O	
-			200 km (120 miles or 2 hours by car)? 4 🔾	
D3.	INTERVIEWER CHECK ITEM: Review GSS 5-1, Item 49 for respondent only.		400 km (240 miles or 4 hours by car)? 5 O	
	If respondent is living with a spouse/partner, phrase		1000 km (600 miles or 10 hours by car)? . 6 🔾	
	questions D4 and D5 to include spouse/partner.		Beyond 1000 km (more than 600 miles or 10 hours by car)?	
D4.	Have you (or your spouse/partner) had an		Same household 8	
	operation that makes it impossible for you to have a/another child?		_	
1	Yes 80 GO TO E1		GO TO F1 ←	
	No 9O		Don't know <sup>9</sup> O	
D5.	Have you ever been told that you (or your partner)	E6.	During the past 12 months, how often did you see	
	cannot have any(more) children?		your friend? Was it  Daily? 2	
	Yes		At least once a week? 3 O	
	No <sup>2</sup> O		At least once a month? 4 🔾	
D6.	Do you intend to have a/another child sometime?		Less than once a month? 5 O	
	Yes 30		Not at all? 6	
	700	E7.	During the past 12 months, how often did you	
	No	E/.	have contact by letter or telephone with your friend? Was it	
D7	What is the total number of children that you		Daily? 5 🔾	
	intend to have (Including those you have now)?		At least once a week? 6 🔾	
	1 1 1		At least once a month? <sup>7</sup>	
	child(ren)		Less than once a month? 8 O	
	Don't know 98		Not at all? 9 O	

	TION F: Household help			<del></del>	<del> </del>	<del></del>		
F1.	INTERVIEWER CHECK ITEM:			^				
			n household	-^	—→ GO 7	O F7		
						······································		
F.2.	The next questions are a months. Include only hous	bout people ehold membe	who helped ers.	with the w	ork around y	your house during the past 12		
F3.	a) Who helps with meal preparation in your household?	b) During the meal p	the past 12 reparation die	months, ho	w much of s it	c) Who is PRIMARILY re- sponsible for meal pre- paration in your household?		
	(Enter Page-Line Number of each household member - review GSS 5-1,	Less than	Less than	1/2 or	All?	(Accept multiple response only it responsibility shared equally)		
	Items 40 and 41)	1/4	1/2	more				
		<sup>01</sup> O	02 🔾	03 🔾	04 ()	05 🔿		
		06 🔾	07 O	08 🔾	09 🔾	10 🔿		
		11 O	12 ()	13 O	14 ()	15 🔾		
		16 🔿	17 🔿	18 🔾	19 🔿	20 🔿		
	Not applicable / no one in household	. <sup>97</sup> ○ <del></del> G	O TO F4			22 O Someone from outside household		
F4.	a) Who helps with meal cleanup in your household?	eal cleanup in your—the meal cleanup did do? Was it						
	(Enter Page-Line Number					(Accept multiple response only in responsibility shared equally)		
	of each household member - review GSS 5-1, Items 40 and 41)	Less than 1/4	Less than 1/2	1/2 or more	All?	responsibility shared equality)		
	1 1	23 🔘	24 🔘	25 🔾	26 🔾	27 🔿		
		28 🔾	29 🔾	30 🔘	31 🔘	32 🔘		
	1 1	33 🔾	34 🔘	35 🔘	36 🔾	37 🔾		
		38 🔿	39 🔾	40 🔿	41 🔿	42 🔿		
	Not applicable / no one in household	. <sup>97</sup> ○ → G	O TO F5			44 O Someone from outside household		
F5.	a) Who helps with house cleaning and laundry in your household?	b) During the cleaning	the past 12 g and laundr	months, ho y dld do?	w much of Was it	c) Who is PRIMARILY re- sponsible for house cleaning and laundry in your household?		
	(Enter Page-Line Number of each household member - review GSS 5-1,	Less than	Less than	1/2 or more	All?	(Accept multiple response only in responsibility shared equally)		
	Items 40 and 41)	45 🔿	46 🔿	47 🔾	48 🔾	49 🔿		
	1 ,	50 🔾	51 O	52 ()	53 ()	54 ()		
		55 ()	56 ()	57 ()	58 🔾	59 🔾		
		60 🔿	61 🔾	62 🔾	63 🔾	64 🔿		
	Not applicable / no one in household	. <sup>97</sup> ○ <del></del> G	60 TO F6			66 O Someone from outside household		
F6.	a) Who helps with house maintenance and outside work such as repairs, painting, carpentry, lawn mowing, shovelling snow?	b) During the house do? Was	the past 12 maintenance it	months, ho and outsid	w much of e work did	c) Who is PRIMARILY re- sponsible for house maintenance and outside work in your household?		
	(Enter Page-Line Number					(Accept multiple response only in responsibility shared equally)		
	of each household member-review GSS 5-1, Items 40 and 41)	Less than 1/4	Less than 1/2	1/2 or more	All?			
	1 1	67 🔿	68 🔘	69 🔾	70 🔿	71 🔿		
		72 🔿	73 🔾	74 🔿	<sup>75</sup> 🔾	76 🔾		
		<sup>77</sup> O	78 🔿	79 🔾	80 🔿	81 🔿		
		82 🔾	83 🔾	84 🔿	85 🔾	86 🔾		
Ī	Not applicable	97 O G	0 TO F7			88 O Someone from outside household		

	During the past 12 months, his sewing or cleaning?	ave you done	any unpaid housew	ork outside your home	e such as cookin	
	Yes	1 0				
	No	² ○ <del></del> GC	TO F10			
9.	For which person or organization	on?		<del></del>		
	(Mark all that apply)		(For each circle m How often did yo	arked, ask:) ou provide this help?		
			At least once a week	At least once a month	Less than once a month	
	Son	01 0	<sup>02</sup> O	03 🔾	<sup>04</sup> O	
	Daughter	05 ○ →	06 🔾	<sup>07</sup> O	08 🔾	
	Parent	09 ○	<sup>10</sup> O	11 🔾	<sup>12</sup> O	
	Brother / sister	13 🔾 🚤	14 ()	15 🔿	16 🔿	
	Other relative	17 ○	18 🔾	19 🔾	50 🔾	
	Friend / neighbour	21 🔾 🚤	22 🔾	23 🔿	24 🔿	
	Organization / other	25 🔾 🚤	<sup>26</sup> O	27 🔾	28 🔾	
		∳ Specify				
10.	During the past 12 months, has cooking, sewing or cleaning?	anyone from o	utside your househo	ld helped with unpaid	housework such a	
	Yes	3 🔾				
	No	4 ○ <del></del> GO	TO F12			
11.	Who provided such help?				<del></del>	
	(Mark all that apply)  (For each circle marked, ask:)  How often did they provide this help?					
			At least	At least	Less than	
			once a week	once a month	once a month	
	Son	29 ○ →	30 O	31 🔾	35 🔾	
	Daughter	33 🔾 🚤	<sup>34</sup> O	<sup>35</sup> O	<sup>36</sup> 🔾	
	Parent	<sup>37</sup> ○ →	38 🔾	<sup>39</sup> 🔾	40 🔾	
	Brother / sister	41 ()	<sup>42</sup> O	43 O	44 🔾	
	Other relative	450	46 ()	47 O	48 ()	
	Friend / neighbour	49 ○	50 O	51 ()	52 ()	
	Organization / other	53 0	54 🔾	55 🔾	56 🔾	
		Specify				
					ل	
12.	During the past 12 months, ha	ve you helped	anyone outside you	ur household with hou	se maintenance o	
12.	outside work such as repairs, pa	ainting, carpent	anyone outside you ry, lawn mowing or s	ur household with houshovelling snow?	se maintenance o	
12.	Yes	ainting, carpent	ry, lawn mowing or s	ur household with hou shovelling snow?	se maintenance o	
12.	outside work such as repairs, pa	ainting, carpent	anyone outside youry, lawn mowing or s	ur household with hou shovelling snow?	se maintena	
 }.	outside work such as repairs, pa	ainting, carpent	ry, lawn mowing or s	ur household with houshovelling snow?	se maintenance	
2.	Yes	ainting, carpent	ry, lawn mowing or s	ur household with houshovelling snow?	se maintenance	
12.	Yes	ainting, carpent	ry, lawn mowing or s	ur household with houshovelling snow?	se maintenance	
12.	Yes	ainting, carpent	ry, lawn mowing or s	ur household with houshovelling snow?	se maintenance	
12.	Yes	ainting, carpent	ry, lawn mowing or s	ur household with houshovelling snow?	se maintenance (	
12.	Yes	ainting, carpent	ry, lawn mowing or s	ur household with houshovelling snow?	se maintenance o	
12.	Yes	ainting, carpent	ry, lawn mowing or s	ur household with houshovelling snow?	se maintenance o	
12.	Yes	ainting, carpent	ry, lawn mowing or s	ur household with houshovelling snow?	se maintenance o	
12.	Yes	ainting, carpent	ry, lawn mowing or s	ur household with houshovelling snow?	se maintenance o	
12.	Yes	ainting, carpent	ry, lawn mowing or s	ur household with houshovelling snow?	se maintenance (	
12.	Yes	ainting, carpent	ry, lawn mowing or s	ur household with houshovelling snow?	se maintenance (	
12.	Yes	ainting, carpent	ry, lawn mowing or s	ur household with houshovelling snow?	se maintenance	
2.	Yes	ainting, carpent	ry, lawn mowing or s	ur household with houshovelling snow?	se maintenance	

F13.	For which person or organization	on?			
	(Mark all that apply)		(For each circle ri How often did ye	narked, ask:) ou provide this help?	
			At least once a week	At least once a month	Less than once a month
1	Son	010	02 🔿	03 🔾	04 🔿
1	Daughter	05 0	<sup>06</sup> O	07 🔿	08 🔾
1	Parent	09 0	10 🔾	11 0	12 O
{	Brother / sister	13 ()	14 🔾	15 🔘	16 O
1	Other relative	170	18 ()	19 ()	20 0
<b>\</b>	Friend / neighbour	21 0		•	•
}	<u>-</u>	•	22 ()	23 🔾	24 🔾
	Organization / other	25 O	26 🔾	27 🔾	28 🔾
		Specify			
F14.	During the past 12 months, has maintenance or outside work su	anyone from o	outside your househ painting, carpentry, l	old helped on an unpai lawn mowing or shoveli	id basis with house ing snow?
	Yes	7 🔿			
	No	80)			
	Not applicable	8 ○ 9 ○ } → GO	TO F16		
		٠,			
F15.	Who provided such help?	<del></del>	<del></del>		
	(Mark all that apply)		(For each circle m	earked, ask:) ey provide this help?	
			At least	At least	Less than
İ			once a week	once a month	once a month
l	Son	29 ○	30 🔿	31 (	32 🔾
	Daughter	33 🔾 🚤	34 ()	35 🔾	36 🔾
	Parent	37 ()	38 ()	39 🔾	40 🔾
	Brother / sister	410	42 O	43 ()	44 ()
	Other relative	45 0	46 O	47 ()	48 ()
		•	•	•	52 🔾
	Friend / neighbour	49 0	<sup>50</sup> O	51 🔿	
	Organization / other	53 🔾 🚤	54 🔾	<sup>55</sup> O	56 ○
		Specify			
	1 1 1 1 1 1 1 1 1 1	11111	11111		1
		<del></del>	<del></del>	<del></del>	ـا
F16.	During the past 12 months, ha such as driving them to an appo			atlon to anyone outsid	e your household,
	Yes	10	ppg.		
	No	_	TO F18		
				·	
F17.	For which person or organization	n?			
	(Mark all that apply)		(For each circle m.		
			•	u provide this help?	
	_		At least once a week	At least once a month	Less than once a month
	Son	01 0	02 🔾	03 🔾	04 🔿
	Daughter	<sup>05</sup> ○ →	06 🔾	07 🔾	08 🔾
	Parent	09 🔾 🚤	10 🔾	11 🔘	12 🔾
	Brother / sister	13 🔾 🚤	14 🔾	15 🔾	16 🔾
	Other relative	<sup>17</sup> O	18 🔿	19 🔿	20 🔿
	Friend / neighbour	21 🔾 🚤	22 🔾	23 ()	<sup>24</sup> O
	Organization / other	25 🔾 🚤	26 (	27 ()	28 ()
	•	₩	•		)
		Specify			
			11111		

F18.	During the past 12 months, transportation, such as driving y	has anyone ou to an appo	from outside you intment or shopping	r household provided g?	you with unpaid
	Yes	<sup>3</sup> O			
	No	4 O ——GC	) TO F20		
F19.	Who provided such help?				
	(Mark all that apply)	•	(For each circle n	narked, ask:) ney provide this help?	
			At least	At least	Less than
			once a week	once a month	once a month
	Son	29 🔾 🖚	<sup>30</sup> O	31 🔾	32 🔾
	Daughter	33 ○>	<sup>34</sup> O	<sup>35</sup> O	<sup>36</sup> O
	Parent	<sup>37</sup> O	38 🔾	39 🔾	400
	Brother / sister	410	<sup>42</sup> O	<sup>43</sup> O	44 0
	Other relative	<sup>45</sup> O>	46 🔾	47 🔾	48 🔾
	Friend / neighbour	<sup>49</sup> ○ <del>→</del>	50 🔾	51 O	52 🔾
	Organization / other	<sup>53</sup> O	<sup>54</sup> O	55 🔾	<sup>56</sup> O
		<b>∜</b> Specify			
			11111		1
F20.	During the past 12 months, have	you provided	any unpaid childca	ire for anyone outside yo	ur household?
	Yes	5 🔾			
	No	6 ○ <del></del> GC	) TO F22		
F21.	For whose children did you prov	ide this care?			
	(Mark all that apply)		(For each circle n	narked, ask:)	Į
			How often did y	ou provide this help?	
			At least once a week	At least once a month	Less than once a month
	Son	01 🔾 🚤	02 ()	03 🔾	04 ()
	Daughter	05 )	<sup>06</sup> O	07 O	08 🔾
	Parent	09 0	100	110	12 0
	Brother / sister	13 ()	14 ()	15 ()	16 ()
	Other relative	17 O ->	18 ()	19 ()	20 🔾
	Friend / neighbour	21 () ->	22 ()	23 ()	24 🔾
	Organization / other	25 ()>	26 ()	27 ()	28 🔾
	Organization Foundation	Ť		O	Ŭ
		Specify			1
F22.	During the past 12 months, hav to anyone outside your househousehousehousehousehousehousehouse		d any unpaid perso	nal care, such as help b	athing or dressing,
	Yes	7 🔾			
	No	8 ○ <del></del> GC	) TO F24		
F23	For which person or organizatio	n?			
20.	(Mark all that apply)	•••	(For each circle r	marked, ask:)	
ļ			How often did y	ou provide this help?	
			At least once a week	At least once a month	Less than once a month
	Son	29 ○ →	<sup>30</sup> O	31 🔾	<sup>32</sup> ()
	Daughter	33 ○ →	34 ()	35 🔾	<sup>36</sup> O
	Parent	37 ○ →	38 🔾	39 🔾	<sup>40</sup> O
1	Brother / sister	41 0	42 O	43 O	44 ()
	Other relative	45 0	45 🔾	47 🔾	48 🔾
ļ	Friend / neighbour	49 O <del></del>	50 🔾	51 🔾	52 🔾
	Organization / other	53 O →	54 🔾	55 🔾	56 🔾
		¥	J	•	_
		Specify	, , , , , ,	, , , , , , , , , ,	,
l					

1500 53 .

1 4

F24.	24. During the past 12 months, have you provided financial support to anyone outside your household?  Yes						
F25	For which person or organization		TO F26				
, 23.	(Mark all that apply)	J11 1	(For each circle in How often did y	marked, ask:) rou provide this help?			
			At least once a week	At least once a month	Less than once a month		
	Son	01 ()	02 () 06 () 10 ()	03 O 07 O 11 O	04 () 08 () 12 ()		
	Brother / sister	13 0	14 ()	15 O 19 O	16 🔾		
	Friend / neighbour Organization / other	21 🔾	22 🔾 26 🔾	23 O 27 O	24 🔾 28 🔾		
		Specify					
	During the past 12 months, has	anyone from ou	tside vour househ	old provided you with fir	nancial support?		
7 20.	Yes	3 O	iside your noosen	iola provided you will in	tancial support:		
	No	4 O → GO	TO F28				
F27.	Who provided such help? (Mark all that apply)		(For each circle n	narked, ask:) ney provide this help?			
	Son	29 🔾 🚤	At least once a week 30 🔾	At least once a month	Less than once a month 32 O .		
	Daughter Parent	33 O	34 () 38 ()	35 🔾	36 🔾		
	Brother / sister	41 0	42 O 46 O	43 () 47 ()	44 () 48 ()		
	Friend / neighbour Organization / other	49 ○ → 53 ○ → ↓ Specify	50 O 54 O	51 () 55 ()	52 () 56 ()		
				·			

F28.	During the past 12 months, was someone from outside your household paid to help with			•		
	household paid to help with					
				(If "yes" is marke		
				How often did the	hey provide this he	elp?
				At least	At least	Less than
		No	Yes	once a week	once a month	once a month
	Meal preparation?	01 🔾	02〇	03〇	04〇	05 🔾
	House cleaning or laundry?	06 🔾	070	08〇	Oe0	10 🔾
					_	
	House maintenance or outside work?	110	120	13()	14()	15 🔿
		_	170-	18()	19()	20 🔾
	Transportation for yourself? .	16 🔾	_	_	Ī	_ i
	Grocery shopping?	21 🔾	220	23()	24 🔾	25 🔾
F29.	During the past 12 months, we such as charities, teaching, fund	re you in	volved in any	other unpaid vo	dunteer work for	any organizations,
	such as charities, teaching, fund	iraising, o	ffice work?			1
	Yes	10—	<del></del>	How often did y	ou provide this se	rvice?
				At least	At least	Less than
			_	once a week	once a month	once a month
			_	2 🔾	3 🔿	40
	• 1					
	No	<sup>5</sup> O				
				<del></del>		
F30.	Because of a long-term physical amount of activity that you can	condition	n, mental con	dition or health pr	oblem, are you lim	nited in the kind or
	leisure?	uo at nom	ie, at work, at	scriour or in oure	a activities such a	s transportation of
	Yes	6 🔿				
		_				
	No	√O —	►GO TO G1			
F21	During the past 12 months, has	201000	revided year y	ith parconal care	such as help hath	ning or dressing?
F31.	butting the past 12 months, has	arryonie pi	ovided you v	itat personal care.	, such as help but	ing or aresoing.
	Yes	8 O				
		_	00 70 04			
	No	* O —	→GU 10 G1			
	Nation of the state of the land					
F32.	Who provided such help?		,,		<i>L</i>	
F32.	Who provided such help? (Mark all that apply)		,	h circle marked, as	·	
F32.			,	h circle marked, as live in this house	·	
F32.			Do they	live in this house	·	
F32.	(Mark all that apply)	01 ~	Do they Yes	live in this house	·	
F32.	(Mark all that apply)  Spouse	<sup>01</sup> O →	Do they Yes  O2	No 03	·	
F32.	(Mark all that apply)	01 O	Yes  Oscillation	No  03  06	·	
F32.	(Mark all that apply)  Spouse	04 0	Yes  Oscillation	No  03  06	·	
F32.	(Mark all that apply)  Spouse  Son	04 O	Do they  Yes  02  05  08  08  08	No  OBO  OBO  OBO  OBO  OBO  OBO  OBO  O	·	
F32.	(Mark all that apply)  Spouse	04 O	Po they Yes 02 05 08 110	No  No  03  06  09  12	·	
F32.	(Mark all that apply)  Spouse Son Daughter Parent Brother / sister	04 O	Po they Yes  02  05  08  11  14	No  03  06  09  12  15	·	
F32.	(Mark all that apply)  Spouse  Son  Daughter  Parent  Brother / sister  Other relative	04 O	Do they Yes  02  05  08  11  14  17  17	No  03  06  09  12  15  18  0	·	
F32.	(Mark all that apply)  Spouse Son Daughter Parent Brother / sister	04 O	Do they Yes  02  05  08  11  14  17  17	No  03  06  09  12  15  18  0	·	
F32.	(Mark all that apply)  Spouse  Son  Daughter  Parent  Brother / sister  Other relative	04 O	Do they  Yes  02  05  08  110  140  170  200	No  03  06  09  12  15  18  21	·	
F32.	(Mark all that apply)  Spouse Son Daughter Parent Brother / sister Other relative Friend / neighbour	04 O	Do they Yes  02  05  08  11  14  17  17	No  03  06  09  12  15  18  0	·	
F32.	(Mark all that apply)  Spouse Son Daughter Parent Brother / sister Other relative Friend / neighbour	04 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Do they  Yes  02  05  08  11  14  17  20  23	No  03  06  09  12  15  18  21	·	
F32.	(Mark all that apply)  Spouse Son Daughter Parent Brother / sister Other relative Friend / neighbour	04 O	Do they  Yes  02  05  08  11  14  17  20  23	No  03  06  09  12  15  18  21	·	
F32.	(Mark all that apply)  Spouse Son Daughter Parent Brother / sister Other relative Friend / neighbour	04 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Do they  Yes  02  05  08  11  14  17  20  23	No  03  06  09  12  15  18  21	·	
F32.	(Mark all that apply)  Spouse Son Daughter Parent Brother / sister Other relative Friend / neighbour	04 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Do they  Yes  02  05  08  11  14  17  20  23	No  03  06  09  12  15  18  21	·	
F32.	(Mark all that apply)  Spouse Son Daughter Parent Brother / sister Other relative Friend / neighbour	04 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Do they  Yes  02  05  08  11  14  17  20  23	No  03  06  09  12  15  18  21	·	
F32.	(Mark all that apply)  Spouse Son Daughter Parent Brother / sister Other relative Friend / neighbour	04 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Do they  Yes  02  05  08  11  14  17  20  23	No  03  06  09  12  15  18  21	·	
F32.	(Mark all that apply)  Spouse Son Daughter Parent Brother / sister Other relative Friend / neighbour	04 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Do they  Yes  02  05  08  11  14  17  20  23	No  03  06  09  12  15  18  21	·	
F32.	(Mark all that apply)  Spouse Son Daughter Parent Brother / sister Other relative Friend / neighbour	04 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Do they  Yes  02  05  08  11  14  17  20  23	No  03  06  09  12  15  18  21	·	
F32.	(Mark all that apply)  Spouse Son Daughter Parent Brother / sister Other relative Friend / neighbour	04 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Do they  Yes  02  05  08  11  14  17  20  23	No  03  06  09  12  15  18  21	·	
F32.	(Mark all that apply)  Spouse Son Daughter Parent Brother / sister Other relative Friend / neighbour	04 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Do they  Yes  02  05  08  11  14  17  20  23	No  03  06  09  12  15  18  21	·	
F32.	(Mark all that apply)  Spouse Son Daughter Parent Brother / sister Other relative Friend / neighbour	04 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Do they  Yes  02  05  08  11  14  17  20  23	No  03  06  09  12  15  18  21	·	
F32.	(Mark all that apply)  Spouse Son Daughter Parent Brother / sister Other relative Friend / neighbour	04 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Do they  Yes  02  05  08  11  14  17  20  23	No  03  06  09  12  15  18  21	·	
F32.	(Mark all that apply)  Spouse Son Daughter Parent Brother / sister Other relative Friend / neighbour	04 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Do they  Yes  02  05  08  11  14  17  20  23	No  03  06  09  12  15  18  21	·	
F32.	(Mark all that apply)  Spouse Son Daughter Parent Brother / sister Other relative Friend / neighbour	04 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Do they  Yes  02  05  08  11  14  17  20  23	No  03  06  09  12  15  18  21	·	
F32.	(Mark all that apply)  Spouse Son Daughter Parent Brother / sister Other relative Friend / neighbour	04 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Do they  Yes  02  05  08  11  14  17  20  23	No  03  06  09  12  15  18  21	·	
F32.	(Mark all that apply)  Spouse Son Daughter Parent Brother / sister Other relative Friend / neighbour	04 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Do they  Yes  02  05  08  11  14  17  20  23	No  03  06  09  12  15  18  21	·	
F32.	(Mark all that apply)  Spouse Son Daughter Parent Brother / sister Other relative Friend / neighbour	04 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Do they  Yes  02  05  08  11  14  17  20  23	No  03  06  09  12  15  18  21	·	
F32.	(Mark all that apply)  Spouse Son Daughter Parent Brother / sister Other relative Friend / neighbour	04 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Do they  Yes  02  05  08  11  14  17  20  23	No  03  06  09  12  15  18  21	·	

G	SECTION G: Supports					
	G1.	61. In the next two questions we would like to ask you who you would turn to for help. Include spouse, relatives, friends, social services, clergy, professional counsellors, etc.				
	G2.	Suppose you feel just a bit down or depressed, and you wanted to talk about it.	G3.	Now suppose you were very upset about a problem with your husband, wife or partner and hadn't been able to work it out.		
	Α.	Whom would you turn to first for help?	A.	Whom would you turn to first for help?		
		Spouse/partner         01 ○           Parent         02 ○           Daughter         03 ○           Son         04 ○           Sister / brother         05 ○           Other relative including in-laws         06 ○           Friend         07 ○           Neighbour         08 ○           Someone you work with         09 ○           Church / clergy / priest         10 ○           God         11 ○           Family doctor GP         12 ○           Psychologist / psychiatrist / marriage counsellor other professional counsellor         13 ○           Other         14 ○           Specify           No one         15 ○           Don't know         15 ○           GO TO G3		Parent       33 ○         Daughter       34 ○         Son       35 ○         Sister / brother       36 ○         Other relative including in-laws       37 ○         Friend       38 ○         Neighbour       39 ○         Someone you work with       40 ○         Church / clergy / priest       41 ○         God       42 ○         Family doctor / GP       43 ○         Psychologist / psychiatrist / marriage counsellor / other professional counsellor       44 ○         Other       45 ○         Specify         No one       46 ○         Don't know       47 ○ GO TO H1		
	8.	Whom would you turn to second for help?	B.	Whom would you turn to second for help?		
		Spouse/partner 17   Parent 18   Daughter 19   Son 20   Sister / brother 21   Other relative including in-laws 22   Friend 23   Neighbour 24   Someone you work with 25   Church / clergy priest 26   God 27   Family doctor / GP 28   Psychologist / psychiatrist / marriage counsellor / other professional counsellor 29   Other 30    Specify		Parent		
		No one		No one		

		<del>-</del>	
SEC	TION H: Marriages	H14.	Is this your first marriage?
H1.	The next questions are about marriages and common-law partnerships. Your answers will help us better measure how family relationships are changing.		Yes 5 O GO TO H16  INTERVIEWER CHECK ITEM:
H2.	Have you ever been a partner in a common-law relationship? By this we mean partners living together as husband and wife without being legally married.  Yes 1	1	Review H6.  Is the respondent currently separated (H6 = Yes)?  Yes 70 GO TO J1
	No <sup>2</sup> O		No 8 ○ ———— GO TO J3
H3.	Are you now legally married?  Yes 3 GO TO H5	H16.	What was the date of your first marriage?
	No 40	1112	Month Year
H4.	Have you ever been legally married?  Yes 5○ ———— GO TO H16	H17.	What was your first husband/wife's marital status before entering into that marriage? Was it
	No 6○ → GO TO H37		Widowed?
H5.	Are you living with your spouse?		Single? 3 ()
	Yes <sup>7</sup> GO TO H8 No <sup>8</sup> O	H18.	What was his/her date of birth?
H6.	Are you separated?		Month Year
	Yes 10	H19.	INTERVIEWER CHECK ITEM:
	No <sup>2</sup> O GO TO H8		Review H2.  Has the respondent ever been a partner in a common-
H7.	When did you separate?		law relationship (H2 = Yes)?  Yes 4 O
	Month Year		No 5 O — GO TO H22
H8.	What was the date of your current marriage?	H20.	Did you and your first spouse live common-law before entering into this marriage?
	Month Year		Yes 6○ No 7○ ——— GO TO H22
H9.	What was your spouse's marital status before entering into this marriage? Was it		Approximately when did you and your first
	Widowed?	1.2.1	husband/wife begin to live together?
	Single? 9 🔾		Month Year
H10	What is your spouse's date of birth?	H22.	Did your first marriage end in (Read categories and record month and year)
1110.			
	Month Year		When?  Month Year
H11.	INTERVIEWER CHECK ITEM: Review H2.		Separation and then divorce
	Has the respondent ever been a partner in a common- law relationship (H2 = Yes)?		or annulment? 1   sep. [2]   [3]   div.   [4]   [5]   ann.
	Yes <sup>1</sup> O No <sup>2</sup> O GO TO H14		Separation only? 6
H12.	Did you and your spouse live common-law before		Death of spouse? 70
	entering into this marriage?  Yes 3		Other 8
	No 4 ○ — — GO TO H14	H23.	INTERVIEWER CHECK ITEM: Review H3.
H13:	Approximately when did you and your current spouse begin to live together?		Is respondent currently married (H3 = Yes)?
	Month Year	]	Yes ¹○ No ²○ ——— GO TO H26
	Month Year	l	NO → GO 10 H20

	Yes 3 O  No 4 O ———— GO TO H27  INTERVIEWER CHECK ITEM:	H35.	Review H3.  Is respondent currently married (H3 = Yes)?  Yes
	Review H6.  Is respondent currently separated (H6 = Yes)?	H36.	No 2○ ———— GO TO H38  . INTERVIEWER CHECK ITEM:
	Yes 5 GO TO J1 No 6 GO TO J3		Review H6.  Is respondent currently separated (H6 = Yes)?  Yes 3 GO TO J1
H26.	Have you been legally married a second time?		No 4 O GO TO J3
	Yes	H37.	Do you think you will ever marry?  Yes 7
H27.	What was the date of your second marriage?	НЗВ	No 80 Don't know 90 } ——————————————————————————————————
H28.	What was your second husband/wife's marital status before entering into that marriage? Was it	H36.	Yes 4 O
	Widowed?		No 5 ○ Bon't know 6 ○ }
	Divorced?	H39.	At what age would you like to get married/remarried?
Haa	What was his/her date of birth?		years
1123.	Month Year		Don't know 98
Нао	INTERVIEWER CHECK ITEM:	SEC	TION J: Common-law partnerships
1130.	Review H2.	J1.	INTERVIEWER CHECK ITEM:
	Has the respondent ever been a partner in a common- law relationship (H2 = Yes)?		Review H2.  Has the respondent ever been a partner in a common-law relationship (H2 = Yes)?.
	Yes 4 🔿		Yes 10
	No 5○ ———— GO TO H33		No 2○ ——— GO TO K1
H31.	Did you and your second spouse live common-law before entering into this marriage?	J2.	Are you now living with a common-law partner?
	Yes 6 ○ No	-	Yes 3
H32.	Approximately when did you and your second husband/wife begin to live together?	J3.	No 4 O — GO TO J4  INTERVIEWER CHECK ITEM:
		33.	Review H2.
	Month Year		Has the respondent ever been a partner in a common- law relationship (H2 = Yes)?
H33.	Did your second marriage end in (Read categories and record month and year)	}	Yes 5
	When?		No 60 GO TO K1
	Month Year	J4.	Have you ever been a partner in a common-law relationship that was not followed by marriage?
	Separation and then	}	Yes 7 O GO TO J9
	divorce sep. 2 3	}	No 8 O ———— GO TO K1
	annulment? div. / 4   5   5   Separation	J5.	Approximately when did you and your partner begin to live together?
	only? 60	}	Month Year
	Death of spouse? <sup>7</sup> O	J6.	What was your partner's marital status before
	Other 80	}	entering into this union? Was it  Widowed? 1
H34.	In total, how many times have you been legally		Separated? <sup>2</sup> O
	married?		Divorced?
	times	1	Single? 4 🔾

J7.	What is your partner's date of birth?	SEC	TION K: Satisfaction
	Month Year	K1.	Now, I am going to ask you to rate certain areas o your life.
J8.	Have you had a previous common-law relationship	K2.	Would you describe yourself as
<b>3</b> 0.	that was not followed by marriage?		Very happy? 1 O
	Yes 5 O		-
	No 6○ ———— GO TO K1		Somewhat happy? <sup>2</sup> O
J9.	Approximately when did you begin your first	1	Somewhat unhappy? 3 〇
	common-law relationship that was not followed by marriage?		Very unhappy?
	لباليا		No opinion 5 🔿
J10.	Month Year  What was that partner's marital status before entering into that union? Was it	К3.	How would you describe your state of health? Compared to other persons your age, would you say it is
	Widowed? 2 ○		Excellent? 6 ○
	Separated? <sup>3</sup> O		Good? 7 O
	Divorced? 4 O		
	Single?	1	Fair? 8 🔾
J11.	What was that partner's date of birth?		Poor?
	Month Year		
J12.	Did this partnership end by separation or by the death of your partner?		
	(Record reason, month and year)		
	When?	ŀ	
	Month Year		
	Separation 6 O		
	Death of partner 7 O - L L L		•
J13.	Have you been a partner in any other common-law relationships that were not followed by marriage?		•
	Yes 8O		
	No 9 ○ ——— GO TO K1		
J14.	Approximately when did you begin your second common-law relationship that was not followed by marriage?		
	Month Year		
J15.	What was that partner's marital status before entering into that union? Was it		
	Widowed? 1 O		
	Separated? <sup>2</sup> O	1	
	Divorced? <sup>3</sup> O	ł	
	Single? 4 O		
J16.	What was that partner's date of birth?		
0.0.			,
	Month Year		
J17.	Did this partnership end by separation or by the death of your partner?		
	(Record reason, month and year)		
	When?		
	Month Year		
	Separation 50-		
	Death of partner 60		
J18.	In total, how many times have you been a partner in common-law relationships that were not followed by marriage?	1	
	Limes		

				Is that somewh	nat or very?
				Somewhat	Ver
a١	Your relationship with your				. 51
-,	spouse/partner, or your single status?	Satisfied	01 🔿	02 ()	02 (
	single status r		_	05 🔾	03
		Dissatisfied	_	03 ()	06 (
		No opinion			
b)	Your relationship with your	_		_	
	Immediate family?	Satisfied	_	09 🔘 .	10 (
		Dissatisfied	_	12 🔾	13
		No opinion	14 🚫		
c)	The way housework is	O-F-F- 1	15 ()		
	shared in your home?	Satisfied	_	16 🔾	. 17
		Dissatisfied	<u> </u>	19 🔿	20 (
		No opinion	21 ()		
d)	Your job or main activity?	Satisfied	22 🔾	23 🔾	24
-	•	Dissatisfied	. <del>-</del>	<sup>26</sup> O	27
		No opinion	•	Ŭ	
e)	The balance between your job or main activity and	0.00	20.0		
	family and home life?	Satisfied	-	30 🔿	31 (
		Dissatisfied .	32 ()	33 🔾	34 (
		No opinion	35 🔿		
f)	The amount of time you have to pursue other interests?	Satisfied	36 🔿 ————	37 🔘	38 (
	to parade outer interestar	Dissatisfied	39 ()	40 ()	41
	,	No opinion	42 ()		., C
		7.0 opon 7.	•		
g)	Your relationship with your friends?	Satisfied	43 🔿	44 🔿	45
	•	Dissatisfied	46 🔿	47 🔾	48 (
		No opinion	49 🔾	•	
		•			
h)	Your current accommodation or housing?	Satisfied	50 🔿 ————	51 🔿	52 C
		Dissatisfied	53 🔿	54 🔘	55 🔾
		No opinion	56 🔘		
				<b>\</b>	<b>\</b>
			Why are you dissatisfi housing?	ed with your accor	nmodation o
			(Mark all that apply)		
			Cost of mortgage rent		57 C
			Property taxes		
			Traffic in neighbourhood Other neighbourhood dis		
			Accommodation too sma		_
			Accommodation too larg		_
			Would like to own Building maintenance		
			Maintenance costs		65
			Transportation difficulties		_
			Other		
					Specify
			1 1 1 1 1		
			[ _ L l		
			\		<del>-                                    </del>

	TION L: Classification	L6.	In what type of dwelling are you now living? Is it a
L1.	Now a few general questions.		Single detached house? 1 ○
L2.	How many times did you move in the last 10 years, that is since January 1980?		Semi-detached or double (side-by-side)?
	times		Garden house, town house or row house?
	The second secon		Duplex (one above the other)? 4 O
	None 00 🔾		Low-rise apartment (less than 5 stories)? 5 ○
L3.	When did you move to your present address?		High-rise apartment
	2		(5 or more stories)? 6O
	Month Year		Mobile home? 7 🔾
	Always lived there ¹○→GO TO L6		Other <sup>8</sup> C
L4.	How far away did you last live before moving to		Specify
	your present address? Was it within		
	10 km (6 miles or 10 minutes by car)? 20		
	50 km (30 miles or 30 minutes by car)? 3		
	100 km (60 miles or 1 hour by car)? 4O	17	Is this dwelling owned by a member of th
	200 km (120 miles or 2 hours by car)? 5 0	L7.	household?
	400 Kill (240 Killos) of 7 (100) of 9 (1) (1)		Yes 10
	1000 km (600 miles or 10 hours by car)? . 7 O  Beyond 1000 km (more than 600 miles or		No <sup>2</sup> O
	10 hours by car)?8		<u> </u>
		L8.	What is your postal code?
L5.	What were your reasons for this move?		
	(Mark all that apply)		Don't know <sup>3</sup> O
	TOUR WORK	-	How many telephones, including extensions, a
	Officer famility members work and a contract of the contract o	L9.	there in your dwelling?
	To be closer to family	1	One 4O — GO TO L14
	Marriage	}	Two or more 5O
	Separation 06 🔾	L	
	To move to own dwelling/	L10.	. Do all the telephones have the same number?
	independence	1	Yes 6○ ————GO TO L14
	To move to a larger home	l	No 7O
	To move to a smaller home	L11	. How many different numbers are there?
	To move to a less expensive home 10 O		1 1 1
	To move to a better neighbourhood/		
	Change in Heighbourhood	L12	. Are any of these numbers for business use only
	To attend school	1	Yes 8 O
	Other 15 O		No 9 O ———— GO TO L14
	↓ Specify	L13	. How many are for business use only?
-		1	
Ì			,
•			

a 1600 601

L14.	In what co	ountry were you born?	L18.	. What language do you speak most often at home?
	Canada	1 ○ → In which province or territory?		(Accept multiple response only if languages are spoken equally.)
		Newfoundland 01 O	1	
1		Prince Edward Island 02 O		English 1 O
-		Nova Scotia 03 O		French 2 O
1		New Brunswick 04 O	1	Italian 3 🔿
1		7.0.1.0.1.0.1.0.1.0.1.0.1.0.1.0.1.0.1.0.	1	Chinese 4 O
1		4000000	1	German
		Ontario	1	Other 6 🔿
ţ		Manitoba	1	<b>↓</b>
1		Saskatchewan 08 O	{	Specify
		Alberta 09 O		
İ		British Columbia 10 O		
1		Yukon Territory 11 O	1	
1		Northwest Territories 120		
	Country outside	20	L19.	Excluding kindergarten, how many years of elementary and high school education have you successfully completed?
	Canada	1	}	No schooling 01 O GO TO L23
1		Specify	1	One to five years . 02 ()
1	1 1 1 1		]	Six 03 O
{	<u></u>		}	Seven 04 O GO TO L21
1	1 1 1 1	+ + + + + + + + + + + + + + + + + + + +	1	}
į	l		1	
1 15	In what ve	ear did you first immigrate to Canada?	1	
[13.	iii wiiat ye	sar did you mist miningrate to bullada?	1	Ten 07 O J
1	111 1 1	1	1	Eleven
	(		ì	Twelve 09 O
		itizen by birth 997		Thirteen 10 O
L16.	What is yo	our date of birth?	L20.	Have you graduated from high school?
1				Yes 1 O
	Day	Month Year		No <sup>2</sup> O
L17.	_	uage did you first speak in childhood?		Have you had any further schooling beyond elementary/high school?
}	equally)	ultiple response only if languages were used	1	Yes 3 O
		Do you still	1	No
ł		understand		10 10 = ==== 0070223
l		that/those language(s)?		
l		5 5 1,	ļ	
1		Yes No		
1	English .	3 🔿		·
ł	French .		1	·
ļ	Italian	5 ○ → 05○ 06○		
l	German .	6 ○ → 07○ 08○	1	
	Ukrainian	7 ○ → 09○ 10○	ļ	
	Other	8 0 110 120	ł	
}		. ↓	1	
		Specify	1	
			1	
			i	
{			}	
-			J	
1				
1				
1				
1				
1				
Ì				

L22. What is the highest level of education that you have attained?	L25. To which ethnic or cultural group do you or did your ancestors belong? Would it be
	(Accept multiple responses)
Masters or earned doctorate 1 O	English? 02 O
Bachelor or undergraduate degree,	Irish? 03O
or teacher's college2	Scottish? 04()
:Diploma or certificate from community	French? 010
college, CEGEP or nursing school 3	German? 05O
Diploma or certificate from trade,	Italian? 06 🔾
technical or vocational school, or business college	Ukrainian? 07
Some university5	Other 08
	<b>↓</b>
Some community college, CEGEP or nursing school	Specify
Some trade, technical or vocational	
school, or business college <sup>7</sup> O	
Other 8 O	Canadian (Probe) 09
Specify	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 ○ → G0 T0 L29
	Looking for work? 2 → GO TO L28
L23. What, if any, is your religion?	A student?
No religion	Keeping house? 4 O
Roman Catholic	Retired?
United Church 03	Other 60
Anglican 04 🔾	<b>†</b>
Presbyterian 05	Specify
Lutheran 06	
Baptist 07	
Eastern Orthodox 08	
Jewish	L27. Were you studying full-time or part-time?
Other 10	- 44
♥ Specify	Full-time
Spec.ny	Part-time8 O
	L28. Did you have a job or were you self-employed at
	any time during the past 12 months?
L24. Other than on special occasions, such as	Yes1
weddings, funerals or baptisms, how often did you attend services or meetings connected with your	
religion in the last 12 months?	<u> </u>
Was it	L29. Including vacation, illness, strikes, lock-outs and maternity/paternity leave, for how many weeks
An Joseph anno a susselia	during the past 12 months did you do any work at
At least once a week? ¹ ○ At least once a month? ² ○	a job or business?
A few times a year? <sup>3</sup> At least once a year? <sup>4</sup>	3 weeks
Not at all? 5 ()	L30. During those weeks, how many hours per week
	did you usually work?
	[4] 110015
	L31. Did you regularly work evening or night shifts?
	Yes 5O
	No 6 O

L32.	Did you regularly work on Saturday or Sunday?	L39.	Was he/she studying full-time or part-time?
	Yes 7O		Full-time 1 🔘
	No 8 O	1	Part-time 20
L33.	For whom did you work for the longest time during the past 12 months?	L40.	Did your spouse have a job or was he/she self- employed at any time during the past 12 months?
1	(Name of business, government department or agency, or person)	1	Yes 30
			Yes
		1.41	Including vacation, illness, strikes, lock-outs and
			maternity/paternity leave, for how many weeks during the past 12 months did he/she do any work
		}	at a job or business?
			5   weeks
L34.	What kind of business, industry or service was this?	1.40	
	(Give full description: e.g. paper box manufacturing, retail shoe store, municipal board of education)	L42.	During those weeks, how many hours per week did he/she usually work?
			[6]   hours
		L43.	Did he/she regularly work evening or night shifts?
			Yes 7〇
1	1 1 1 1 1 1 1 1		No 8 🔿
		L44.	Did he/she regularly work on Saturday or Sunday?
L35.	What kind of work were you doing?		Yes 10
	(Give full description: e.g. accounts clerk, dairy farmer, primary school teacher)		No 2 🔿
}		1.45	What is the big back to all of a discount
		L45.	What is the highest level of education your spouse attained?
			Masters or earned doctorate 01 O
,			Bachelor or undergraduate degree, or teacher's college
1.26	INTERVIEWER CHECK ITEM:		Diploma or certificate from community college, CEGEP or nursing school 03 O
L30.	Review H5 and J2.		Diploma or certificate from trade,
}	Is the respondent living with his/her spouse or partner (H5 = Yes or J2 = Yes)?		technical or vocational school, or business college
1	Yes 10		Some university
1	No 2 → GO TO L46		Some community college, CEGEP or
L37.	The next few questions are about your		nursing school
	spouse/partner.		Some trade, technical or vocational school, or
L38.	During the past 12 months, what best describes your spouse's MAIN activity? Was he/she mainly		business college
]	was neisne mainly		Some secondary/high school
	Working at a job		Elementary school (some or completed) 10
	or business? $3O \rightarrow GO TO L41$		No schooling
	Looking for work?		Other
	Keeping house? 60		•
	Retired? 70 > GO TO L40		Specify
	Other 8 0		
	Specify	ı	
		. !	
		i	

L46.	During 1989, did you receive in	icome		L50.	all household m		se total income of sources in 1989?
	a) From wages, salary or	Yes	No			Less than	Less than 55,000? 09 O
	self-employment?	10	<sup>2</sup> O		t and them	\$10,000? °5°C	\$5,000 and more? 10 O
	b) From government, such as Family Allowance, Unemployment Insurance, Social Assistance, Canada or				Less than \$20,000? 01	\$10,000	Less than 11 O
	Quebec Pension Plan or Old Age Security?	3〇	40			and more? <sup>06</sup> ○	\$15,000 and more? 12 O
	c) From interest, dividends, investments or private pensions?	50	60			ul ann than	Less than \$30,000? 13 O
	d) From any other sources, such as alimony, scholarships, etc.?	<sup>7</sup> O	80			Less than \$40,000? 07	\$30,000 and more? 14 O
		Ū	_		\$20,000 and more? <sup>02</sup>		Less than 860,000? 15 O
L47.	What is your best estimate of income in 1989 from all sour just mentioned?	your total ces, includ	personal			\$40,000 and more? <sup>08</sup>	\$60,000 to \$79,999? 16 O
	Income 1 ○ → \$ No income 2 ○		.00				\$80,000 and more? 17
	Don't know 3O				No income 03 O		
L48.	Including yourself, how man household received income during 1989?	y persons from any	s in your source,		Don't know 04 O		
	persons	·					
L49.	INTERVIEWER CHECK ITEM:						
	Review L48.	•		ļ			
l	If L48 = 01	_	TO M1				·
	Otherwise	5 🔾		]			
		4				-	
						•	

SEC	TION M: Contacts for follow up
<u> </u>	CTION M: Contacts for follow-up  INTERVIEWER:
IVII.	
	Read and complete the following section for each person interviewed.  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.
	In case you move or change phone numbers, we would like to obtain your complete name and address. Thi information will be kept strictly confidential and will only be used to maintain contact with you.
	Refused to provide information <sup>6</sup> ○ — → GO TO M8
M2.	NAME OF RESPONDENT
	Given name
	Surname
М3.	ADDRESS OF RESPONDENT
	Street and Number/ Lot and Concession
	City, Town, Village, Municipality
	Province/ Territory
M4.	In addition, we would like the name, address and phone number of a friend, relative or neighbour whom we could contact to obtain your new address or telephone number in the event that you move. I want to emphasize that we will contact this person only if you move or change your telephone number and there only to obtain your new address or telephone number.
	Refused to provide contact
M5.	NAME OF CONTACT
	Given name
	Surname
M6.	ADDRESS OF CONTACT
	Street and Number/ Lot and Concession
	City, Town, Village, Municipality
	Province/ Territory
	Postal code
M7.	HOME TELEPHONE OF CONTACT
	(Area code)
M8.	INTERVIEWER:
	Thank respondent and end interview.
	INTERVIEWER CHECK ITEM: What is the sex of the respondent? Male
	Female 9 O
99.	COMMENTS -

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