



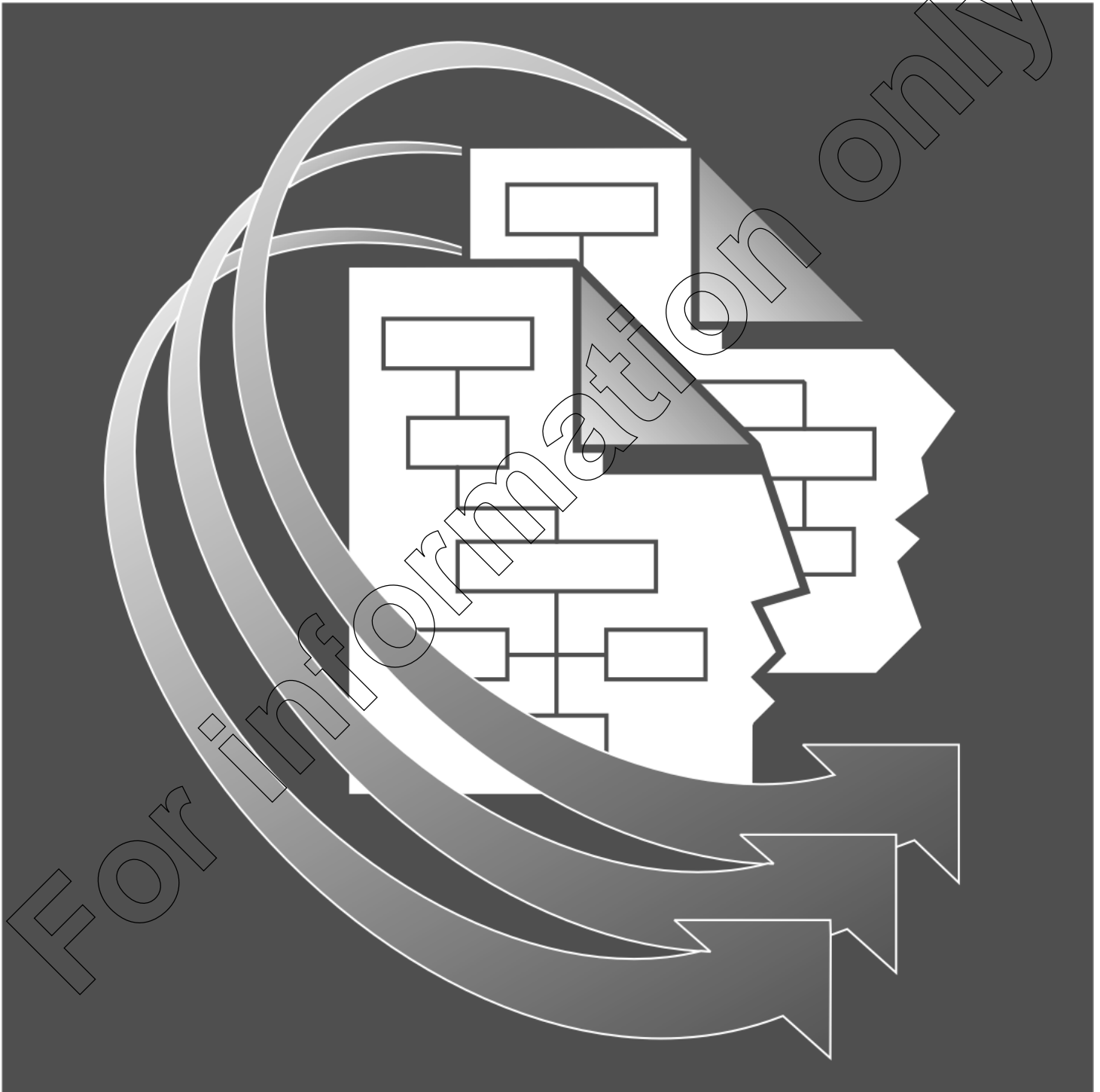
Business and Labour Market Analysis Division &  
Labour Statistics Division

## 2002 Workplace and Employee Survey

Confidential when completed

Collected under the authority of the  
*Statistics Act*, Revised Statutes of  
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Statistics  
Canada

Statistique  
Canada

Canada

## Survey Objective

**The Workplace and Employee Survey** will provide valuable information on the 'business of business' by looking at the practices that help firms succeed. It will poll Canadian employees and employers on a range of workplace concerns. Survey results will provide unique insight into the relationship between employment practices and firms' performances, as well as more in-depth information on the effect of technology, training and human resource practices.

## Confidentiality

The law protects what you tell us. Your information is kept strictly confidential. No one, not the courts, Canada Customs and revenue Agency or even the RCMP, can access your information. Your information cannot be made available under any other law such as the *Access to Information Act*.

**We never release any information that could identify a particular individual or business without their consent.**

## You need help?

We would be most happy to answer any questions you might have.

Please feel free to call. The telephone number is given in the included letter.

You may also visit Statistics Canada's web site at [www.statcan.ca](http://www.statcan.ca).

**Thank you for participating in this survey.**



## 2002 Workplace and Employee Survey



**A** On March 31, 2002, were you still working for the employer you reported in our interview held a year ago?

<sup>1</sup>  Yes → Go to Question B

<sup>3</sup>  No → Go to Question X1.1 of Exit Questionnaire (XL, XS, XLL)

**Note:** You must be working for a **NEW EMPLOYER** not a **NEW OWNER**. If the workplace is conducting the same type of activity with a new owner, the answer should be **YES**.

**B** Were you still working at the same location as last year?

<sup>1</sup>  Yes

<sup>3</sup>  No

**Note:** You must be the one who changed location. If the company or workplace changed location, the answer should be **YES**; if you personally changed location, the answer should be **NO**.

**C** As of March 31, 2002, had your job title changed since last year?

<sup>1</sup>  Yes → Go to Question 5 of Employee Questionnaire (EL, ELL)

<sup>3</sup>  No → Go to Question D

**D** As of March 31, had your most important activities or duties changed since last year?

<sup>1</sup>  Yes → Go to Question 6 of Employee Questionnaire (EL, ELL)

<sup>3</sup>  No → Go to Question 9 of Employee Questionnaire (ES, ESL)

The following questions relate to the employee's exit conditions.

## Reason for leaving job – Voluntary/Involuntary Exit

**X1.1** Did you leave this job or did the job come to an end?

- <sup>1</sup>  Left job → Go to Question X1.2
- <sup>2</sup>  Job came to an end → Go to Question X1.3
- <sup>3</sup>  Both → Go to Question X1.2

**Note:** Examples for leaving job: Found new job with new company, started business as self-employed or working owner, retirement, attended school, etc.

**X1.2** What was your main reason for leaving this job?

- <sup>01</sup>  Found new job with new company (excluding self-employment)
- <sup>02</sup>  Started business as self-employed or working owner
- <sup>03</sup>  Retirement
- <sup>04</sup>  Attend school
- <sup>05</sup>  Dissatisfied with job
- <sup>06</sup>  Moved to a new residence
- <sup>07</sup>  Own illness or disability
- <sup>08</sup>  Maternity/Paternity leave
- <sup>09</sup>  Caring for own children
- <sup>10</sup>  Caring for elder relative(s)
- <sup>11</sup>  Other personal or family responsibilities
- <sup>12</sup>  Other, specify \_\_\_\_\_

**Instruction:** If the answer to Question X1.1 is 1 (Left job), go to Question X1.4.







## Section 1 – Job Characteristics

Unless otherwise specified, all questions refer to the position you held in March 2002.

If you are no longer with this company, i.e. you left the firm after having been selected; please mark this circle  and report as of the last week with the company.

1. When did you start working for this employer?

**Note:** You must at least give the year that you started working for the employer.

Month        Year  
01-12

**Note:**

- This refers to the total uninterrupted tenure with the employer, regardless of location.
- If you quit at one time to work for another employer, we want the most recent start date.
- If you have been on extended leave or layoff from which you are expected to return, we want the original start date.

2. Did you ever work for this employer before?

<sup>1</sup>  Yes

<sup>3</sup>  No → Go to Question 4 (a)

3. How many months did you work for them then?

•  months

OR

From:    Month        Year  
01-12

To:    Month        Year  
01-12

**Note:** This is meant to include all previous terms of employment with the current employer.



**4 (a)** When you were first hired, how did you learn about the job opening? (Check all that apply.)

- 01  Help wanted ad
- 02  Family or friend
- 03  Union posting
- 04  Canada Employment Centre/other government agency
- 05  On-campus recruitment
- 06  News story
- 07  Job fair
- 08  Recruitment agency (headhunter)
- 09  Personal initiative
- 10  Directly recruited by employer
- 11  Internet
- 12  Other, *specify* \_\_\_\_\_

**4 (b)** When you were first hired, were you required to take: (Check all that apply.)

- 01  Tests for specific skills (for example typing or manual dexterity)
- 02  Aptitude or other personality testing
- 03  Security check
- 04  Medical examination
- 05  Drug test
- 06  Tests administered by a recruitment agency
- 07  Any other type of testing or screening, *specify* \_\_\_\_\_
- 08  Personal interview
- 09  Test on job-related knowledge
- 10  Test on general knowledge or literacy skills
- 11  None

**5.** What is your job title?

\_\_\_\_\_

6. What are your most important activities or duties?

\_\_\_\_\_

**Instruction:** If you have answered Question X3.2, go to Question 8.

7. When did you start working at this particular job?

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 Month    

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 Year  
01-12

**Note:** You must at least give the year that you started working at this job.

We are talking specifically about the job duties you described in Question 6. If you have moved in and out of the job several times, we want the most recent start date. **If you moved to another location, give the date when the move occurred.**

**Instruction:** If your job title and your most important activities or duties have not changed (ES), go to Question 9.

8. What is the minimum level of education required for this job?

01  Elementary school

02  Some secondary school

03  Secondary school diploma

04  Some postsecondary education

05  Trade certificate

06  College diploma

07  University undergraduate degree

08  University professional accreditation (M.D., Law, Architect, Engineer, Education, etc.)

09  University graduate degree

10  None

Unless you answered "No" in question A (XL), please answer the following questions for the job you held in March 2002, even if you changed jobs or employers since then.

**Instruction:** Please, answer Questions 9 to 39 (EN, EL, ES, XL).  
Question 9-11 (b) apply to ELL & ESL.

9. Do you supervise the work of other employees on a day-to-day basis?

<sup>1</sup>  Yes

<sup>3</sup>  No → Go to Question 10

9 (a) About how many people do you directly and indirectly supervise on a day-to-day basis?

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**Note:** Directly: are employees and supervisors who report to you.  
Indirectly: are employees reporting to supervisors who report to you.

10. Do you normally work the same number of paid hours per week at this job excluding all overtime?

<sup>1</sup>  Yes → Go to Question 10 (d)

<sup>3</sup>  No → Go to Question 10 (a)

10 (a) Not counting overtime, how many paid hours on average do you work per week at this job?

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 hours

**Instruction:** If you have been in this job for less than twelve months, please answer the following questions for the period of time you have been in this job. Otherwise, answer for the past twelve months.

10 (b) Over the past twelve months/since you started this job, not counting overtime, what was the maximum number of paid hours you worked per week at this job?

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 hours

**10 (c)** Over the past twelve months/since you started this job, not counting overtime, what was the minimum number of paid hours you worked per week at this job? (Exclude the hours when you were on paid vacation or paid sick leave.)

•  hours → Go to Question 10 (e)

**10 (d)** Excluding all overtime, how many paid hours do you usually work per week at this job?

•  hours

**10 (e)** How many hours of paid overtime do you usually work per week?

•  hours

**Note:** If the number of overtime hours varies from week to week, please provide an average.

**10 (f)** How many hours of unpaid overtime do you usually work per week?

•  hours

**Instruction:** If the answer to Question 10 (e) and Question 10 (f) are both zero, please go to Question 11 (a).

**10 (g)** How far in advance do you usually know your overtime schedule?

- 1  Always known
- 2  More than one month (more than 31 days)
- 3  One month (22 to 31 days)
- 4  3 weeks (15 to 21 days)
- 5  2 weeks (8 to 14 days)
- 6  1 to 7 days
- 7  Less than one day

**11 (a)** How many weeks per year do you usually work at this job? Please include vacation and other paid leave.

•  weeks

**11 (b)** How many months of the year do you usually work at this job?

•  months

**Instruction:** Please go to Question 13 (a) (i) (ELL, ESL).

**12.** Given your rate of pay, would you prefer to work:

- 1  the same number of hours for the same pay? → Go to Question 13 (a)(i)
- 2  fewer hours for less pay?
- 3  more hours for more pay? → Go to Question 12 (c)

**12 (a)** By how many hours would you like to reduce your work week?

•  hours

**12 (b)** Why would you prefer to work fewer hours? (Check all that apply.)

- 1  Family responsibilities
- 2  Work-related stress
- 3  Other health reasons
- 4  More leisure time
- 5  Other, specify \_\_\_\_\_

} Go to  
Question 13 (a)(i)

**12 (c)** How many additional hours per week would you prefer to work at this job?

•  hours

**12 (d)** What were the reasons you did not work these additional hours? (Check all that apply.)

- 1  Own illness or disability
- 2  Childcare unavailable
- 3  Other personal or family responsibilities
- 4  Going to school
- 5  Additional hours not offered by employer
- 6  Payment for additional hours not sufficient
- 7  Transportation problems
- 8  No reason
- 9  Other, specify \_\_\_\_\_

The next few questions cover your general work arrangements with your employer.

Reminder: Unless you answered "No" in question A (XL), the questions refer to the job you held in March 2002.

13 (a)(i) In your usual workweek, do you work each day from Monday to Friday?

<sup>1</sup>  Yes

<sup>3</sup>  No

13 (a)(ii) Do you work at least 6 hours per day?

<sup>1</sup>  Yes

<sup>3</sup>  No

13 (a)(iii) Do you usually work between the hours of 6 a.m. and 6 p.m.?

<sup>1</sup>  Yes

<sup>3</sup>  No

13 (b) Are you on a reduced work week by special arrangement with your employer?

**Note:** A special arrangement, is an agreement that was reached with your employer to work fewer hours every week.

<sup>1</sup>  Yes

<sup>3</sup>  No → Go to Question 13 (d)

13 (c) Which of the following best describes that arrangement?

<sup>1</sup>  Job sharing – you share a full-time job with another employee

<sup>2</sup>  Work sharing – you and others are working reduced hours to avoid lay-offs

<sup>3</sup>  Family responsibilities – childcare/eldercare limit your ability to work full time

<sup>4</sup>  Physical problem/injury limits your ability to work full time

<sup>5</sup>  Outside activities limit your ability to work full time

<sup>6</sup>  Retirement transition schedule

<sup>7</sup>  Other, specify \_\_\_\_\_

**13 (d)** Do you work a compressed work week? (This means working longer hours each day to reduce the number of days in a work week.)

- <sup>1</sup>  Yes
- <sup>3</sup>  No

**Instruction:** If you answered "No" to Questions 13 (a)(i), 13 (a)(ii) or 13 (a)(iii), then go to Question 13 (e); else go to Question 13 (j).

**13 (e)** How far in advance do you know your weekly hours of work?

- <sup>1</sup>  Always known
- <sup>2</sup>  More than one month (more than 31 days)
- <sup>3</sup>  One month (22 to 31 days)
- <sup>4</sup>  3 weeks (15 to 21 days)
- <sup>5</sup>  2 weeks (8 to 14 days)
- <sup>6</sup>  1 to 7 days
- <sup>7</sup>  Less than one day

**13 (f)** Do you usually work the same hours of the day?

- <sup>1</sup>  Yes
- <sup>3</sup>  No

**13 (g)** Do you usually work the same days of the week?

- <sup>1</sup>  Yes
- <sup>3</sup>  No

**Instruction:** If your answer to both questions 13 (f) and 13 (g) is "Yes", go to Question 13 (j).

**13 (h)** Are you on a work schedule of rotating shifts?

**Note:** By rotating shift we mean that according to a known schedule, the hours of day or the days of week change.

- <sup>1</sup>  Yes
- <sup>3</sup>  No → Go to Question 13 (j)

13 (i) How many different shifts do you work in a full rotation?

13 (j) How many days a week do you usually work?

•  days

**Instruction:** If you answered "Yes" to Questions 13 (a)(i), 13 (a)(ii) and 13 (a)(iii), go to Question 14.

13 (k) Does your usual work week include Saturdays or Sundays?

- 1  Yes  
2  Varies, depends on shift  
3  No

14. Do you work flexible hours? (This means you may work a certain number of core hours, but you can vary your start and stop times as long as you work the equivalent of a full work week.)

- 1  Yes  
3  No

15. Which of the following best describes your terms of employment in this job?

- 1  Regular employee with no contractual or anticipated termination date → Go to Question 16  
2  Seasonal employee: my employment on this job is intermittent according to the season of the year → Go to Question 16  
3  Term employee: my term of employment has a set termination date → Go to Question 15 (a)  
4  Casual or on-call employee → Go to Question 16

**Note:** Casual or on-call employees are persons:

- who may have hours of work that vary substantially from one week to the next;
- who are called to work as the need arises, not on a pre-arranged schedule.

- 5  Other, specify \_\_\_\_\_ → Go to Question 16

**Instruction:** If your answer to question 15 = 3, then continue to 15 (a) otherwise go to Question 18 (a) (ELL, ESL)



15 (a) What is the end date of this term of employment?

Month         Year  
01-12

**Instruction:** Go to Question 18 (a) (ELL, ESL).

16. In your usual workweek, are:

- 1  all of your duties carried out at your workplace?
- 2  most of your duties carried out outside of your workplace?
- 3  some of your duties carried out outside of your workplace?
- 4  all of your duties carried out outside of your workplace?

17. Do you ever carry out the duties of this job at home?

- 1  Yes
- 3  No → Go to Question 18 (a)

17 (a) Is your work at home mainly:

- 1  paid and within your normally scheduled work hours?
- 2  paid and in addition to your normally scheduled work hours?
- 3  unpaid and in addition to your normally scheduled work hours?

17 (b) How many hours per week do you usually work at home?

hours

17 (c) What is the main reason you work at home?

- 1  Requirements of the job, finish projects, etc.
- 2  Care for children
- 3  Care for other family members
- 4  Other personal or family responsibilities
- 5  Usual place of work
- 6  Better conditions of work
- 7  Save time, money
- 8  Other, specify \_\_\_\_\_

**17 (d)** Does your employer offer any type of equipment or supplies and/or reimbursement of costs for working at home?

- 1  Yes
- 2  No equipment or supplies required → Go to Question 18 (a)
- 3  No → Go to Question 18 (a)

**17 (e)** For the work done at home, does the employer provide you with any of the following? (Check all that apply.)

- 1  Computer hardware/software
- 2  Internet access
- 3  Modem/fax
- 4  Cellular phone, pager, beeper
- 5  Other equipment or supplies, specify \_\_\_\_\_
- 6  Reimbursement of costs

**Instruction:** If you have been with this employer for less than twelve months, please answer the following questions for the period of time since you started this job. Otherwise, answer for the past twelve months.

**18 (a)** In the past twelve months/since you started this job, how many days of paid vacation leave have you taken?

□ □ □ □ • □ days

**18 (b)** How many days of paid sick leave have you taken?

□ □ □ □ • □ days

**18 (c)(i)** Have you taken any maternity/paternity leave in the past twelve months/since you started this job?

- 1  Yes
- 3  No → Go to Question 18 (d)

**18 (c)(ii)** How many days have you taken?

□ □ □ □ • □ days

**18 (c)(iii)** Did your employer provide supplementary maternity/paternity benefits?

<sup>1</sup>  Yes

<sup>3</sup>  No

**18 (d)** How many days of other paid leave have you taken (for example education leave, disability leave, bereavement, marriage, jury duty, union business)?

•  days

**18 (e)** In the past twelve months/since you started this job, have you taken any unpaid leave?

<sup>1</sup>  Yes

<sup>3</sup>  No → Go to Question 18 (g)

**18 (f)** How many days of unpaid leave have you taken?

•  days

**18 (g)** How many days of paid vacation leave are you entitled to annually?

•  days

**19.** In the past twelve months/since you started this job, have you been off work due to a lay-off, strike or lockout?

<sup>1</sup>  Yes

<sup>3</sup>  No → Go to Question 20 (EN, EL, ES)

↳ Go to Question 35 (ELL, ESL)

**19 (a)** Were you off work due to layoffs?

<sup>1</sup>  Yes

<sup>3</sup>  No → Go to Question 19 (b)

**19 (a)(i)** How many working days were you off due to lay-offs?

•  days

**OR**

•  weeks

**Note:** Either days or weeks are to be entered, not both.

19 (b) Were you off work due to strikes?

<sup>1</sup>  Yes

<sup>3</sup>  No → Go to Question 19 (c)

19 (b)(i) How many working days were you off due to strikes?

•  days

OR

•  weeks

**Note:** Either days or weeks are to be entered, not both.

19 (c) Were you off work due to lockouts?

<sup>1</sup>  Yes

<sup>3</sup>  No → Go to Question 20 (EN, EL, ES)

↳ Go to Question 35 (ELL, ESL)

19 (c)(i) How many working days were you off due to lockouts?

•  days

OR

•  weeks

**Note:** Either days or weeks are to be entered, not both.

**Instruction:** Go to Question 35 (ELL, ESL).

**The next questions refer to your total period of employment with your employer, including all locations that they might operate.**

20. Have you ever been promoted while working for this employer? (By promotion, we mean a change in duties/responsibilities that lead to both an increase in pay and the complexity or responsibility of the job.)

<sup>1</sup>  Yes

<sup>3</sup>  No → Go to Question 21



## Section 2 – Computers and Other Technologies

The next set of questions refers specifically to computers and other technologies you work with on the job.

**Reminder: Unless you answered "No" in question A (XL), the questions refer to the job you held in March 2002.**

22. Do you use a computer in your job? Please exclude sales terminals, scanners, machine monitors, etc. – these are covered in another question.

**Note:** By a computer, we mean a microcomputer, mini-computer, personal computer, mainframe computer or laptop that can be programmed to perform a variety of operations.

Yes

No → Go to Question 22 (m)

22 (a) How many hours a week do you normally spend using a computer at your job? (By this we mean using or developing computer applications, rather than just having the computer turned on.)

□ □ □ □ • □ hours

22 (b) When you first started this job, how many hours a week did you normally spend using a computer?

□ □ □ □ • □ hours

22 (c) What types of applications do you use? (Check all that apply.)

**Note:** Here we are interested in what the application does, not its name. If you are not sure about the applications, please refer to the list provided at the end of the questionnaire.

- 01 Word processors
- 02 Spreadsheets
- 03 Databases
- 04 Desktop publishing and form design
- 05 General management applications
- 06 Communications
- 07 Programming languages and development tools
- 08 Specialized office applications
- 09 Data analysis
- 10 Graphics and presentations
- 11 Computer-aided design
- 12 Computer-aided engineering
- 13 Expert systems
- 14 Other, specify \_\_\_\_\_

**Instruction:** If only one application is used, go to Question 22 (e).

**22 (d)** Which of these applications do you use the most, in terms of time? Please enter the corresponding code, as printed to the left of the circle in Question 22 (c).

Type of application code:

**22 (e)** How many hours a week do you normally spend using this application?

•  hours

**22 (f)** How did you learn this application? (Check all that apply.)

- 1  Self-learning (manuals, books, on-line tutorials, etc.)
- 2  Employer-paid formal training
- 3  Self-paid formal training
- 4  On-the-job training (co-workers, supervisors, resource people, friends)
- 5  University or community college courses
- 6  Other, specify \_\_\_\_\_

**Instruction:** If only one method of learning application is given then go to Question 22 h).

**22 (g)** What method was the most helpful in learning this application?

- 1  Self-learning (manuals, books, on-line tutorials, etc.)
- 2  Employer-paid formal training
- 3  Self-paid formal training
- 4  On-the-job training (co-workers, supervisors, resource people, friends)
- 5  University or community college courses
- 6  Other, specify \_\_\_\_\_

**22 (h)** Did you learn more:

- 1  on company time?
- 2  on your own time?
- 3  About equally on company and own time

**Instruction:** If only one application is used, go to Question 22 (m).

**22 (i)** Which of the other applications do you use the second most, in terms of time?

Please enter the corresponding code, as printed to the left of the circle in Question 22 (c)

Type of application code:

**22 (j)** How many hours a week do you normally spend using this second application?

•  hours

**Instruction:** If only two applications are used, go to Question 22 (m).

**22 (k)** Which of the other applications do you use the third most, in terms of time?

Please enter the corresponding code, as printed to the left of the circle in Question 22 (c).

Type of application code:

**22 (l)** How many hours a week do you normally spend using this third application?

•  hours

**22 (m)** Considering all jobs you have held, how many years have you used a computer in a work environment?

years

**23.** Do you use a computer-controlled or computer-assisted technology in the course of your normal duties? For example, industrial robots, retail scanning systems, etc.

1  Yes

3  No → Go to Question 23 (f)

**23 (a)** What type of computer-controlled or computer-assisted technology do you use the most?

\_\_\_\_\_



**23 (a)(i)** How many hours a week do you normally spend using this technology?

•  hours

**23 (b)** What method was the most helpful in learning to use that technology?

- <sup>1</sup>  On-the-job training (co-workers, supervisors, resource people, friends)
- <sup>2</sup>  Employer-paid formal training
- <sup>3</sup>  Self-learning (manuals, books, on-line tutorials, etc.)
- <sup>4</sup>  Self-paid formal training
- <sup>5</sup>  University or community college courses
- <sup>6</sup>  Other, *specify* \_\_\_\_\_

**23 (c)** Has there been an upgrade or change in that technology in the past twelve months?

- <sup>1</sup>  Yes
- <sup>3</sup>  No → *Go to Question 23 (f)*

**23 (d)** Did you receive any informal or formal training related to that change in technology?

- <sup>1</sup>  Yes
- <sup>3</sup>  No → *Go to Question 23 (f)*

**23 (e)** Approximately how many days did you spend on that training? Include only the time actually spent in training sessions.

•  days

**23 (f)** Do you use any other machine or technological device for at least one hour a day in the course of your normal duties? This question is meant to be inclusive and would include, for example, cash registers, sales terminals, typewriters, vehicles and industrial machinery.

- <sup>1</sup>  Yes
- <sup>3</sup>  No → *Go to Question 24*

**Note:** Do not include the car that you drive for work unless it requires a special permit.

**23 (g)** What machine(s) or technological device(s) do you use for at least one hour a day? If you use more than three, please report the three you use the most, in terms of time.

1 \_\_\_\_\_  
2 \_\_\_\_\_  
3 \_\_\_\_\_

**23 (g)(i)** How many hours a week do you normally spend with the first device or machine you reported in Question 23 (g)?

□ □ □ □ • □ hours

Only

**Instruction:** If you reported only one machine or device in Question 23 (g), please go to Question 23 (h).

**23 (g)(ii)** How many hours a week do you normally spend with the second machine or device you reported in Question 23 (g)?

□ □ □ □ • □ hours

**Instruction:** If you reported only two machines or devices in Question 23 (g), please go to Question 23 (h).

**23 (g)(iii)** How many hours a week do you normally spend with the third machine or device you reported in Question 23 (g)?

□ □ □ □ • □ hours

**23 (h)** Thinking of the machine or technological device you use the most, what has been the most helpful learning method to use that technology?

- 1  On-the-job training (co-workers, supervisors, resource people, friends)
- 2  Employer-paid formal training
- 3  Self-learning (manuals, books, on-line tutorials, etc.)
- 4  Self-paid formal training
- 5  University or community college courses
- 6  Other, specify \_\_\_\_\_

**23 (i)** Has there been an upgrade or change in that technology in the past twelve months?

<sup>1</sup>  Yes

<sup>3</sup>  No → Go to Question 24

**23 (j)** Did you receive any informal or formal training related to that change in technology?

<sup>1</sup>  Yes

<sup>3</sup>  No → Go to Question 24

**23 (k)** Approximately how many days did you spend on that training? Include only the time actually spent in training sessions.

•  days

**24.** Since you started this job, has the overall technological complexity:

<sup>1</sup>  remained about the same?

<sup>2</sup>  increased?

<sup>3</sup>  decreased?

## Section 3 – Training and Development

The next few questions deal with job-related training provided or paid by your employer.  
Reminder: Unless you answered "No" in question A (XL), the questions refer to the job you held in March 2002.

25. In the past twelve months, have you received any classroom training related to your job?

<sup>1</sup>  Yes

<sup>3</sup>  No → Go to Question 25 (d)

Classroom training includes:

- All training activities which have a predetermined format, including a pre-defined objective
- Specific content
- Progress may be monitored and/or evaluated

25 (a) How many different training courses have you taken in the last twelve months?

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25 (b)(i) What was the main subject of the last course you completed?

<sup>01</sup>  Orientation for new employees

<sup>02</sup>  Managerial/supervisory training

<sup>03</sup>  Professional training

<sup>04</sup>  Apprenticeship training

<sup>05</sup>  Sales and marketing training

<sup>06</sup>  Computer hardware

<sup>07</sup>  Computer software

<sup>08</sup>  Other office or non-office equipment

<sup>09</sup>  Group decision-making or problem-solving

<sup>10</sup>  Team building, leadership, communication

<sup>11</sup>  Occupational health and safety, environmental protection

<sup>12</sup>  Literacy or numeracy

<sup>13</sup>  Other, specify \_\_\_\_\_

**25 (b)(ii)** How long was the course? Include only the time actually spent in training sessions.

•  days

**OR**

•  hours

**25 (b)(iii)** Did the training take place at your workplace?

- <sup>1</sup>  Yes, entirely
- <sup>2</sup>  Partly
- <sup>3</sup>  No, always elsewhere

**25 (b)(iv)** Did the training take place during your normal working hours?

- <sup>1</sup>  Yes
- <sup>2</sup>  Partly
- <sup>3</sup>  No

**25 (b)(v)** Who provided the training sessions? (*Check all that apply.*)

- <sup>1</sup>  Supervisor
- <sup>2</sup>  Fellow worker
- <sup>3</sup>  In-house trainer
- <sup>4</sup>  Outside trainer
- <sup>5</sup>  Supplier
- <sup>6</sup>  Other, specify \_\_\_\_\_

**25 (b)(vi)** To what extent are you using the skills or knowledge acquired in this training at work?

- <sup>1</sup>  To a great extent
- <sup>2</sup>  Somewhat
- <sup>3</sup>  Not at all

**Instruction:** If the answer to Question 25 (a) is 01, go to Question 25 (d).

**25 (c)(i)** What was the main subject of the second most recent course you completed?

- 01 Orientation for new employees
- 02 Managerial/supervisory training
- 03 Professional training
- 04 Apprenticeship training
- 05 Sales and marketing training
- 06 Computer hardware
- 07 Computer software
- 08 Other office or non-office equipment
- 09 Group decision-making or problem-solving
- 10 Team building, leadership, communication
- 11 Occupational health and safety, environmental protection
- 12 Literacy or numeracy
- 13 Other, *specify* \_\_\_\_\_

**25 (c)(ii)** How long was the course? Include only the time actually spent in training sessions.

•  days

**OR**

•  hours

**25 (c)(iii)** Did the training take place at your workplace?

- 1 Yes, entirely
- 2 Partly
- 3 No, always elsewhere

**25 (c)(iv)** Did the training take place during your normal working hours?

- 1 Yes
- 2 Partly
- 3 No

**25 (c)(v)** Who provided the training sessions? (Check all that apply.)

- 1  Supervisor
- 2  Fellow worker
- 3  In-house trainer
- 4  Outside trainer
- 5  Supplier
- 6  Other, specify \_\_\_\_\_

**25 (c)(vi)** To what extent are you using the skills or knowledge acquired in this training at work?

- 1  To a great extent
- 2  Somewhat
- 3  Not at all

**25 (d)** In the past twelve months, have you received any informal training related to your job (that is on-the-job training)?

- 1  Yes
- 3  No → Go to Question 26

**25 (d)(i)** What were the main subjects of the on-the-job training? (Check all that apply.)

- 01  Orientation for new employees
- 02  Managerial/supervisory training
- 03  Professional training
- 04  Apprenticeship training
- 05  Sales and marketing training
- 06  Computer hardware
- 07  Computer software
- 08  Other office or non-office equipment
- 09  Group decision-making or problem-solving
- 10  Team building, leadership, communication
- 11  Occupational health and safety, environmental protection
- 12  Literacy or numeracy
- 13  Other, specify \_\_\_\_\_

**25 (d)(ii)** In the past twelve months, how much time in total was spent for on-the-job training? Include only the time actually spent in training.

•  days

**OR**

•  hours

**25 (d)(iii)** Who provided the training? (Check all that apply.)

- 1 Self-learning (manuals, books, on-line tutorials, etc.)
- 2 Supervisor
- 3 Fellow worker
- 4 In-house trainer
- 5 Outside trainer
- 6 Equipment supplier
- 7 Other, specify \_\_\_\_\_

**25 (d)(iv)** To what extent are you using the skills or knowledge acquired in this training at work?

- 1 To a great extent
- 2 Somewhat
- 3 Not at all

**26.** In the past twelve months, was there job-related training offered to you that you decided not to take?

- 1 Yes
- 3 No → Go to Question 26 (b)



**26 (a)** What was the main reason you decided not to take that training?

- 1  Too busy with my duties on the job
- 2  Courses not suitable (I already have the skills, heard bad things about the course, etc.)
- 3  Course too difficult
- 4  Health reasons
- 5  Family responsibilities
- 6  Too old, too late in career
- 7  Other, *specify* \_\_\_\_\_

**26 (b)** In the past twelve months, has your employer paid for or otherwise helped you to take courses, outside of your paid working hours, that were not directly job-related? (The objectives of these courses being for career development, not just interest.)

- 1  Yes
- 3  No → *Go to Question 27*

**26 (c)** How many such courses has your employer helped you to take in the past twelve months?

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**26 (d)** Speaking of the most recent course, what was (were) the goal(s) of that course? (*Check all that apply.*)

- 1  Working towards a trade or vocational certificate or diploma
- 2  Working towards a degree or diploma
- 3  Working towards a professional designation
- 4  Increase literacy or numeracy skill
- 5  Other, *specify* \_\_\_\_\_

**26 (e)** Who paid for this course? (*Check all that apply.*)

- 1  My employer
- 2  Myself (the employee)
- 3  Another organization

## Section 4 – Career-Related Training

**27.** In the past twelve months, have you taken any courses that were not sponsored by your employer but were career-related? (Excluding courses taken for personal interest).

<sup>1</sup>  Yes

<sup>3</sup>  No → Go to Question 28

**27 (a)** How many different courses have you taken in the last twelve months?

□ □ □

**27 (b)(i)** What was the main subject of the last course you completed?

<sup>01</sup>  Managerial/supervisory training

<sup>02</sup>  Professional training

<sup>03</sup>  Apprenticeship training

<sup>04</sup>  Sales and marketing training

<sup>05</sup>  Computer hardware

<sup>06</sup>  Computer software

<sup>07</sup>  Other office or non-office equipment

<sup>08</sup>  Group decision-making or problem-solving

<sup>09</sup>  Team building, leadership, communication

<sup>10</sup>  Occupational health and safety, environmental protection

<sup>11</sup>  Literacy or numeracy

<sup>12</sup>  Other, specify \_\_\_\_\_

**27 (b)(ii)** How long was the course? Include only the time actually spent in training sessions.

□ □ □ • □ days

OR

□ □ □ • □ hours

**Instruction:** If the answer to Question 27 (a) is 01, go to Question 28.

**27 (c)(i)** What was the main subject of the second most recent course you completed?

- <sup>01</sup> Managerial/supervisory training
- <sup>02</sup> Professional training
- <sup>03</sup> Apprenticeship training
- <sup>04</sup> Sales and marketing training
- <sup>05</sup> Computer hardware
- <sup>06</sup> Computer software
- <sup>07</sup> Other office or non-office equipment
- <sup>08</sup> Group decision-making or problem-solving
- <sup>09</sup> Team building, leadership, communication
- <sup>10</sup> Occupational health and safety, environmental protection
- <sup>11</sup> Literacy or numeracy
- <sup>12</sup> Other, *specify* \_\_\_\_\_

**27 (c)(ii)** How long did the course last? Include only the time actually spent in training sessions.

•  days

**OR**

•  hours

**28.** Since you began working in your job, have the overall skill requirements of the position:

- <sup>1</sup> increased?
- <sup>2</sup> remained about the same?
- <sup>3</sup> decreased?

**29.** Since you began working for this company, has the amount of training available to employees:

- <sup>1</sup> increased?
- <sup>2</sup> remained about the same?
- <sup>3</sup> decreased?

**30.** Would you say that the amount of training that you take is:

- <sup>1</sup> about right for the demands of the job?
- <sup>2</sup> too little for the demands of the job?
- <sup>3</sup> too much for the demands of the job?
- <sup>4</sup> Not applicable, no training required

## Section 4A – Literacy and Numeracy Practices at Work

The next questions are about your reading, writing and mathematics activities at your job – whether these activities are done on paper or on computer.

**30 (a)** How often do you read or use information from one of the following as part of your job? Would you say at least once a week, less than once a week, rarely or never?

	At least once a week	Less than once a week	Rarely	Never
A. Letters, memos or e-mails	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B. Reports, articles, magazines or journals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C. Manuals or reference books including catalogues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D. Diagrams or schematics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E. Directions or instructions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F. Bills, invoices, spreadsheets or budgets tables spreadsheets	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**30 (b)** Think about the importance of reading activities in relation to all of your other workplace activities. How important are reading activities relative to all these other activities. Would they be...

1  Just as important as all of your other activities?

2  Less important than all of your other activities?

3  More important than all of your other activities?

**30 (c)** How often do you write or fill out each of the following as part of your job? Would you say at least once a week, less than once a week, rarely or never?

	At least once a week	Less than once a week	Rarely	Never
A. Letters, memos or e-mails	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B. Reports, articles, magazines or journals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C. Manuals or reference books including catalogues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D. Diagrams or schematics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E. Directions or instructions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F. Bills, invoices, spreadsheets or budgets tables spreadsheets	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**30 (d)** How often do you do each of the following as part of your job? Would you say at least once a week, less than once a week, rarely or never?

	At least once a week	Less than once a week	Rarely	Never
A. Measure or estimate the size or weight of objects	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B. Calculate prices, costs, or budgets	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C. Count or read numbers to keep track of things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D. Manage time or prepare timetables	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E. Give or follow directions or use maps or street directions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F. Use statistical data to reach conclusions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## Section 5 – Employee Participation

The next few questions deal with employee participation in decisions regarding the workplace.

**Reminder: Unless you answered "No" in question A (XL), the questions refer to the job you held in March 2002.**

Although a program or policy may exist somewhere in your workplace, we are only interested in those that apply directly to you.

If the answer to any of questions 31 (a) to 31 (d) is "always", answer "frequently".

**31 (a)** How frequently are you asked to complete employee surveys?

- 1  Never
- 2  Occasionally
- 3  Frequently

**31 (b)** How frequently do you participate in an employee suggestion program or regular meetings in which you offer suggestions to your superiors regarding areas of work that may need improvement?

- 1  Never
- 2  Occasionally
- 3  Frequently

**31 (c)** How frequently do you participate in a job rotation or cross-training program where you work or are trained on a job with different duties than your regular job?

- 1  Never
- 2  Occasionally
- 3  Frequently

**31 (d)** How frequently are you informed (through meetings, newsletters, e-mail or Internet) about overall workplace performance, changes to workplace organization or the implementation of new technology?

- 1  Never
- 2  Occasionally
- 3  Frequently

**31 (e)** How frequently do you participate in a task team or labour-management committee that is concerned with a broad range of workplace issues?

**Note:** Task teams and labour-management committees make recommendations to line managers on such issues as safety, quality, scheduling, training and personal development programs.

- <sup>1</sup> Never
- <sup>2</sup> Occasionally
- <sup>3</sup> Frequently
- <sup>4</sup> Always

**31 (f)** How frequently do you participate in a team or circle concerned with quality or work flow issues?

- <sup>1</sup> Never
- <sup>2</sup> Occasionally
- <sup>3</sup> Frequently
- <sup>4</sup> Always

**31 (g)** How frequently are you part of a self-directed work group (or semi-autonomous work group or mini-enterprise group) that has a high level of responsibility for a particular product or service area? In such systems, part of your pay is normally related to group performance.

(Self-directed work groups:

- Are responsible for production of a fixed product or service, and have a high degree of autonomy in how they organize themselves to produce that product or service.
- Act almost as "businesses within businesses".
- Often have incentives related to productivity, timeliness and quality.
- While most have a designated leader, other members also contribute to the organization of the group's activities.)

- <sup>1</sup> Never
- <sup>2</sup> Occasionally
- <sup>3</sup> Frequently
- <sup>4</sup> Always

## Section 6 – Personal and Family Support Programs

**These questions cover the availability and use of practices that aim to help employees balance their careers and personal lives.**

**32.** Does your employer offer personal support or family services such as childcare, employee assistance, eldercare, fitness and recreation services or other types of services?

<sup>1</sup>  Yes

<sup>3</sup>  No → Go to Question 33

**32 (a)** Does your employer offer help for childcare either through an on-site centre or assistance with external suppliers or informal arrangements?

<sup>1</sup>  Yes

<sup>3</sup>  No → Go to Question 32 (b)

**32 (a)(i)** Did you use this help within the past twelve months?

<sup>1</sup>  Yes

<sup>3</sup>  No

**32 (b)** Does your employer offer employee assistance such as counselling, substance abuse control, financial assistance, legal aid, etc.?

<sup>1</sup>  Yes

<sup>3</sup>  No → Go to Question 32 (c)

**32 (b)(i)** Did you use these services within the past twelve months?

<sup>1</sup>  Yes

<sup>3</sup>  No

**32 (c)** Does your employer offer help with eldercare services?

<sup>1</sup>  Yes

<sup>3</sup>  No → Go to Question 32 (d)



**32 (c)(i)** Did you use this help within the past twelve months?

<sup>1</sup>  Yes

<sup>3</sup>  No

**32 (d)** Does your employer offer fitness and recreation services (on-site or off-site)?

<sup>1</sup>  Yes

<sup>3</sup>  No → *Go to Question 32 (e)*

**32 (d)(i)** Did you use this service within the past twelve months?

<sup>1</sup>  Yes

<sup>3</sup>  No

**32 (e)** Does your employer offer other personal support or family services?

<sup>1</sup>  Yes

<sup>3</sup>  No → *Go to Question 33*

**32 (e)(i)** Please specify the type of service.

\_\_\_\_\_

**32 (e)(ii)** Did you use this service within the past twelve months?

<sup>1</sup>  Yes

<sup>3</sup>  No

## Section 7 – Worker Representation and Industrial Relations

**33.** In your job, are you a member of a union or covered by a collective bargaining agreement?

<sup>1</sup>  Yes

<sup>3</sup>  No

**34.** Is there a dispute, complaint, or grievance system in your workplace?

<sup>1</sup>  Yes

<sup>3</sup>  No → Go to Question 35

**34 (a)** Have you had a dispute, complaint or grievance in the past twelve months?

<sup>1</sup>  Yes

<sup>3</sup>  No → Go to Question 35

**34 (b)** What mechanisms were used to address your dispute, complaint, or grievance? (Check all that apply.)

<sup>1</sup>  Informally addressed by manager/supervisor

<sup>2</sup>  Management committee

<sup>3</sup>  Labour-management committee

<sup>4</sup>  Outside arbitrator

<sup>5</sup>  Other, specify \_\_\_\_\_

**34 (c)** Has the situation improved?

<sup>1</sup>  Yes

<sup>3</sup>  No

## Section 8 – Compensation

The next few questions deal with your earnings in your job.

**Reminder: Unless you answered "No" in question A (XL), the questions refer to the job you held in March 2002.**

35. In your job, what is your usual wage or salary before taxes and other deductions?

\$             •

<sup>1</sup>  hourly

<sup>2</sup>  daily

<sup>3</sup>  weekly

<sup>4</sup>  every two weeks

<sup>5</sup>  twice a month

<sup>6</sup>  monthly

<sup>7</sup>  yearly

<sup>8</sup>  Other, *specify* \_\_\_\_\_

**Instruction:** If you have been in this job for less than twelve months, please answer the following questions for the period of time since you started this job. Otherwise, answer for the past twelve months.

36. In the past twelve months/since you started this job, did you earn any commissions, tips, bonuses, paid overtime or any other types of variable pay such as profit sharing, productivity bonuses (gain sharing) or piecework?

<sup>1</sup>  Yes

<sup>3</sup>  No → Go to Question 37

36 (a) Were these commissions, tips, bonuses, paid overtime or other types of variable pay included in the wage or salary you just reported?

<sup>1</sup>  Yes

<sup>3</sup>  No

36 (b) Did you receive overtime payments in the past twelve months/since you started this job?

<sup>1</sup>  Yes

<sup>3</sup>  No → Go to Question 36 (c)



**The following questions cover the non-salary benefits related to this job.**

**37.** Does your employer have any non-wage benefits such as pension plan, life insurance or dental plan?

<sup>1</sup>  Yes

<sup>3</sup>  No → Go to Question 38 (EN, EL, ES)

↳ Go to Question 45 b) (ELL, ESL)

**37 (a)** Do you participate in an employer-sponsored pension plan? (This does not include CPP/QPP or group RRSPs.)

<sup>1</sup>  Yes

<sup>3</sup>  No

**37 (a)(i)** In your company, is this benefit:

<sup>1</sup>  Mandatory

<sup>2</sup>  Optional

<sup>3</sup>  Not available

**37 (b)** Do you participate in a group RRSP?

<sup>1</sup>  Yes

<sup>3</sup>  No → Go to Question 37 (b)(ii)

**37 (b)(i)** Does your employer contribute to this plan?

<sup>1</sup>  Yes

<sup>3</sup>  No

**37 (b)(ii)** In your company, is this plan:

<sup>1</sup>  Mandatory

<sup>2</sup>  Optional

<sup>3</sup>  Not available

**37 (c)** In your job, do you participate in a life and/or disability insurance plan?

<sup>1</sup>  Yes

<sup>3</sup>  No

**37 (c)(i)** In your company, are these benefits:

- 1  Mandatory
- 2  Optional
- 3  Not available

**37 (d)** Do you participate in a supplemental medical insurance plan?

- 1  Yes
- 3  No

**Note:** Examples: Drug co-payment plans, hospital stay co-payment plans, hearing-impaired benefit plan, vision care and other medical benefits not covered by provincial health plans.

**37 (d)(i)** In your company, is this benefit:

- 1  Mandatory
- 2  Optional
- 3  Not available

**37 (e)** Do you participate in a dental plan?

- 1  Yes
- 3  No

**37 (e)(i)** In your company, is this benefit:

- 1  Mandatory
- 2  Optional
- 3  Not available

**37 (f)** Does your employer offer supplements to Employment Insurance benefits for maternity/paternity leave or lay-offs?

- 1  Yes
- 3  No

**37 (g)** In your job, do you participate in a stock purchase plan?

<sup>1</sup>  Yes

<sup>3</sup>  No → Go to Question 38 (EN, EL, ES)

↳ Go to Question 45 b) (ELL, ESL)

**37 (g)(i)** Does your employer contribute to this plan or offer discounts on stock purchases?

<sup>1</sup>  Yes

<sup>3</sup>  No

**Instruction:** Please go to Question 45 (b) (ELL, ESL).

**38.** Considering all aspects of this job, how satisfied are you with the job? Would you say that you are:

<sup>1</sup>  very satisfied?

<sup>2</sup>  satisfied?

<sup>3</sup>  dissatisfied?

<sup>4</sup>  very dissatisfied?

**39.** Considering the duties and responsibilities of this job, how satisfied are you with the pay and benefits you receive? Would you say that you are:

<sup>1</sup>  very satisfied?

<sup>2</sup>  satisfied?

<sup>3</sup>  dissatisfied?

<sup>4</sup>  very dissatisfied?

**Instruction:** If your job title and your most important activities or duties have not changed (ES), go to Question 42.

If this is your first year responding to this questionnaire (EN), then go to Question 40.  
Otherwise, go to Section X9 Job Comparisons Questions X40 (a) to X41 (d) (EL, XL).

## Section X9 – Job Comparisons

**X40 (a)** In comparison to all the aspects of your previous job, is your new job:

- <sup>1</sup>  better?
- <sup>2</sup>  about the same?
- <sup>3</sup>  worse?

**X41 (a)** Please indicate whether you think your working conditions are better, about the same or worse in your new job compared to the previous job you held.

General Working Conditions	Better	About the same	Worse	No opinion	Not applicable
A. Availability of flexible working arrangements (e.g. compressed work week, flexible hours, work at home, other flexible arrangements)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B. Usual work hours	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C. Availability of overtime	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D. Availability of job or work sharing arrangements	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E. Availability of personal and family support programs (e.g. childcare, employee assistance, eldercare, other types of services)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**X41 (b)** Please specify any other working conditions that contributed to your decision to change jobs.

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**X41 (c)** Please indicate whether you think your job opportunities are better, about the same or worse in your new job compared to the previous job you held.

Job Opportunities	Better	About the same	Worse	No opinion	Not applicable
A. <u>Opportunity for promotions</u>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B. <u>Access to computers and other technologies</u>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C. <u>Access to training and development</u>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D. <u>Opportunity for career change</u>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E. <u>Opportunity for employee participation (participating in decisions regarding the workplace)</u>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F. <u>Access to worker representation (e.g. member of a union, staff and professional association)</u>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G. <u>Salary increases</u>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
H. <u>Job security</u>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I. <u>Bonuses/Profit sharing</u>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**X41 (d)** Please specify any other factors that contributed to your changing of jobs.

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## Section 9 – Work History/Turnover

**Instruction:** Go to Question 42 (ES, EL, XL).

**40.** Considering all jobs you have held, how many years of full-time working experience do you have?

•  years

**Instruction:** If you have been working with this employer for more than 5 years, please go to Question 42.

**40 (a)** In the past five years, have you worked for any other employers, including yourself?

<sup>1</sup>  Yes

<sup>3</sup>  No → Go to Question 40 (c)

**40 (b)** How many other employers have you worked for in the past five years, including self-employment?

**40 (c)** In that period, were you ever without work for more than two weeks when you were actively looking for work and not attending school on a full-time basis?

<sup>1</sup>  Yes

<sup>3</sup>  No → Go to Question 40 (e) if the answer to question 40 (a) is "Yes", otherwise, go to Question 41.

**40 (d)** During the past five years how many months, in total, have you been unemployed (without having necessarily received employment benefits)?

•  month

**Instruction:** If you reported "No" to Question 40 (a), then go to Question 41.

**40 (e)** Thinking about the last job you held before coming to work for your current employer, what was the main reason you left that job?

<sup>1</sup>  Left for better pay, hours or career opportunities at current job

<sup>2</sup>  Moved, immigrated, spouse relocated

<sup>3</sup>  Returned to school

<sup>4</sup>  Quit for any other reason

<sup>5</sup>  Laid off: plant closure or business failure

<sup>6</sup>  Laid off: business slowdown, restructuring, other reasons

<sup>7</sup>  End of contract, seasonal or temporary position

<sup>8</sup>  Left self-employment (sold business, own business failed, etc.)

<sup>9</sup>  Other, specify \_\_\_\_\_

**Instruction:** If you have worked for this employer for twelve months or more, please go to Question 41.

**40 (f)** What was your job title?

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**40 (g)** In that last job, what were your most important activities or duties?

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**40 (h)** How many months did you work for that employer?

•  month

**40 (i)** About how many hours did you usually work per week in that job (including overtime)?

•  hours

**40 (j)** What was your usual wage or salary before taxes and other deductions?

\$           •

<sup>1</sup>  hourly

<sup>2</sup>  daily

<sup>3</sup>  weekly

<sup>4</sup>  every two weeks

<sup>5</sup>  twice a month

<sup>6</sup>  monthly

<sup>7</sup>  yearly

<sup>8</sup>  Other, specify \_\_\_\_\_

**40 (k)** In that last job you held, did you have an employer-sponsored pension plan?

<sup>1</sup>  Yes

<sup>3</sup>  No

**40 (l)** Did you use a computer in that job?

<sup>1</sup>  Yes

<sup>3</sup>  No

**40 (m)** In the last twelve months on that last job, did you receive any formal training sponsored by your employer?

<sup>1</sup>  Yes

<sup>3</sup>  No

**41.** Immediately before starting with your present employer, were you:

<sup>1</sup>  working at another job → Go to Question 42

<sup>2</sup>  looking for work

<sup>3</sup>  going to school → Go to Question 42

<sup>4</sup>  working at home, raising family, etc. → Go to Question 42

<sup>5</sup>  recuperating from illness or disability → Go to Question 42

<sup>6</sup>  Other, specify \_\_\_\_\_ → Go to Question 42

**41 (a)** How many weeks were you looking for work?

•  weeks

**42.** Do you currently do any paid work for another employer?

**Note:** This includes self-employed work.

<sup>1</sup>  Yes

<sup>3</sup>  No → Go to Question 45 (a)

↳ Go to Question 43 (EN)

**42 (a)** How many hours a week do you usually work at that (these) job(s)?

Job 1     •  hours

Job 2     •  hours

**42 (b)** What are your approximate weekly earnings in that (these) job(s)?

Job 1 \$         •

Job 2 \$         •

**Instruction :** Continue with Question 43 (EN). Go to Question 45 (a) (ES, EL, XL).

## Section 10 – Demographics

Finally, we would like to ask some general questions about you and your family.

43. In what year were you born?

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 Year

44. GENDER

<sup>1</sup>  Male

<sup>2</sup>  Female

45 (a) What language do you most often use at work?

<sup>1</sup>  English

<sup>2</sup>  French

<sup>3</sup>  Other, specify \_\_\_\_\_

45 (b) What language do you most often speak at home?

<sup>1</sup>  English

<sup>2</sup>  French

<sup>3</sup>  Other, specify \_\_\_\_\_

**Instruction:** Continue with Question 46 (EN). Go to Question 49 (ES, EL, XL, XS, ELL, ESL, XLL).

46. Were you born in Canada?

<sup>1</sup>  Yes → Go to Question 47

<sup>3</sup>  No

46 (a) In what year did you immigrate to Canada?

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 Year

46 (b) From what country did you emigrate?

Country: \_\_\_\_\_

47. What is the highest grade of elementary or high school (secondary school) that you have completed?

Please report the highest grade, not the year when it was completed.

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48. Did you graduate from high school (secondary school)?

<sup>1</sup>  Yes

<sup>3</sup>  No

49. Have you received any education in the past twelve months?

<sup>1</sup>  Yes

<sup>3</sup>  No → Go to Question 51

50. What was that education? (Check all that apply.)

**Trade-vocational:**

<sup>01</sup>  Trade or vocational diploma or certificate

**College:**

<sup>02</sup>  Some college, CEGEP, institute of technology or nursing school

<sup>03</sup>  Completed college, CEGEP, institute of technology or nursing school

**University:**

<sup>04</sup>  Some university

<sup>05</sup>  Teachers' college

<sup>06</sup>  University certificate or diploma below bachelor level

<sup>07</sup>  Bachelor or undergraduate degree or teachers' college (e.g. B.A., B.Sc., B.A.Sc., 4-year B.Ed.)

<sup>08</sup>  University certificate or diploma above bachelor level

<sup>09</sup>  Master's degree (M.A., M.Sc., M.Ed., MBA, MPA and equivalent)

<sup>10</sup>  Degree in medicine, dentistry, veterinary medicine, law, optometry or theology (M.D., D.D.S., D.M.D., D.V.M., LL.B., O.D., M.Div.) or 1-year B.Ed. after another bachelor's degree

<sup>11</sup>  Earned doctorate

**Other:**

<sup>12</sup>  Industry certified training or certification courses

<sup>13</sup>  Other, specify \_\_\_\_\_

<sup>14</sup>  High school diploma

**Instruction:** If only choice 14 is selected, go to Question 51.

50 (a) What was the major field of study of that education?

\_\_\_\_\_



**54 (b)** Over the past twelve months what was your **family's approximate annual income** from sources other than employment? For example: pensions, investment income and social benefits. Please include your own income from sources other than employment.

\$ 

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**Instructions :** • Continue with Question 55 (EN).

• If you are not a paid worker (XS), go to Question 57.

• If you are a paid worker (ES, EL, XL), go to Question 56 (a).

**55.** Canadians come from many ethnic, cultural and racial backgrounds. From which groups did your parents or grandparents descend? (Check all that apply.)

- 01  Canadian
- 20  American
- 02  British (from England, Scotland, Ireland, etc.)
- 03  French
- 04  Any other European groups
- 05  Arab (from Egypt, Jordan, Lebanon, Iraq, etc.)
- 06  Black (from Africa, Caribbean, Haiti, U.S.A., Canada, etc.)
- 07  Chinese
- 08  East Indian (from India, Pakistan, East Africa, etc.)
- 09  Filipino
- 10  Inuit (Eskimo)
- 11  Japanese
- 12  Korean
- 13  Latin American (from Mexico, Central America or South America)
- 14  Métis
- 15  North American Indian (First Nations, Aboriginal persons, Native Peoples)
- 16  North African (from Egypt, Morocco, Algeria, etc.)
- 17  South East Asian (from Burma, Cambodia, Laos, Viet Nam, etc.)
- 18  West Asian (from Syria, Turkey, Afghanistan, Iran, etc.)
- 19  Other, specify \_\_\_\_\_



**56 (a)** Does your employer have any recruitment or career programs for minority groups?

<sup>1</sup>  Yes

<sup>3</sup>  No → *Go to Question 57*

**56 (b)** Have you ever participated in these programs?

<sup>1</sup>  Yes

<sup>3</sup>  No

**Instruction:** These questions refer to conditions or health problems that have lasted or are expected to last **six months or more**.

**57.** Do you have any difficulty hearing, seeing, communicating, walking, climbing stairs, bending, learning or doing any similar activities?

<sup>1</sup>  Yes, sometimes

<sup>2</sup>  Yes, often

<sup>3</sup>  No

**57 (a)** Does a physical condition **or** mental condition **or** health problem **reduce the amount or the kind of activity you can do...**

A) At home?

<sup>1</sup>  Yes, sometimes

<sup>2</sup>  Yes, often

<sup>3</sup>  No

**Instruction:** If you are not a paid worker (XS, XLL), go to Question 57 (a) C).

B) At work or at school?

<sup>1</sup>  Yes, sometimes

<sup>2</sup>  Yes, often

<sup>3</sup>  No

<sup>4</sup>  Not applicable

C) In other activities, for example, transportation or leisure?

<sup>1</sup>  Yes, sometimes

<sup>2</sup>  Yes, often

<sup>3</sup>  No

**Instructions:** If you are new to this survey (EN) or if you have a different job (EL, ELL) or the same job (ES, ESL) as the previous year and you answered "1 or 2" to Question 57, then *continue with Question 58*; otherwise, *go to Question 59*.

If you are not a paid worker (XS) or have left your employer (XLL) and answered "1 or 2" to Question 57, then *go to Question 58 (b)*; otherwise, *go to the end of the interview*.

If you are a paid worker (XL) and you answered "1 or 2" to Question 57, then *continue with Question 58*; otherwise, *go to the end of the interview*.

**58.** Does your employer have any recruitment or career programs for employees with disabilities?

<sup>1</sup>  Yes

<sup>3</sup>  No → *Go to Question 58 (b)*

**58 (a)** Have you ever participated in these programs?

<sup>1</sup>  Yes

<sup>3</sup>  No

**58 (b)** Do you need altered facilities or equipment aids to help accommodate your condition?

<sup>1</sup>  Yes

<sup>3</sup>  No → *Go to Question 59*

**Instruction:** If you are not a paid worker (XS), *go to Question 59*.

**58 (c)** Does your employer provide these altered facilities, equipment or aids to you?

<sup>1</sup>  Yes

<sup>3</sup>  No

**59.** In case we have difficulty in reaching you next year, could you please give us the name and telephone number of a relative or someone we could call to obtain your telephone number.

Last name \_\_\_\_\_

Given name \_\_\_\_\_

Telephone number ( \_\_\_\_\_ ) \_\_\_\_\_

On behalf of Statistics Canada, we would like to thank you for taking the time to answer this survey.

Please use this list if you know the name of the application but you are not sure under which category it falls. The numbers correspond to the numbers to the left of the circles in Question 22 (c).

Access (database)	3
Access (programming)	7
Adabas (database)	3
Adabas (programming)	7
Ami Pro	1
Basic	7
C	7
C++	7
Clipper	7
COBOL	7
Communications	6
CompuServe	6
Computer Aided Design	11
Corel Draw	10
Correcteur 101	8
Crystal Reports	4
Data Analysis	9
Databases	3
DB-2	3
dBase (database)	3
dBase (programming)	7
DELPHI	7
Desktop Publishing	4
Developer	12
Development tool	7
E-mail systems	6
Easycase	12
Excel	2
Excellerator	12
Extra!	6
FAME	9
Form Design	4
Fortran	7
Foxpro (database)	3
Foxpro (programming)	7
Framemaker	4
Freelance	10
GML	1
Graphics and presentation	10
Harvard Graphics	10
HTML (communications)	6
HTML (programming)	7
Hugo	8
Internet	6
Intranet	6
JAVA (communications)	6
JAVA (programming)	7
Jetform	4
Lotus Smart Suite Integration	4

Lotus 1-2-3	2
Management applications	5
Microsoft Office	4
Microsoft Project	5
MS-QUERY	9
MS-Write	1
Net Bui	6
Netscape	6
Oracle (database)	3
Oracle (programming)	7
Orange	13
Other	14
Outlook	6
Outsideln	6
Pagemaker	4
Paradox (database)	3
Paradox (programming)	7
PCTCP	6
PerForm Pro	4
RL/1	7
RM-Work Bench	5
Power Builder	7
Power Play	9
Powerpoint	10
Programming language	7
Quattro Pro	2
SAS (data analysis)	9
SAS (programming)	7
SGML	1
SmallTalk	7
Spreadsheets	2
SPSS	9
SQL	7
SQL Server	3
SQL Windows	7
Statgraphics	9
StatPac	9
STP	12
SUDAAN	9
Sybase	3
Systems Architect	12
Timeline	5
Turbo Pascal	7
Ventura	4
Visual Basic	7
Word	1
Wordperfect	1
Wordpro	1
Wordprocessors	1