



Survey on Ageing and Independence

Copie française disponible

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

Confidential when completed.

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Time period	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
09:00 – 12:00						
12:01 – 16:00						
16:01 – 19:00						
19:01 – 21:00						

1 <input type="radio"/> Phone Interview 2 <input type="radio"/> Personal Interview	Language of Interview 3 <input type="radio"/> English 4 <input type="radio"/> French	Final Status Code <input type="text"/>	Start time <input type="text"/> : <input type="text"/>	Finish time <input type="text"/> : <input type="text"/>
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Introduction

Hello, I'm _____ from Statistics Canada. I'm calling to complete a questionnaire on your retirement or pre-retirement plans, your health and lifestyle. By the year 2000, close to one third of Canada's population will be over 45 years of age. Your answers will provide information to policy and program developers for today's seniors and the seniors of tomorrow.

All the information we collect in this survey will be kept confidential.

I would like to begin by asking you some questions about yourself.

SECTION A: Main activity

<p>A.1 What is your current marital status? Are you</p> <p>1 <input type="radio"/> Married or living common-law?</p> <p>2 <input type="radio"/> Separated?</p> <p>3 <input type="radio"/> Divorced?</p> <p>4 <input type="radio"/> Widowed?</p> <p>5 <input type="radio"/> Single (never married)? ▶ Go to A.3</p>	<p>A.3 What is the date of your birth?</p> <p>6 <input type="text"/> <input type="text"/> 7 <input type="text"/> <input type="text"/> 8 <input type="text"/> <input type="text"/></p> <p style="text-align: center;">Day Month Year</p>
<p>A.2 (See A.1) How long have you been _____ ?</p> <p><input type="text"/> <input type="text"/> Years (if less than a year, enter 01)</p>	<p>A.4 Interviewer check item:</p> <p>1 <input type="radio"/> If born <u>before</u> September 1920 ▶ Go to A.31 (page 4)</p> <p>2 <input type="radio"/> If born <u>after</u> September 1926 ▶ Go to A.5</p> <p>3 <input type="radio"/> If born <u>in</u> September 1926, ask respondent:</p> <p>▶ Are you now 65 years of age?</p> <p>4 <input type="radio"/> Yes ▶ Go to A.31 (page 4)</p> <p>5 <input type="radio"/> No ▶ Go to A.5</p>

8-5103-264.1: 1991-06-18 STC/HLD-040-05041

Respondents under 65 years	
<p>A.5 Do you currently have a paid job or operate a business or farm?</p> <p>6 <input type="radio"/> Yes</p> <p>7 <input type="radio"/> No ▶ Go to A.17 (next page)</p>	<p>Part-time workers and workers with 00 weeks worked in past 12 months</p> <p>A.12 Which of the following are major activities in your life at this time? (Mark all that apply)</p> <p>1 <input type="radio"/> Working for pay or profit?</p> <p>2 <input type="radio"/> Managing a home or being a homemaker?</p> <p>3 <input type="radio"/> Taking care of a family member or close friend?</p> <p>4 <input type="radio"/> Doing volunteer work?</p> <p>5 <input type="radio"/> Something else?</p> <p><i>Interviewer: if only one activity marked, go to A.14</i></p>
<p>A.6 During the past twelve months, that is since September 1990, how many weeks did you work at any job or business? Include time for vacation, illness, strikes or lockouts.</p> <p><input type="text"/> <input type="text"/> Weeks worked</p>	<p>A.13 Of the activities just mentioned, what best describes the main thing you currently do? (Mark one only)</p> <p>1 <input type="radio"/> Working for pay or profit</p> <p>2 <input type="radio"/> Managing a home or being a homemaker</p> <p>3 <input type="radio"/> Working for pay or profit <u>and</u> managing a home</p> <p>4 <input type="radio"/> Taking care of a family member or close friend</p> <p>5 <input type="radio"/> Doing volunteer work</p> <p>6 <input type="radio"/> Something else</p>
<p>A.7 Interviewer check item:</p> <p>1 <input type="radio"/> If 00 weeks worked reported in A.6 ▶ Go to A.12</p> <p>2 <input type="radio"/> Otherwise ▶ Go to A.8</p>	<p>A.14 Have you permanently stopped working full-time for pay or profit?</p> <p>1 <input type="radio"/> Yes</p> <p>2 <input type="radio"/> No ▶ Go to A.16</p> <p>3 <input type="radio"/> Don't know ▶ Go to A.16</p>
<p>A.8 During those weeks, was the work mostly full-time, that is 30 hours or more per week, or part-time, that is less than 30 hours per week?</p> <p>3 <input type="radio"/> Full-time</p> <p>4 <input type="radio"/> Part-time ▶ Go to A.12</p>	<p>Full-time workers</p> <p>A.9 Which of the following are major activities in your life at this time? (Mark all that apply)</p> <p>1 <input type="radio"/> Working for pay or profit?</p> <p>2 <input type="radio"/> Managing a home or being a homemaker?</p> <p>3 <input type="radio"/> Taking care of a family member or close friend?</p> <p>4 <input type="radio"/> Doing volunteer work?</p> <p>5 <input type="radio"/> Something else?</p> <p><i>Interviewer: if only one activity marked, go to A.11</i></p>
<p>Full-time workers</p> <p>A.9 Which of the following are major activities in your life at this time? (Mark all that apply)</p> <p>1 <input type="radio"/> Working for pay or profit?</p> <p>2 <input type="radio"/> Managing a home or being a homemaker?</p> <p>3 <input type="radio"/> Taking care of a family member or close friend?</p> <p>4 <input type="radio"/> Doing volunteer work?</p> <p>5 <input type="radio"/> Something else?</p> <p><i>Interviewer: if only one activity marked, go to A.11</i></p>	<p>A.15 Do you consider yourself to be retired?</p> <p>4 <input type="radio"/> Yes ▶ Go to SECTION B (page 5)</p> <p>5 <input type="radio"/> No</p>
<p>A.10 Of the activities just mentioned, what best describes the main thing you currently do? (Mark one only)</p> <p>1 <input type="radio"/> Working for pay or profit</p> <p>2 <input type="radio"/> Managing a home or being a homemaker</p> <p>3 <input type="radio"/> Working for pay or profit <u>and</u> managing a home</p> <p>4 <input type="radio"/> Taking care of a family member or close friend</p> <p>5 <input type="radio"/> Doing volunteer work</p> <p>6 <input type="radio"/> Something else</p>	<p>A.16 At what age do you expect to retire?</p> <p>6 <input type="text"/> <input type="text"/> Age ▶ Go to SECTION C (page 7)</p> <p>OR</p> <p>701 <input type="radio"/> Don't know ▶ Go to C.2 part b. (page 7)</p> <p>702 <input type="radio"/> Don't expect to retire ▶ Go to SECTION D (page 8)</p>
<p>A.11 At what age do you expect to retire?</p> <p>7 <input type="text"/> <input type="text"/> Age ▶ Go to SECTION C (page 7)</p> <p>OR</p> <p>801 <input type="radio"/> Don't know ▶ Go to C.2 part b. (page 7)</p> <p>802 <input type="radio"/> Don't expect to retire ▶ Go to SECTION D (page 8)</p>	<p>A.16 At what age do you expect to retire?</p> <p>6 <input type="text"/> <input type="text"/> Age ▶ Go to SECTION C (page 7)</p> <p>OR</p> <p>701 <input type="radio"/> Don't know ▶ Go to C.2 part b. (page 7)</p> <p>702 <input type="radio"/> Don't expect to retire ▶ Go to SECTION D (page 8)</p>

Non-workers	Non-workers – Not looking for work
<p>A.17 Are you currently looking for work?</p> <p>1 <input type="radio"/> Yes</p> <p>2 <input type="radio"/> No ▶ Go to A.23</p>	<p>A.23 Which of the following are major activities in your life at this time? (Mark all that apply)</p> <p>1 <input type="radio"/> Managing a home or being a homemaker?</p> <p>2 <input type="radio"/> Taking care of a family member or close friend?</p> <p>3 <input type="radio"/> Doing volunteer work?</p> <p>4 <input type="radio"/> Something else?</p> <p><i>Interviewer: if only one activity marked, go to A.25</i></p>
Non-workers – Looking for work	
<p>A.18 Which of the following are major activities in your life at this time? (Mark all that apply)</p> <p>3 <input type="radio"/> Looking for work?</p> <p>4 <input type="radio"/> Managing a home or being a homemaker?</p> <p>5 <input type="radio"/> Taking care of a family member or close friend?</p> <p>6 <input type="radio"/> Doing volunteer work?</p> <p>7 <input type="radio"/> Something else?</p> <p><i>Interviewer: if only one activity marked, go to A.20</i></p>	<p>A.24 Of the activities just mentioned, what best describes the <u>main</u> thing you currently do? (Mark one only)</p> <p>5 <input type="radio"/> Managing a home or being a homemaker</p> <p>6 <input type="radio"/> Taking care of a family member or close friend</p> <p>7 <input type="radio"/> Doing volunteer work</p> <p>8 <input type="radio"/> Something else</p>
<p>A.19 Of the activities just mentioned, what best describes the <u>main</u> thing you currently do? (Mark one only)</p> <p>1 <input type="radio"/> Looking for work</p> <p>2 <input type="radio"/> Managing a home or being a homemaker</p> <p>3 <input type="radio"/> Taking care of a family member or close friend</p> <p>4 <input type="radio"/> Doing volunteer work</p> <p>5 <input type="radio"/> Something else</p>	<p>A.25 Did you ever work full-time for pay or profit, that is 30 hours or more per week?</p> <p>1 <input type="radio"/> Yes</p> <p>2 <input type="radio"/> No ▶ Go to SECTION D (page 8)</p>
<p>A.20 Are you looking for full-time work, that is, 30 hours or more per week, or part-time work, less than 30 hours per week?</p> <p>6 <input type="radio"/> Full-time ▶ Go to A.22</p> <p>7 <input type="radio"/> Part-time</p> <p>8 <input type="radio"/> Both ▶ Go to A.22</p>	<p>A.26 In what year did you last have a paid job or operate a business or farm?</p> <p><input type="text"/> <input type="text"/> Year</p>
<p>A.21 Have you permanently stopped working full-time for pay or profit?</p> <p>1 <input type="radio"/> Yes ▶ Go to SECTION B (page 5)</p> <p>2 <input type="radio"/> No</p> <p>3 <input type="radio"/> Don't know</p>	<p>A.27 Have you permanently stopped working full-time for pay or profit?</p> <p>3 <input type="radio"/> Yes</p> <p>4 <input type="radio"/> No ▶ Go to A.30</p> <p>5 <input type="radio"/> Don't know ▶ Go to C.2 part b. (page 7)</p>
<p>A.22 At what age do you expect to retire?</p> <p>* <input type="text"/> <input type="text"/> Age ▶ Go to SECTION C (page 7)</p> <p>OR</p> <p>501 <input type="radio"/> Don't know ▶ Go to C.2 part b. (page 7)</p> <p>502 <input type="radio"/> Don't expect to retire ▶ Go to SECTION D (page 8)</p>	<p>A.28 Are you permanently unable to work because of a disability?</p> <p>6 <input type="radio"/> Yes</p> <p>7 <input type="radio"/> No</p> <p>A.29 Did you ever retire from a job or business? Exclude lay-offs, quitting, or stopping work to have a family.</p> <p>1 <input type="radio"/> Yes ▶ Go to SECTION B (page 5)</p> <p>2 <input type="radio"/> No ▶ Go to SECTION D (page 8)</p> <p>A.30 At what age do you expect to retire?</p> <p>9 <input type="text"/> <input type="text"/> Age ▶ Go to SECTION C (page 7)</p> <p>OR</p> <p>401 <input type="radio"/> Don't know ▶ Go to C.2 part b. (page 7)</p> <p>402 <input type="radio"/> Don't expect to retire ▶ Go to SECTION D (page 8)</p>

Respondents 65 years and over	
<p>A.31 In what year did you last have a paid job or operate a business or farm?</p> <p>5 <input type="text"/> <input type="text"/> Year ▶ Go to A.46 (next page)</p> <p>OR</p> <p>601 <input type="radio"/> Currently working</p> <p>602 <input type="radio"/> Never worked ▶ Go to A.43 (next page)</p>	<p>Part-time workers and workers with 00 weeks worked in past 12 months</p> <p>A.38 Which of the following are major activities in your life at this time? (Mark all that apply)</p> <p>1 <input type="radio"/> Working for pay or profit?</p> <p>2 <input type="radio"/> Managing a home or being a homemaker?</p> <p>3 <input type="radio"/> Taking care of a family member or close friend?</p> <p>4 <input type="radio"/> Doing volunteer work?</p> <p>5 <input type="radio"/> Something else?</p> <p><i>Interviewer: if only one activity marked, go to A.40</i></p>
Currently working	
<p>A.32 During the past twelve months, that is since September 1990, how many weeks did you work at any job or business? Include time for vacation, illness, strikes or lockouts.</p> <p><input type="text"/> <input type="text"/> Weeks worked</p>	<p>A.39 Of the activities just mentioned, what best describes the main thing you currently do? (Mark one only)</p> <p>1 <input type="radio"/> Working for pay or profit</p> <p>2 <input type="radio"/> Managing a home or being a homemaker</p> <p>3 <input type="radio"/> Working for pay or profit <u>and</u> managing a home</p> <p>4 <input type="radio"/> Taking care of a family member or close friend</p> <p>5 <input type="radio"/> Doing volunteer work</p> <p>6 <input type="radio"/> Something else</p>
<p>A.33 Interviewer check item:</p> <p>7 <input type="radio"/> If 00 weeks worked reported in A.32 ▶ Go to A.38</p> <p>8 <input type="radio"/> Otherwise ▶ Go to A.34</p>	<p>A.34 During those weeks, was the work mostly full-time, that is 30 hours or more, or part-time, that is less than 30 hours?</p> <p>1 <input type="radio"/> Full-time</p> <p>2 <input type="radio"/> Part-time ▶ Go to A.38</p>
Full-time workers	
<p>A.35 Which of the following are major activities in your life at this time? (Mark all that apply)</p> <p>3 <input type="radio"/> Working for pay or profit?</p> <p>4 <input type="radio"/> Managing a home or being a homemaker?</p> <p>5 <input type="radio"/> Taking care of a family member or close friend?</p> <p>6 <input type="radio"/> Doing volunteer work?</p> <p>7 <input type="radio"/> Something else?</p> <p><i>Interviewer: if only one activity marked, go to A.37</i></p>	<p>A.40 Have you permanently stopped working full-time for pay or profit?</p> <p>1 <input type="radio"/> Yes</p> <p>2 <input type="radio"/> No ▶ Go to A.42</p> <p>3 <input type="radio"/> Don't know ▶ Go to A.42</p>
<p>A.36 Of the activities just mentioned, what best describes the main thing you currently do? (Mark one only)</p> <p>1 <input type="radio"/> Working for pay or profit</p> <p>2 <input type="radio"/> Managing a home or being a homemaker</p> <p>3 <input type="radio"/> Working for pay or profit <u>and</u> managing a home</p> <p>4 <input type="radio"/> Taking care of a family member or close friend</p> <p>5 <input type="radio"/> Doing volunteer work</p> <p>6 <input type="radio"/> Something else</p>	<p>A.41 Do you consider yourself to be retired?</p> <p>4 <input type="radio"/> Yes ▶ Go to SECTION B (next page)</p> <p>5 <input type="radio"/> No</p>
<p>A.37 At what age do you expect to retire?</p> <p>7 <input type="text"/> <input type="text"/> Age ▶ Go to SECTION C (page 7)</p> <p>OR</p> <p>801 <input type="radio"/> Don't know ▶ Go to C.2 part b. (page 7)</p> <p>802 <input type="radio"/> Don't expect to retire ▶ Go to SECTION D (page 8)</p>	<p>A.42 At what age do you expect to retire?</p> <p>6 <input type="text"/> <input type="text"/> Age ▶ Go to SECTION C (page 7)</p> <p>OR</p> <p>701 <input type="radio"/> Don't know ▶ Go to C.2 part b. (page 7)</p> <p>702 <input type="radio"/> Don't expect to retire ▶ Go to SECTION D (page 8)</p>

Never worked	SECTION B. Retirement																														
<p>A.43 Are you permanently unable to work because of a disability?</p> <p>1 <input type="radio"/> Yes</p> <p>2 <input type="radio"/> No</p>	<p>Now I have some questions about your retirement.</p> <p>B.1 What was your age when you retired? (If respondent retired more than once, use last retirement)</p> <p>3 <input type="text"/> <input type="text"/> Age at retirement</p> <p>OR</p> <p>401 <input type="radio"/> Didn't retire ▶ Go to SECTION D (page 8)</p>																														
<p>A.44 Which of the following are major activities in your life at this time? (Mark all that apply)</p> <p>3 <input type="radio"/> Managing a home or being a homemaker?</p> <p>4 <input type="radio"/> Taking care of a family member or close friend?</p> <p>5 <input type="radio"/> Doing volunteer work?</p> <p>6 <input type="radio"/> Something else?</p> <p>Interviewer: if only one activity marked, go to SECTION D (page 8)</p>	<p>B.2 Would you say your retirement was voluntary, that is you retired when you wanted to?</p> <p>5 <input type="radio"/> Yes</p> <p>6 <input type="radio"/> No</p>																														
<p>A.45 Of the activities just mentioned, what best describes the <u>main</u> thing you currently do? (Mark one only)</p> <p>1 <input type="radio"/> Managing a home or being a homemaker</p> <p>2 <input type="radio"/> Taking care of a family member or close friend</p> <p>3 <input type="radio"/> Doing volunteer work</p> <p>4 <input type="radio"/> Something else</p> <p>Now go to SECTION D (page 8)</p>	<p>B.3 There are many preparations that people make for retirement. Did you ...</p> <table border="0"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>a. change your work pattern? (For example, work part-time or work more hours)</td> <td>01 <input type="radio"/></td> <td>02 <input type="radio"/></td> </tr> <tr> <td>b. develop physical activities?</td> <td>03 <input type="radio"/></td> <td>04 <input type="radio"/></td> </tr> <tr> <td>c. develop other leisure activities and hobbies?</td> <td>05 <input type="radio"/></td> <td>06 <input type="radio"/></td> </tr> <tr> <td>d. gather retirement information? (For example, talk with a consultant, attend a course)</td> <td>07 <input type="radio"/></td> <td>08 <input type="radio"/></td> </tr> </tbody> </table> <p>The next few questions are about your <u>household</u> financial preparations for retirement. Did you...</p> <table border="0"> <tbody> <tr> <td>e. contribute to an RRSP?</td> <td>09 <input type="radio"/></td> <td>10 <input type="radio"/></td> </tr> <tr> <td>f. build up your savings?</td> <td>11 <input type="radio"/></td> <td>12 <input type="radio"/></td> </tr> <tr> <td>g. make other investments? (Includes buying properties)</td> <td>13 <input type="radio"/></td> <td>14 <input type="radio"/></td> </tr> </tbody> </table> <p>In preparation for retirement, did you ...</p> <table border="0"> <tbody> <tr> <td>h. pay-off or avoid debts?</td> <td>15 <input type="radio"/></td> <td>16 <input type="radio"/></td> </tr> <tr> <td>i. make major purchases?</td> <td>17 <input type="radio"/></td> <td>18 <input type="radio"/></td> </tr> </tbody> </table>		Yes	No	a. change your work pattern? (For example, work part-time or work more hours)	01 <input type="radio"/>	02 <input type="radio"/>	b. develop physical activities?	03 <input type="radio"/>	04 <input type="radio"/>	c. develop other leisure activities and hobbies?	05 <input type="radio"/>	06 <input type="radio"/>	d. gather retirement information? (For example, talk with a consultant, attend a course)	07 <input type="radio"/>	08 <input type="radio"/>	e. contribute to an RRSP?	09 <input type="radio"/>	10 <input type="radio"/>	f. build up your savings?	11 <input type="radio"/>	12 <input type="radio"/>	g. make other investments? (Includes buying properties)	13 <input type="radio"/>	14 <input type="radio"/>	h. pay-off or avoid debts?	15 <input type="radio"/>	16 <input type="radio"/>	i. make major purchases?	17 <input type="radio"/>	18 <input type="radio"/>
	Yes	No																													
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<p>Stopped working</p> <p>A.46 Which of the following are major activities in your life at this time? (Mark all that apply)</p> <p>5 <input type="radio"/> Managing a home or being a homemaker?</p> <p>6 <input type="radio"/> Taking care of a family member or close friend?</p> <p>7 <input type="radio"/> Doing volunteer work?</p> <p>8 <input type="radio"/> Something else?</p> <p>Interviewer: if only one activity marked, go to A.48</p>	<p>B.4 Do you have a pension plan through employment (besides Canada/Quebec Pension Plan)?</p> <p>1 <input type="radio"/> Yes</p> <p>2 <input type="radio"/> No</p>																														
<p>A.47 Of the activities just mentioned, what best describes the <u>main</u> thing you currently do? (Mark one only)</p> <p>1 <input type="radio"/> Managing a home or being a homemaker</p> <p>2 <input type="radio"/> Taking care of a family member or close friend</p> <p>3 <input type="radio"/> Doing volunteer work</p> <p>4 <input type="radio"/> Something else</p>	<p>B.5 How long before retiring did you begin to actively prepare for your retirement? (For example, make decisions like moving, paying debts). Would that be ...</p> <p>3 <input type="radio"/> 1-2 years before retiring?</p> <p>4 <input type="radio"/> 3-5 years before retiring?</p> <p>5 <input type="radio"/> 6-10 years before retiring?</p> <p>6 <input type="radio"/> more than 10 years before retiring?</p> <p>7 <input type="radio"/> did not prepare</p>																														
<p>A.48 Did you ever retire from a job or business? Exclude lay-offs, quitting, or stopping work to have a family.</p> <p>3 <input type="radio"/> Yes ▶ Go to SECTION B</p> <p>6 <input type="radio"/> No ▶ Go to SECTION D (page 8)</p>																															

- B.6** There are many reasons why people retire. Which of the following were reasons why you retired?
- | | Yes | No |
|--|--------------------------|--------------------------|
| a. Your health | 01 <input type="radio"/> | 02 <input type="radio"/> |
| b. To provide care to a family member | 03 <input type="radio"/> | 04 <input type="radio"/> |
| c. Had adequate retirement income (such as pensions and investments) | 05 <input type="radio"/> | 06 <input type="radio"/> |
| d. Mandatory retirement policies | 07 <input type="radio"/> | 08 <input type="radio"/> |
| e. Company early retirement plan | 09 <input type="radio"/> | 10 <input type="radio"/> |
| f. Your job ended and you were unable to find other work ... | 11 <input type="radio"/> | 12 <input type="radio"/> |
| g. Pressure from co-workers to retire | 13 <input type="radio"/> | 14 <input type="radio"/> |
| h. Wanted to stop working | 15 <input type="radio"/> | 16 <input type="radio"/> |

B.7 Interviewer check item: (See A.1)

1 If respondent is married or living common law ▶ Go to B.8

2 Otherwise ▶ Go to B.9

- B.8** Sometimes people's reasons for retirement are influenced by their spouse/partner. Which of the following reasons influenced your retirement?
- | | Yes | No |
|---|-------------------------|-------------------------|
| a. Your spouse/partner's health | 1 <input type="radio"/> | 2 <input type="radio"/> |
| b. Your spouse/partner's retirement income (such as pensions and investments) | 3 <input type="radio"/> | 4 <input type="radio"/> |
| c. The timing of your spouse/partner's retirement | 5 <input type="radio"/> | 6 <input type="radio"/> |
| d. Pressure from your spouse/partner to retire | 7 <input type="radio"/> | 8 <input type="radio"/> |

B.9 After you retired, did you ever go back to work at any job or employment?

1 Yes

2 No ▶ Go to B.12

B.10 Was this ... (Mark one only)

3 for the same employer?

4 for a different employer?

5 for yourself or your own business?

B.11 Was this mostly full-time work or part-time work?

6 Full-time

7 Part-time

Now I'm going to ask you about the work you were doing prior to this, that is when you officially retired.

B.12 At the moment you officially retired, for whom did you work? (Name of business, government department or agency, or person.)

.....

.....

B.13 What kind of business, industry or service was this? (Give full description: e.g., federal government, canning industry, forestry services.)

.....

.....

B.14 What kind of work were you doing? (E.g., office clerk, factory worker, forestry technician.)

.....

.....

B.15 In this work, what were your most important activities or duties? (E.g., filing documents, drying vegetables, forest examiner.)

.....

.....

B.16 In this job, did you work mainly...

1 in your own business, farm or professional practice? ▶ Go to Section E (page 9)

2 for others for wages, salary or commission?

B.17 Was this....

3 in private business or industry?

4 in the public sector?

Now go to SECTION E (page 9)

SECTION C. Work and pre-retirement

The next few questions ask about preparations for retirement.

C.1 At the age you expect to retire, do you think that your income and investments will be adequate to enable you to retire?

1 Yes

2 No

3 Don't know

C.2 There are many preparations that people make for retirement. Have you done or are you doing any of the following ...

	Yes	No
a. changed your work patterns? (For example, worked part-time or worked more hours)	01 <input type="radio"/>	02 <input type="radio"/>
b. (There are many preparations that people make for retirement. Have you done or are you doing any of the following ...) developed physical activities?	03 <input type="radio"/>	04 <input type="radio"/>
c. developed other leisure activities and hobbies?	05 <input type="radio"/>	06 <input type="radio"/>
d. gathered retirement information? (For example, talked with a consultant or attended a course)	07 <input type="radio"/>	08 <input type="radio"/>

The next few questions are about your household financial preparations for retirement. Have you ...

e. contributed to an RRSP?	09 <input type="radio"/>	10 <input type="radio"/>
f. built up your savings?	11 <input type="radio"/>	12 <input type="radio"/>
g. made other investments? (Includes buying properties)	13 <input type="radio"/>	14 <input type="radio"/>
In preparation for retirement, have you ...		
h. paid-off or avoided debts?	15 <input type="radio"/>	16 <input type="radio"/>
i. made major purchases?	17 <input type="radio"/>	18 <input type="radio"/>

C.3 Do you have a pension plan through employment (besides Canada/Québec Pension Plan)?

1 Yes

2 No

C.4 Do you feel that you are adequately preparing for your retirement?

3 Yes

4 No

5 Don't know

C.5 There are many reasons why people retire. Which of the following will most likely be the reasons that you retire? Will it be ...

	Yes	No	Don't know
a. Your health?	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>
b. Your need to provide care to a family member?	04 <input type="radio"/>	05 <input type="radio"/>	06 <input type="radio"/>
c. Having adequate retirement income? (Such as pensions and investments)	07 <input type="radio"/>	08 <input type="radio"/>	09 <input type="radio"/>
d. Mandatory retirement policies?	10 <input type="radio"/>	11 <input type="radio"/>	12 <input type="radio"/>
e. Company early retirement plan?	13 <input type="radio"/>	14 <input type="radio"/>	15 <input type="radio"/>
f. Your job ending and you being unable to find other work?	16 <input type="radio"/>	17 <input type="radio"/>	18 <input type="radio"/>
g. Pressure from co-workers to retire?	19 <input type="radio"/>	20 <input type="radio"/>	21 <input type="radio"/>
h. Wanting to stop working?	22 <input type="radio"/>	23 <input type="radio"/>	24 <input type="radio"/>

C.6 Interviewer check item: (See A.1)

1 If respondent is married or living common-law ▶ Go to C.7

2 Otherwise ▶ Go to SECTION E (page 9)

C.7 Sometimes people's reasons for retirement are influenced by their spouse/partner. Which of the following will most likely influence your retirement?

	Yes	No	Don't know
a. Your spouse/partner's health	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>
b. Your spouse/partner's retirement income (such as pensions and investments)	04 <input type="radio"/>	05 <input type="radio"/>	06 <input type="radio"/>
c. Your spouse/partner's retirement	07 <input type="radio"/>	08 <input type="radio"/>	09 <input type="radio"/>
d. Pressure from your spouse/partner to retire	10 <input type="radio"/>	11 <input type="radio"/>	12 <input type="radio"/>

Now go to SECTION E (page 9)

SECTION D. Preparation for the Future

D.1 There are many preparations that people make for their future. Please tell me if you have done any or are currently doing any of the following ...

	Yes	No
a. developed physical activities?	01 <input type="radio"/>	02 <input type="radio"/>
b. developed other leisure activities and hobbies?	03 <input type="radio"/>	04 <input type="radio"/>
c. gathered retirement information? (For example, talked with a consultant or attended a course)	05 <input type="radio"/>	06 <input type="radio"/>

The next few questions are about your household financial preparations for the future. Have you...

d. contributed to an RRSP? ...	07 <input type="radio"/>	08 <input type="radio"/>
e. built up your savings?	09 <input type="radio"/>	10 <input type="radio"/>
f. made other investments? (Includes buying properties)	11 <input type="radio"/>	12 <input type="radio"/>

In preparation for the future, have you ...

g. paid-off or avoided debts? ...	13 <input type="radio"/>	14 <input type="radio"/>
h. made major purchases? ...	15 <input type="radio"/>	16 <input type="radio"/>

D.2 Do you have a pension plan through employment (besides Canada/Quebec Pension Plan)?

1 Yes

2 No

D.3 Interviewer check item: (See A.1)

3 If married or living common-law ▶ Go to D.4

4 If widowed ▶ Go to D.9

5 Otherwise ▶ Go to SECTION E (next page)

D.4 Now we will talk about your spouse/partner. Is your spouse/partner retired?

6 Yes ▶ Go to D.6

7 No

D.5 At what age do you expect your spouse/partner to retire?

Age ▶ Go to D.7

OR

01 Don't expect him/her to retire ▶ Go to D.7

02 Don't know ▶ Go to D.7

D.6 For your spouse/partner, which of the following were reasons for his/her retirement?

	Yes	No	Don't know
a. Your own health?	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>
b. Your spouse/partner's health?	04 <input type="radio"/>	05 <input type="radio"/>	06 <input type="radio"/>
c. The need to provide care to a family member?	07 <input type="radio"/>	08 <input type="radio"/>	09 <input type="radio"/>
d. Having adequate retirement income? (such as pensions and investments)	10 <input type="radio"/>	11 <input type="radio"/>	12 <input type="radio"/>
e. Mandatory retirement policies?	13 <input type="radio"/>	14 <input type="radio"/>	15 <input type="radio"/>
f. Company early retirement plan?	16 <input type="radio"/>	17 <input type="radio"/>	18 <input type="radio"/>
g. Lack of available work?	19 <input type="radio"/>	20 <input type="radio"/>	21 <input type="radio"/>

D.7 Does your spouse/partner have a private pension plan through employment (besides Canada/Quebec Pension Plan)?

4 Yes

5 No ▶ Go to SECTION E (next page)

6 Don't know ▶ Go to SECTION E (next page)

D.8 On the death of your spouse/partner would you receive benefits from his/her pension plan (excluding Canada/Quebec Pension Plan or Old Age Security)?

1 Yes ▶ Go to SECTION E (next page)

2 No ▶ Go to SECTION E (next page)

3 Don't know ▶ Go to SECTION E (next page)

D.9 Did your spouse/partner have a private pension plan through employment (besides Canada/Quebec Pension Plan)?

4 Yes

5 No ▶ Go to SECTION E (next page)

6 Don't know ▶ Go to SECTION E (next page)

D.10 On the death of your spouse/partner did you receive benefits from his/her pension plan (excluding Canada/Quebec Pension Plan or Old Age Security)?

1 Yes

2 No

3 Don't know

SECTION E. Activities																																									
<p>Now I am going to ask you a few questions about your activities. Physical activity includes activities you do at work, at home and in your leisure time. It includes activities like walking, gardening, washing windows, dancing and golf.</p> <p>E.1 Compared to other people your age, would you say that you are physically ...</p> <p>5 <input type="radio"/> more active?</p> <p>6 <input type="radio"/> as active?</p> <p>7 <input type="radio"/> less active?</p> <p>8 <input type="radio"/> don't know</p>	<p>During a typical month, do you often, sometimes or rarely ...</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 10%; text-align: center;">Often</th> <th style="width: 10%; text-align: center;">Sometimes</th> <th style="width: 10%; text-align: center;">Rarely</th> </tr> </thead> <tbody> <tr> <td>d. do arts, crafts, or other hobbies? ...</td> <td style="text-align: center;">10 <input type="radio"/></td> <td style="text-align: center;">11 <input type="radio"/></td> <td style="text-align: center;">12 <input type="radio"/></td> </tr> <tr> <td>e. read papers, magazines, or books?</td> <td style="text-align: center;">13 <input type="radio"/></td> <td style="text-align: center;">14 <input type="radio"/></td> <td style="text-align: center;">15 <input type="radio"/></td> </tr> <tr> <td>f. have family or friends over?</td> <td style="text-align: center;">16 <input type="radio"/></td> <td style="text-align: center;">17 <input type="radio"/></td> <td style="text-align: center;">18 <input type="radio"/></td> </tr> </tbody> </table>		Often	Sometimes	Rarely	d. do arts, crafts, or other hobbies? ...	10 <input type="radio"/>	11 <input type="radio"/>	12 <input type="radio"/>	e. read papers, magazines, or books?	13 <input type="radio"/>	14 <input type="radio"/>	15 <input type="radio"/>	f. have family or friends over?	16 <input type="radio"/>	17 <input type="radio"/>	18 <input type="radio"/>																								
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<p>E.2 Do you consider the amount of physical activity you get to be ...</p> <p>1 <input type="radio"/> too much?</p> <p>2 <input type="radio"/> too little?</p> <p>3 <input type="radio"/> the right amount?</p> <p>4 <input type="radio"/> don't know</p>	<p>Now I am going to ask you a few questions about your activity outside your home.</p> <p>E.7 During a typical month, do you often, sometimes or rarely ...</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 10%; text-align: center;">Often</th> <th style="width: 10%; text-align: center;">Sometimes</th> <th style="width: 10%; text-align: center;">Rarely</th> </tr> </thead> <tbody> <tr> <td>a. go to visit friends or relatives?</td> <td style="text-align: center;">19 <input type="radio"/></td> <td style="text-align: center;">20 <input type="radio"/></td> <td style="text-align: center;">21 <input type="radio"/></td> </tr> <tr> <td>b. go shopping? (Excluding groceries)</td> <td style="text-align: center;">22 <input type="radio"/></td> <td style="text-align: center;">23 <input type="radio"/></td> <td style="text-align: center;">24 <input type="radio"/></td> </tr> <tr> <td>c. go out to movies? ...</td> <td style="text-align: center;">25 <input type="radio"/></td> <td style="text-align: center;">26 <input type="radio"/></td> <td style="text-align: center;">27 <input type="radio"/></td> </tr> <tr> <td>d. eat out?</td> <td style="text-align: center;">28 <input type="radio"/></td> <td style="text-align: center;">29 <input type="radio"/></td> <td style="text-align: center;">30 <input type="radio"/></td> </tr> <tr> <td>e. go out for a drive? ..</td> <td style="text-align: center;">31 <input type="radio"/></td> <td style="text-align: center;">32 <input type="radio"/></td> <td style="text-align: center;">33 <input type="radio"/></td> </tr> <tr> <td>f. go for a walk?</td> <td style="text-align: center;">34 <input type="radio"/></td> <td style="text-align: center;">35 <input type="radio"/></td> <td style="text-align: center;">36 <input type="radio"/></td> </tr> <tr> <td>g. go to clubs, church or a community centre?</td> <td style="text-align: center;">37 <input type="radio"/></td> <td style="text-align: center;">38 <input type="radio"/></td> <td style="text-align: center;">39 <input type="radio"/></td> </tr> <tr> <td>h. go to the library? ...</td> <td style="text-align: center;">40 <input type="radio"/></td> <td style="text-align: center;">41 <input type="radio"/></td> <td style="text-align: center;">42 <input type="radio"/></td> </tr> <tr> <td>i. play cards or other games?</td> <td style="text-align: center;">43 <input type="radio"/></td> <td style="text-align: center;">44 <input type="radio"/></td> <td style="text-align: center;">45 <input type="radio"/></td> </tr> </tbody> </table>		Often	Sometimes	Rarely	a. go to visit friends or relatives?	19 <input type="radio"/>	20 <input type="radio"/>	21 <input type="radio"/>	b. go shopping? (Excluding groceries)	22 <input type="radio"/>	23 <input type="radio"/>	24 <input type="radio"/>	c. go out to movies? ...	25 <input type="radio"/>	26 <input type="radio"/>	27 <input type="radio"/>	d. eat out?	28 <input type="radio"/>	29 <input type="radio"/>	30 <input type="radio"/>	e. go out for a drive? ..	31 <input type="radio"/>	32 <input type="radio"/>	33 <input type="radio"/>	f. go for a walk?	34 <input type="radio"/>	35 <input type="radio"/>	36 <input type="radio"/>	g. go to clubs, church or a community centre?	37 <input type="radio"/>	38 <input type="radio"/>	39 <input type="radio"/>	h. go to the library? ...	40 <input type="radio"/>	41 <input type="radio"/>	42 <input type="radio"/>	i. play cards or other games?	43 <input type="radio"/>	44 <input type="radio"/>	45 <input type="radio"/>
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<p>E.3 Do you think that physical activity makes a difference in helping people avoid health problems like heart disease and high blood pressure as they get older? Does it make ...</p> <p>5 <input type="radio"/> a big difference?</p> <p>6 <input type="radio"/> some difference?</p> <p>7 <input type="radio"/> little or no difference?</p> <p>8 <input type="radio"/> don't know</p>	<p>E.8 This summer, did you ...</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 10%; text-align: center;">Yes</th> <th style="width: 10%; text-align: center;">No</th> </tr> </thead> <tbody> <tr> <td>a. attend sporting events?</td> <td style="text-align: center;">1 <input type="radio"/></td> <td style="text-align: center;">2 <input type="radio"/></td> </tr> <tr> <td>b. attend concerts, plays or other performing arts events?</td> <td style="text-align: center;">3 <input type="radio"/></td> <td style="text-align: center;">4 <input type="radio"/></td> </tr> <tr> <td>c. go to museums or to art galleries?</td> <td style="text-align: center;">5 <input type="radio"/></td> <td style="text-align: center;">6 <input type="radio"/></td> </tr> </tbody> </table>		Yes	No	a. attend sporting events?	1 <input type="radio"/>	2 <input type="radio"/>	b. attend concerts, plays or other performing arts events?	3 <input type="radio"/>	4 <input type="radio"/>	c. go to museums or to art galleries?	5 <input type="radio"/>	6 <input type="radio"/>																												
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<p>E.4 Do you think that physical activity makes a difference in helping people remain independent as they get older? Does it make ...</p> <p>1 <input type="radio"/> a big difference?</p> <p>2 <input type="radio"/> some difference?</p> <p>3 <input type="radio"/> little or no difference?</p> <p>4 <input type="radio"/> don't know</p>	<p>E.9 In general, do you feel safe and secure <u>in</u> your house/apartment?</p> <p>1 <input type="radio"/> Yes</p> <p>2 <input type="radio"/> No</p> <p>3 <input type="radio"/> don't know</p>																																								
<p>E.5 In the next year, do you intend to be more physically active, as active, or less active than you are now?</p> <p>5 <input type="radio"/> More active</p> <p>6 <input type="radio"/> As active</p> <p>7 <input type="radio"/> Less active</p> <p>8 <input type="radio"/> Don't know</p>	<p>E.10 In general, do you feel safe and secure <u>outside</u> in your neighbourhood?</p> <p>4 <input type="radio"/> Yes ▶ Go to SECTION F (next page)</p> <p>5 <input type="radio"/> No</p> <p>6 <input type="radio"/> don't know ▶ Go to SECTION F (next page)</p>																																								
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SECTION F. Health																																	
<p>I am now going to ask some questions about your health.</p> <p>F.1 How would you describe your state of health? Would you say, in general, your health is ...</p> <p>4 <input type="radio"/> excellent?</p> <p>5 <input type="radio"/> good?</p> <p>6 <input type="radio"/> fair?</p> <p>7 <input type="radio"/> poor?</p> <p>8 <input type="radio"/> Don't know</p>	<p>F.6 Have you done any of the following to cope with stress from (Read "Yes" response(s) from F.3)? Have you been ...</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">Yes</th> <th style="width: 10%; text-align: center;">No</th> </tr> </thead> <tbody> <tr> <td>a. getting help from friends or relatives?</td> <td style="text-align: center;">01 <input type="radio"/></td> <td style="text-align: center;">02 <input type="radio"/></td> </tr> <tr> <td>b. getting professional help?</td> <td style="text-align: center;">03 <input type="radio"/></td> <td style="text-align: center;">04 <input type="radio"/></td> </tr> <tr> <td>c. getting help from someone who has dealt with a similar experience? (Exclude self-help groups)</td> <td style="text-align: center;">05 <input type="radio"/></td> <td style="text-align: center;">06 <input type="radio"/></td> </tr> <tr> <td>d. just trying to accept it?</td> <td style="text-align: center;">07 <input type="radio"/></td> <td style="text-align: center;">08 <input type="radio"/></td> </tr> <tr> <td>e. keeping busy?</td> <td style="text-align: center;">09 <input type="radio"/></td> <td style="text-align: center;">10 <input type="radio"/></td> </tr> <tr> <td>f. praying or meditating?</td> <td style="text-align: center;">11 <input type="radio"/></td> <td style="text-align: center;">12 <input type="radio"/></td> </tr> <tr> <td>g. changing the amount you smoke, drink or eat?</td> <td style="text-align: center;">13 <input type="radio"/></td> <td style="text-align: center;">14 <input type="radio"/></td> </tr> <tr> <td>h. doing anything else to cope? (Specify):</td> <td style="text-align: center;">15 <input type="radio"/></td> <td style="text-align: center;">16 <input type="radio"/></td> </tr> </tbody> </table>		Yes	No	a. getting help from friends or relatives?	01 <input type="radio"/>	02 <input type="radio"/>	b. getting professional help?	03 <input type="radio"/>	04 <input type="radio"/>	c. getting help from someone who has dealt with a similar experience? (Exclude self-help groups)	05 <input type="radio"/>	06 <input type="radio"/>	d. just trying to accept it?	07 <input type="radio"/>	08 <input type="radio"/>	e. keeping busy?	09 <input type="radio"/>	10 <input type="radio"/>	f. praying or meditating?	11 <input type="radio"/>	12 <input type="radio"/>	g. changing the amount you smoke, drink or eat?	13 <input type="radio"/>	14 <input type="radio"/>	h. doing anything else to cope? (Specify):	15 <input type="radio"/>	16 <input type="radio"/>					
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<p>F.2 Compared to other people your age, would you say your health is ...</p> <p>1 <input type="radio"/> better?</p> <p>2 <input type="radio"/> about the same?</p> <p>3 <input type="radio"/> worse?</p> <p>4 <input type="radio"/> Don't know</p>	<p>F.7 I want to ask you some questions about the types of things you do on a daily basis to stay healthy. Do you...</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">Yes</th> <th style="width: 10%; text-align: center;">No</th> </tr> </thead> <tbody> <tr> <td>a. eat a balanced diet?</td> <td style="text-align: center;">17 <input type="radio"/></td> <td style="text-align: center;">18 <input type="radio"/></td> </tr> <tr> <td>b. get enough rest and sleep? ...</td> <td style="text-align: center;">19 <input type="radio"/></td> <td style="text-align: center;">20 <input type="radio"/></td> </tr> <tr> <td>c. keep physically active?</td> <td style="text-align: center;">21 <input type="radio"/></td> <td style="text-align: center;">22 <input type="radio"/></td> </tr> <tr> <td>d. brush your teeth?</td> <td style="text-align: center;">23 <input type="radio"/></td> <td style="text-align: center;">24 <input type="radio"/></td> </tr> <tr> <td>e. avoid smoking?</td> <td style="text-align: center;">25 <input type="radio"/></td> <td style="text-align: center;">26 <input type="radio"/></td> </tr> <tr> <td>f. avoid alcohol, or drink in moderation?</td> <td style="text-align: center;">27 <input type="radio"/></td> <td style="text-align: center;">28 <input type="radio"/></td> </tr> </tbody> </table>		Yes	No	a. eat a balanced diet?	17 <input type="radio"/>	18 <input type="radio"/>	b. get enough rest and sleep? ...	19 <input type="radio"/>	20 <input type="radio"/>	c. keep physically active?	21 <input type="radio"/>	22 <input type="radio"/>	d. brush your teeth?	23 <input type="radio"/>	24 <input type="radio"/>	e. avoid smoking?	25 <input type="radio"/>	26 <input type="radio"/>	f. avoid alcohol, or drink in moderation?	27 <input type="radio"/>	28 <input type="radio"/>											
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<p>F.3 How one feels at any particular time is affected by life experiences. In the past twelve months have you ...</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 10%; text-align: center;">Yes</th> <th style="width: 10%; text-align: center;">No</th> <th style="width: 10%; text-align: center;">Don't know</th> </tr> </thead> <tbody> <tr> <td>a. changed or lost a job?</td> <td style="text-align: center;">01 <input type="radio"/></td> <td style="text-align: center;">02 <input type="radio"/></td> <td style="text-align: center;">03 <input type="radio"/></td> </tr> <tr> <td>b. changed residence? ...</td> <td style="text-align: center;">04 <input type="radio"/></td> <td style="text-align: center;">05 <input type="radio"/></td> <td style="text-align: center;">06 <input type="radio"/></td> </tr> <tr> <td>c. had a person move into or leave your home? ...</td> <td style="text-align: center;">07 <input type="radio"/></td> <td style="text-align: center;">08 <input type="radio"/></td> <td style="text-align: center;">09 <input type="radio"/></td> </tr> <tr> <td>d. had a death in the family?</td> <td style="text-align: center;">10 <input type="radio"/></td> <td style="text-align: center;">11 <input type="radio"/></td> <td style="text-align: center;">12 <input type="radio"/></td> </tr> <tr> <td>e. had a death of a close friend?</td> <td style="text-align: center;">13 <input type="radio"/></td> <td style="text-align: center;">14 <input type="radio"/></td> <td style="text-align: center;">15 <input type="radio"/></td> </tr> <tr> <td>f. had a serious illness or injury?</td> <td style="text-align: center;">16 <input type="radio"/></td> <td style="text-align: center;">17 <input type="radio"/></td> <td style="text-align: center;">18 <input type="radio"/></td> </tr> <tr> <td>g. had a family member or a friend seriously ill or injured?</td> <td style="text-align: center;">19 <input type="radio"/></td> <td style="text-align: center;">20 <input type="radio"/></td> <td style="text-align: center;">21 <input type="radio"/></td> </tr> </tbody> </table>		Yes	No	Don't know	a. changed or lost a job?	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	b. changed residence? ...	04 <input type="radio"/>	05 <input type="radio"/>	06 <input type="radio"/>	c. had a person move into or leave your home? ...	07 <input type="radio"/>	08 <input type="radio"/>	09 <input type="radio"/>	d. had a death in the family?	10 <input type="radio"/>	11 <input type="radio"/>	12 <input type="radio"/>	e. had a death of a close friend?	13 <input type="radio"/>	14 <input type="radio"/>	15 <input type="radio"/>	f. had a serious illness or injury?	16 <input type="radio"/>	17 <input type="radio"/>	18 <input type="radio"/>	g. had a family member or a friend seriously ill or injured?	19 <input type="radio"/>	20 <input type="radio"/>	21 <input type="radio"/>	<p>F.8 Are you at all limited in the kind or amount of activity you can do because of a long-term illness, physical condition or health problem? By long term I mean a condition that lasted or is expected to last more than 6 months.</p> <p>1 <input type="radio"/> Yes</p> <p>2 <input type="radio"/> No ▶ Go to F.15</p>
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<p>F.5 Did you experience a lot of stress due to this/these event(s)?</p> <p>3 <input type="radio"/> Yes</p> <p>4 <input type="radio"/> No ▶ Go to F.7</p>	<p>F.10 Interviewer check item:</p> <p>1 <input type="radio"/> If any marked "Yes" in F.9 ▶ Go to F.11</p> <p>2 <input type="radio"/> Otherwise ▶ Go to F.15</p>																																

F.11 How well do you feel you are coping with this limitation? Would you say ...

3 very well?

4 fairly well?

5 not very well?

6 not at all well?

7 Don't know

F.12 For each of the following activities, tell me if you can do it yourself, if you need assistance, or if you are totally unable to do it.

	Self	Needs help	Unable to do
a. Walking about 3 city blocks without resting	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>
b. Walking up or down a flight of stairs	04 <input type="radio"/>	05 <input type="radio"/>	06 <input type="radio"/>
c. Dressing or undressing	07 <input type="radio"/>	08 <input type="radio"/>	09 <input type="radio"/>
d. Cutting your own toenails	10 <input type="radio"/>	11 <input type="radio"/>	12 <input type="radio"/>
e. Using the toilet	13 <input type="radio"/>	14 <input type="radio"/>	15 <input type="radio"/>

F.13 Because of your condition, do you have any of the following health-care features?

	Yes	No
a. bathroom modifications?	16 <input type="radio"/>	17 <input type="radio"/>
b. extra handrails throughout your home?	18 <input type="radio"/>	19 <input type="radio"/>
c. access ramps?	20 <input type="radio"/>	21 <input type="radio"/>
d. widened doorways?	22 <input type="radio"/>	23 <input type="radio"/>
e. a street-level entrance (no steps)?	24 <input type="radio"/>	25 <input type="radio"/>
f. an entrance that opens automatically?	26 <input type="radio"/>	27 <input type="radio"/>
g. an elevator or lift device?	28 <input type="radio"/>	29 <input type="radio"/>
h. handicap parking?	30 <input type="radio"/>	31 <input type="radio"/>
i. some other modifications to your home? (Specify):	32 <input type="radio"/>	33 <input type="radio"/>

F.14 Do you have any of the following electronic devices?

	Yes	No
a. Voice Print? (National Broadcast Reading Services - daily readings of newspapers and magazines via a broadcast system, that is, radio or cable designed for visually-impaired individuals)	1 <input type="radio"/>	2 <input type="radio"/>
b. Closed-captioned TV? (A system for hearing-impaired television viewers whereby a simplified version of the dialogue is printed on screen via a special decoder)	3 <input type="radio"/>	4 <input type="radio"/>

Now go to F.16

F.15 Do you have any of the following health-care features at home ...

	Yes	No
a. bathroom modifications such as handrails?	01 <input type="radio"/>	02 <input type="radio"/>
b. extra handrails throughout your home?	03 <input type="radio"/>	04 <input type="radio"/>
c. a street-level entrance (no steps)?	05 <input type="radio"/>	06 <input type="radio"/>
d. closed-captioned TV? (A system for hearing-impaired television viewers whereby a simplified version of the dialogue is printed on screen via a special decoder)	07 <input type="radio"/>	08 <input type="radio"/>
e. some other modifications to your home? (Specify):	09 <input type="radio"/>	10 <input type="radio"/>

F.16 Would you describe your life as ...

1 very stressful?

2 not very stressful? ▶ Go to F.18

3 not at all stressful? ▶ Go to F.18

F.17 What is the main reason for this stress? Is it related to ... (Mark one only)

4 employment?

5 family?

6 health?

7 finances?

8 something else? (Specify):

F.18 Here is a list that describes some of the ways people feel at different times. During the past few weeks, how often have you felt ...

	Often	Sometimes	Never
a. On top of the world? Was it	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>
b. very lonely or remote from other people? Was it	04 <input type="radio"/>	05 <input type="radio"/>	06 <input type="radio"/>
c. particularly excited or interested in something?	07 <input type="radio"/>	08 <input type="radio"/>	09 <input type="radio"/>
d. depressed or very unhappy?	10 <input type="radio"/>	11 <input type="radio"/>	12 <input type="radio"/>
e. pleased about having accomplished something?	13 <input type="radio"/>	14 <input type="radio"/>	15 <input type="radio"/>
f. bored?	16 <input type="radio"/>	17 <input type="radio"/>	18 <input type="radio"/>
g. proud because someone complimented you on something you had done?	19 <input type="radio"/>	20 <input type="radio"/>	21 <input type="radio"/>
h. so restless you couldn't sit long in a chair?	22 <input type="radio"/>	23 <input type="radio"/>	24 <input type="radio"/>
i. that things were going your way?	25 <input type="radio"/>	26 <input type="radio"/>	27 <input type="radio"/>
j. upset because someone criticized you?	28 <input type="radio"/>	29 <input type="radio"/>	30 <input type="radio"/>

SECTION G. Social Support

There are many ways in which people may give their time and skills. It is hard to remember all the things one could have done during the past year, so let me ask you specifically ...

I am now going to ask you about any help you may have received on a regular basis.

G.1 During the past twelve months, have you regularly provided any of the following types of assistance to others, either living with you or outside your home? Have you provided help with ...

- | | Yes | No | Don't know |
|---|--------------------------|--------------------------|--------------------------|
| a. housework? | 31 <input type="radio"/> | 32 <input type="radio"/> | 33 <input type="radio"/> |
| b. yardwork? | 34 <input type="radio"/> | 35 <input type="radio"/> | 36 <input type="radio"/> |
| c. meal preparation? | 37 <input type="radio"/> | 38 <input type="radio"/> | 39 <input type="radio"/> |
| d. grocery shopping? ... | 40 <input type="radio"/> | 41 <input type="radio"/> | 42 <input type="radio"/> |
| e. transportation? | 43 <input type="radio"/> | 44 <input type="radio"/> | 45 <input type="radio"/> |
| f. babysitting? | 46 <input type="radio"/> | 47 <input type="radio"/> | 48 <input type="radio"/> |
| g. managing money? | 49 <input type="radio"/> | 50 <input type="radio"/> | 51 <input type="radio"/> |
| h. personal care (such as bathing, dressing)? ... | 52 <input type="radio"/> | 53 <input type="radio"/> | 54 <input type="radio"/> |
| i. emotional support? ... | 55 <input type="radio"/> | 56 <input type="radio"/> | 57 <input type="radio"/> |
| j. volunteer service through a group or organization? ... | 58 <input type="radio"/> | 59 <input type="radio"/> | 60 <input type="radio"/> |

G.4 During the past twelve months, have you regularly received any of the following types of assistance from others either living with you or from outside your home? Have you received help with ...

- | | Yes | No | Don't know |
|---|--------------------------|--------------------------|--------------------------|
| a. housework? | 19 <input type="radio"/> | 20 <input type="radio"/> | 21 <input type="radio"/> |
| b. yardwork? | 22 <input type="radio"/> | 23 <input type="radio"/> | 24 <input type="radio"/> |
| c. meal preparation? | 25 <input type="radio"/> | 26 <input type="radio"/> | 27 <input type="radio"/> |
| d. grocery shopping? ... | 28 <input type="radio"/> | 29 <input type="radio"/> | 30 <input type="radio"/> |
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| i. emotional support? ... | 43 <input type="radio"/> | 44 <input type="radio"/> | 45 <input type="radio"/> |

G.2 Interviewer check item:

- 1 If any marked "Yes" in G.1 ▶ Go to G.3
- 2 Otherwise ▶ Go to G.4

G.5 Interviewer check item:

- 1 If any marked "Yes" in G.4 ▶ Go to G.6
- 2 Otherwise ▶ Go to G.7

G.3 Who did you help? Was it ...

- | | Yes | No |
|---|--------------------------|--------------------------|
| a. your spouse/partner? | 01 <input type="radio"/> | 02 <input type="radio"/> |
| b. a mother/father? | 03 <input type="radio"/> | 04 <input type="radio"/> |
| c. a son? | 05 <input type="radio"/> | 06 <input type="radio"/> |
| d. a daughter? | 07 <input type="radio"/> | 08 <input type="radio"/> |
| e. a grandchild? | 09 <input type="radio"/> | 10 <input type="radio"/> |
| f. another family member? (An in-law or brother/sister) ... | 11 <input type="radio"/> | 12 <input type="radio"/> |
| g. a friend or neighbour? | 13 <input type="radio"/> | 14 <input type="radio"/> |
| h. a volunteer group or organization? | 15 <input type="radio"/> | 16 <input type="radio"/> |
| i. someone else? (specify): | 17 <input type="radio"/> | 18 <input type="radio"/> |

G.6 Who helped you? Was it ...

- | | Yes | No |
|--|--------------------------|--------------------------|
| a. your spouse/partner? | 01 <input type="radio"/> | 02 <input type="radio"/> |
| b. a mother/father? | 03 <input type="radio"/> | 04 <input type="radio"/> |
| c. a son? | 05 <input type="radio"/> | 06 <input type="radio"/> |
| d. a daughter? | 07 <input type="radio"/> | 08 <input type="radio"/> |
| e. a grandchild? | 09 <input type="radio"/> | 10 <input type="radio"/> |
| f. another family member? (An in-law or brother/sister) .. | 11 <input type="radio"/> | 12 <input type="radio"/> |
| g. a friend or neighbour? | 13 <input type="radio"/> | 14 <input type="radio"/> |
| h. a volunteer group or organization? | 15 <input type="radio"/> | 16 <input type="radio"/> |
| i. someone else? (specify): | 17 <input type="radio"/> | 18 <input type="radio"/> |

G.7 During the past twelve months, did you participate in a self-help group in which people with a common problem help each other? (For example, groups for people who have had a stroke or who have cancer, groups for recently widowed or divorced people, Alcoholics Anonymous, etc.)

- 1 Yes
- 2 No
- 3 Don't know

<p>Now I have a few questions about your family.</p> <p>G.8 How many brothers and sisters do you have still living? (Include step, adopted, and half brothers and sisters).</p> <p><input type="text"/> <input type="text"/> Number</p> <p>OR</p> <p>94 <input type="radio"/> None</p>	<p>G.14 Not counting family members, do you have any close friends? That is, do you have any friends with whom you feel at ease, can talk to about private matters, or can call on for help?</p> <p>5 <input type="radio"/> Yes</p> <p>6 <input type="radio"/> No ▶ Go to G.19</p>
<p>G.9 How many children do you have still living? (Include step and adopted children).</p> <p><input type="text"/> <input type="text"/> Number</p> <p>OR</p> <p>95 <input type="radio"/> None</p>	<p>G.15 How many close friends do you have?</p> <p><input type="text"/> <input type="text"/> Number of close friends</p>
<p>I would like you to think now about your family and close friends. By family, I mean spouse or partner, children and other relatives.</p> <p>G.10 Do you have any family members you feel close to? That is, family members you feel at ease with, can talk to about private matters, or can call on for help?</p> <p>6 <input type="radio"/> Yes ▶ How many? <input type="text"/> <input type="text"/></p> <p>7 <input type="radio"/> No ▶ Go to G.14</p>	<p>G.16 Thinking about the friend you feel closest to, does this person live... (Mark one only)</p> <p>1 <input type="radio"/> in the same household as yourself?</p> <p>2 <input type="radio"/> within your neighbourhood?</p> <p>3 <input type="radio"/> within the same city or town?</p> <p>4 <input type="radio"/> in another city or town?</p>
<p>G.11 Thinking about the family member you feel closest to, does this person live ... (Mark one only)</p> <p>1 <input type="radio"/> in the same household as yourself?</p> <p>2 <input type="radio"/> within your neighbourhood?</p> <p>3 <input type="radio"/> within the same city or town?</p> <p>4 <input type="radio"/> in another city or town?</p>	<p>G.17 Is this closest friend male or female?</p> <p>5 <input type="radio"/> Male</p> <p>6 <input type="radio"/> Female</p>
<p>G.12 Is this closest family member male or female?</p> <p>5 <input type="radio"/> Male</p> <p>6 <input type="radio"/> Female</p>	<p>G.18 Are you satisfied or dissatisfied with the kind and frequency of contact you have with friends, including personal contact, phone calls and letters?</p> <p>1 <input type="radio"/> Satisfied</p> <p>2 <input type="radio"/> Dissatisfied</p> <p>Is that very or somewhat?</p> <p>3 <input type="radio"/> Very</p> <p>4 <input type="radio"/> Somewhat</p>
<p>G.13 Are you satisfied or dissatisfied with the kind and frequency of contact you have with family members, including personal contact, phone calls and letters?</p> <p>1 <input type="radio"/> Satisfied</p> <p>2 <input type="radio"/> Dissatisfied</p> <p>Is that very or somewhat?</p> <p>3 <input type="radio"/> Very</p> <p>4 <input type="radio"/> Somewhat</p>	<p>G.19 Do you have a household pet?</p> <p>5 <input type="radio"/> Yes</p> <p>6 <input type="radio"/> No</p>

SECTION H. Dwelling Characteristics & Accident and Safety	
<p>The next questions concern your home.</p> <p>H.1 Is your home in need of any repairs? (Do not include desirable remodelling, additions or conversions)</p> <p>1 <input type="radio"/> Yes</p> <p>2 <input type="radio"/> No (only regular maintenance) ▶ Go to H.3</p>	<p>H.9 Is this with a mortgage or is the mortgage completely paid off? (If more than one property, select the higher mortgage).</p> <p>5 <input type="radio"/> With mortgage</p> <p>6 <input type="radio"/> Paid off completely ▶ Go to H.11</p> <p>7 <input type="radio"/> Don't know ▶ Go to H.11</p>
<p>H.2 Does it require major or minor repairs? (Examples of major repairs are sagging floors, damaged walls or damaged electrical wiring. Examples of minor repairs are broken windows, leaking sinks or small cracks in interior walls).</p> <p>3 <input type="radio"/> Major repairs</p> <p>4 <input type="radio"/> Minor repairs</p> <p>5 <input type="radio"/> Both</p>	<p>H.10 What is the amount remaining on this mortgage?</p> <p>\$ <input type="text"/> <input type="text"/> <input type="text"/> (nearest thousand - if greater than 995, enter 996)</p> <p>997 <input type="radio"/> Don't know</p> <p>998 <input type="radio"/> Refused</p>
<p>H.3 Do you (or your spouse/partner) own or rent this dwelling?</p> <p>6 <input type="radio"/> Own</p> <p>7 <input type="radio"/> Rent ▶ Go to H.8</p> <p>8 <input type="radio"/> Other ▶ Go to H.8</p>	<p>H.11 Is this property ...</p> <p>3 <input type="radio"/> Inside Canada?</p> <p>4 <input type="radio"/> Outside Canada?</p>
<p>H.4 Is this with a mortgage or is your mortgage paid off completely?</p> <p>1 <input type="radio"/> With mortgage</p> <p>2 <input type="radio"/> Paid off completely ▶ Go to H.6</p> <p>3 <input type="radio"/> Don't know ▶ Go to H.6</p>	<p>H.12 If you were selling this property now, for how much would you expect to sell it?</p> <p>\$ <input type="text"/> <input type="text"/> <input type="text"/> (nearest thousand - if greater than 995, enter 996)</p> <p>997 <input type="radio"/> Don't know</p> <p>998 <input type="radio"/> Refused</p>
<p>H.5 What is the amount remaining on your mortgage?</p> <p>\$ <input type="text"/> <input type="text"/> <input type="text"/> (nearest thousand - if greater than 995, enter 996)</p> <p>997 <input type="radio"/> Don't know</p> <p>998 <input type="radio"/> Refused</p>	<p>H.13 Have you moved in the past 5 years, that is, since September 1986?</p> <p>7 <input type="radio"/> Yes</p> <p>8 <input type="radio"/> No ▶ Go to H.15</p>
<p>H.6 If you were selling this dwelling now, for how much would you expect to sell it?</p> <p>\$ <input type="text"/> <input type="text"/> <input type="text"/> (nearest thousand - if greater than 995, enter 996)</p> <p>997 <input type="radio"/> Don't know</p> <p>998 <input type="radio"/> Refused</p>	<p>H.14 What were the reasons for this move? (Mark all that apply)</p> <p>01 <input type="radio"/> To provide care/support to a relative</p> <p>02 <input type="radio"/> To receive care/support from a relative</p> <p>03 <input type="radio"/> Job change or transfer</p> <p>04 <input type="radio"/> Retirement (of self or spouse/partner)</p> <p>05 <input type="radio"/> Decline in health (of self or spouse/partner)</p> <p>06 <input type="radio"/> Separation or divorce</p> <p>07 <input type="radio"/> Death of spouse/partner</p> <p>08 <input type="radio"/> Financial reasons</p> <p>09 <input type="radio"/> Previous home too big or too small</p> <p>10 <input type="radio"/> Wanted more opportunities for recreation, leisure and physical activity</p> <p>11 <input type="radio"/> Other (Specify):</p> <p><input type="text"/></p>
<p>H.7 In addition to your present home do you (or your spouse/partner) own other property? (For example, vacation home, rental property, business property or any other real estate).</p> <p>1 <input type="radio"/> Yes ▶ Go to H.9</p> <p>2 <input type="radio"/> No ▶ Go to H.13</p>	
<p>H.8 Do you (or your spouse/partner) own any property elsewhere? (For example, vacation home, rental property, business property or any other real estate)</p> <p>3 <input type="radio"/> Yes</p> <p>4 <input type="radio"/> No ▶ Go to H.13</p>	

H.15 Many new products available today contribute to an independent life. The next questions are on some electronic devices that you may have in your home.

Do you own or use a ... In the next year, do you intend to acquire this?

Yes No

1. Microwave oven?

- 01 Yes, 02 No, 03 Don't know, 04 Yes, 05 No

2. Cable TV?

- 06 Yes, 07 No, 08 Not available, 09 Don't know, 10 Yes, 11 No

3. Pay TV?

- 12 Yes, 13 No, 14 Not available, 15 Don't know, 16 Yes, 17 No

4. VCR?

- 18 Yes, 19 No, 20 Don't know, 21 Yes, 22 No

5. Computer?

- 23 Yes, 24 No, 25 Don't know, 26 Yes, 27 No

6. Satellite dish?

- 28 Yes, 29 No, 30 Don't know, 31 Yes, 32 No

Accident and Safety

H.16 Interviewer check item:

- 1 If respondent is 65 years or over, (see A.3 & A.4) Go to H.17, 2 Otherwise Go to SECTION J (page 17)

I am now going to ask you some questions about safety in and around your home.

H.17 Thinking about the past twelve months, were you injured in an accident around your home? We are looking for an injury that altered your routine for at least a day.

- 3 Yes, 4 No Go to H.25

H.18 Thinking about the most recent accident, what injuries did you have? (Mark all that apply)

- 01 Cuts, 02 Bruises, 03 Dislocations, 04 Fractures, 05 Sprain/Strain, 06 Choking/Suffocation, 07 Swelling, 08 Burns, 09 Scalds, 10 Poisoning, 11 Concussion, 12 Tenderness

H.19 Where did the accident happen?

- 13 Kitchen, 14 Basement stairs, 15 Basement, 16 Driveway, 17 Frontyard, 18 Backyard, 19 Path or sidewalk, 20 Stairs, 21 Living room, 22 Dining room, 23 Bathroom, 24 Bedroom, 25 Hallway, 26 Entrance way, 27 Other

<p>H.20 Did any equipment or product contribute to the accident?</p> <p>1 <input type="radio"/> Yes</p> <p>2 <input type="radio"/> No ▶ Go to H.22</p>	<p>H.25 In the past twelve months, were you injured in an accident <u>away from your home</u> (excluding automobile accidents)? We are looking for an injury that altered your routine for at least a day.</p> <p>5 <input type="radio"/> Yes</p> <p>6 <input type="radio"/> No ▶ Go to SECTION J (next page)</p>
<p>H.21 What was it?</p> <p>3 <input type="radio"/> Kitchen equipment</p> <p>4 <input type="radio"/> Bathroom fixtures</p> <p>5 <input type="radio"/> Chemicals</p> <p>6 <input type="radio"/> Electrical equipment</p> <p>7 <input type="radio"/> Carpet or stairs</p> <p>8 <input type="radio"/> Other</p>	<p>H.26 Thinking about the most recent accident, what injuries did you have? (Mark all that apply)</p> <p>01 <input type="radio"/> Cuts</p> <p>02 <input type="radio"/> Bruises</p> <p>03 <input type="radio"/> Dislocations</p> <p>04 <input type="radio"/> Fractures</p> <p>05 <input type="radio"/> Sprain/Strain</p> <p>06 <input type="radio"/> Choking/Suffocation</p> <p>07 <input type="radio"/> Swelling</p> <p>08 <input type="radio"/> Burns</p> <p>09 <input type="radio"/> Scalds</p> <p>10 <input type="radio"/> Poisoning</p> <p>11 <input type="radio"/> Concussion</p> <p>12 <input type="radio"/> Tenderness</p>
<p>H.22 What time of day did the accident happen? ...</p> <p>1 <input type="radio"/> Morning</p> <p>2 <input type="radio"/> Afternoon</p> <p>3 <input type="radio"/> Evening</p> <p>4 <input type="radio"/> During the night</p>	<p>H.27 What time of day did the accident happen? ...</p> <p>1 <input type="radio"/> Morning</p> <p>2 <input type="radio"/> Afternoon</p> <p>3 <input type="radio"/> Evening</p> <p>4 <input type="radio"/> During the night</p>
<p>H.23 Did you get treatment from a health care professional, such as a doctor, or did you treat the injury yourself?</p> <p>5 <input type="radio"/> Health care professional</p> <p>6 <input type="radio"/> Self</p> <p>7 <input type="radio"/> Both</p>	<p>H.28 Did you get treatment from a health care professional, such as a doctor, or did you treat the injury yourself?</p> <p>5 <input type="radio"/> Health care professional</p> <p>6 <input type="radio"/> Self</p> <p>7 <input type="radio"/> Both</p>
<p>H.24 Did this accident happen in the ...</p> <p>1 <input type="radio"/> Fall?</p> <p>2 <input type="radio"/> Winter?</p> <p>3 <input type="radio"/> Spring?</p> <p>4 <input type="radio"/> Summer?</p>	<p>H.29 Did this accident happen in the ...</p> <p>1 <input type="radio"/> Fall?</p> <p>2 <input type="radio"/> Winter?</p> <p>3 <input type="radio"/> Spring?</p> <p>4 <input type="radio"/> Summer?</p>

SECTION J. Transportation and Travel	
<p>The next section includes questions on transportation and the travels you may have done within the past twelve months.</p> <p>J.1 Do you have a valid driver's license?</p> <p>5 <input type="radio"/> Yes</p> <p>6 <input type="radio"/> No ▶ Go to J.5</p>	<p>J.8 Within the past twelve months, did you take a trip lasting more than one day outside your city or town?</p> <p>7 <input type="radio"/> Yes</p> <p>8 <input type="radio"/> No ▶ Go to SECTION K (next page)</p>
<p>J.2 Do you or any member of your household lease or own a car or truck?</p> <p>7 <input type="radio"/> Yes</p> <p>8 <input type="radio"/> No ▶ Go to J.5</p>	<p>J.9 Within the past twelve months, did you take a trip away from home which lasted 4 weeks or more, excluding any business trips?</p> <p>1 <input type="radio"/> Yes</p> <p>2 <input type="radio"/> No ▶ Go to SECTION K (next page)</p>
<p>J.3 Do you use this vehicle mostly as a driver or passenger?</p> <p>1 <input type="radio"/> Mostly as a driver</p> <p>2 <input type="radio"/> Mostly as a passenger</p> <p>3 <input type="radio"/> Does not use this vehicle ▶ Go to J.5</p>	<p>J.10 Was this trip within Canada or outside Canada?</p> <p>3 <input type="radio"/> Within Canada</p> <p>4 <input type="radio"/> Outside Canada</p> <p>5 <input type="radio"/> Both</p>
<p>J.4 How often do you drive? ...</p> <p>4 <input type="radio"/> More than 3 times a week?</p> <p>5 <input type="radio"/> 1 to 3 times a week?</p> <p>6 <input type="radio"/> 1 to 3 times a month?</p> <p>7 <input type="radio"/> Less than once a month?</p> <p>8 <input type="radio"/> Never?</p>	<p>J.11 In what months were you away? (Mark all that apply)</p> <p>01 <input type="radio"/> September</p> <p>02 <input type="radio"/> October</p> <p>03 <input type="radio"/> November</p> <p>04 <input type="radio"/> December</p> <p>05 <input type="radio"/> January</p> <p>06 <input type="radio"/> February</p> <p>07 <input type="radio"/> March</p> <p>08 <input type="radio"/> April</p> <p>09 <input type="radio"/> May</p> <p>10 <input type="radio"/> June</p> <p>11 <input type="radio"/> July</p> <p>12 <input type="radio"/> August</p>
<p>J.5 Is public transportation, for example, bus, rapid transit or subway, available in your area?</p> <p>1 <input type="radio"/> Yes</p> <p>2 <input type="radio"/> No ▶ Go to J.6</p>	
<p>J.6 Within the past twelve months, have you used local public transportation?</p> <p>3 <input type="radio"/> Yes</p> <p>4 <input type="radio"/> No</p>	
<p>J.7 Within the past twelve months, have you wanted to use local public transportation but been unable to do so?</p> <p>5 <input type="radio"/> Yes</p> <p>6 <input type="radio"/> No</p>	

SECTION K. Demographic Characteristics

K.1 Were you born in Canada?

- 1 Yes ▶ Go to K.3
- 2 No

K.2 In what country were you born?

- 01 United Kingdom
- 02 Italy
- 03 U.S.A.
- 04 India
- 05 U.S.S.R.
- 06 Germany
- 07 Poland
- 08 Portugal
- 09 Rep. of China
- 10 Netherlands
- 11 Other (Specify):

.....

K.3 What languages do you speak well enough to conduct a conversation?

- 12 English
- 13 French
- 14 Italian
- 15 German
- 16 Chinese
- 17 Ukrainian
- 18 Portuguese
- 19 Dutch
- 20 Polish
- 21 Greek
- 22 Other (Specify):

.....

Interviewer: If only one language, go to K.5

K.4 What is your main language, that is the language in which you are most at ease? (Mark more than one only if the respondent is equally at ease in more than one language)

- 01 English
- 02 French
- 03 Italian
- 04 German
- 05 Chinese
- 06 Ukrainian
- 07 Portuguese
- 08 Dutch
- 09 Polish
- 10 Greek
- 11 Other (Specify):

.....

K.5 Canadians come from many ethnic or cultural backgrounds (such as French, German, Italian). From which ethnic or cultural background did your parents descend? (Accept multiple responses, do not probe)

- 12 English
- 13 French
- 14 German
- 15 Italian
- 16 Scottish
- 17 Irish
- 18 Ukrainian
- 19 Chinese
- 20 Dutch
- 21 North American Indian
- 22 Jewish
- 23 Polish
- 24 East Indian
- 25 Portuguese
- 26 Greek
- 27 Canadian
- 28 Other (Specify):

.....

K.6 Did you have any wartime service in the active military force of Canada or its allied forces?

- 1 Yes, Canadian
- 2 Yes, Allied Forces
- 3 No ▶ Go to K.9

K.7 In which war or conflict did you serve? (Mark all that apply)

- 4 World War I
- 5 World War II
- 6 Korean Conflict
- 7 Persian Gulf
- 8 Other

K.8 Did you serve in ...

- 1 Canada
- 2 Overseas
- 3 Both

K.9 Interviewer check item:

- 4 If single (see A.1) ▶ Go to Section L (next page)
- 5 Otherwise ▶ Go to K.10

K.10 Are you a spouse/partner or widow(er) of a Canadian or Allied veteran?

- 6 Yes, Spouse/partner
- 7 Yes, Widow(er)
- 8 No

SECTION L. INCOME

These next few questions are about your household finances.

- L.1 In general, how well do your income and investments currently satisfy your needs? ...
- 1 very well?
 - 2 adequately?
 - 3 not very well?
 - 4 totally inadequately?
 - 5 Don't know

- L.2 Looking to your future, how well do you think your income and investments will continue to satisfy your needs? ...
- 1 very well?
 - 2 adequately?
 - 3 not very well?
 - 4 totally inadequately?
 - 5 Don't know

- L.3 Do you have any large debts, that is of \$5,000 or more (exclude mortgages)?
- 6 Yes
 - 7 No ▶ Go to L.5
 - 8 Don't know ▶ Go to L.5
 - 9 Refused ▶ Go to L.5

- L.4 Is this debt a ...
- | | Yes | No | Refused |
|---------------------------------|--------------------------|--------------------------|--------------------------|
| a. personal loan? | 01 <input type="radio"/> | 02 <input type="radio"/> | 03 <input type="radio"/> |
| b. car loan? | 04 <input type="radio"/> | 05 <input type="radio"/> | 06 <input type="radio"/> |
| c. home improvement loan? | 07 <input type="radio"/> | 08 <input type="radio"/> | 09 <input type="radio"/> |
| d. credit card debt? | 10 <input type="radio"/> | 11 <input type="radio"/> | 12 <input type="radio"/> |
| e. other debt? | 13 <input type="radio"/> | 14 <input type="radio"/> | 15 <input type="radio"/> |

- L.5 At the present time, are you assuming any financial responsibility for ...
- | | Yes | No |
|-----------------------------------|-------------------------|-------------------------|
| a. a child? | 1 <input type="radio"/> | 2 <input type="radio"/> |
| b. any other family member? | 3 <input type="radio"/> | 4 <input type="radio"/> |
| c. anyone else? | 5 <input type="radio"/> | 6 <input type="radio"/> |

The next questions are about your personal income.

- L.6 Are you currently receiving income from any of the following sources? Are you receiving income from ...
- | | Yes | No |
|--|--|--------------------------|
| a. work (self-employment, salaries, wages, commissions, tips)? ... | 01 <input type="radio"/> | 02 <input type="radio"/> |
| b. a retirement pension (include superannuation and annuities)? | 03 <input type="radio"/> | 04 <input type="radio"/> |
| c. government pension? | 05 <input type="radio"/> Yes ▶ Are you receiving income from ... | |
| | 06 <input type="radio"/> No | |
| 1) Old Age Security Pension, Guaranteed Income Supplement, Spouse's Allowance? | 07 <input type="radio"/> | 08 <input type="radio"/> |
| 2) Canada/Québec Pension Plan? | 09 <input type="radio"/> | 10 <input type="radio"/> |
| d. other government sources (such as Unemployment Insurance Benefits, Social Assistance, worker's compensation, disability insurance, family allowances, veteran's allowance)? | 11 <input type="radio"/> | 12 <input type="radio"/> |
| e. investments (interest, dividends, capital gains, net rents)? | 13 <input type="radio"/> | 14 <input type="radio"/> |
| f. income from other family members? | 15 <input type="radio"/> | 16 <input type="radio"/> |
| g. income from other sources (alimony, family inheritance, estate)? | 17 <input type="radio"/> | 18 <input type="radio"/> |

- L.7 Interviewer check item:
- 1 If more than one 'Yes' marked in L.6 ▶ Go to L.8
 - 2 Otherwise ▶ Go to L.9

- L.8 Of all your income sources you have mentioned, which one do you consider the main source?
- 3 Income from work (self-employment, salaries, wages, commissions, tips)
 - 4 Income from a retirement pension (including superannuation and annuities)
 - 5 Income from government pension (Old Age Security, guaranteed Income Supplement, Spouse's Allowance, Canada/Québec Pension plan)
 - 6 Income from other government sources (such as Unemployment Insurance Benefits, Social Assistance, Worker's Compensation, disability insurance, family allowances, veteran's allowance)
 - 7 Income from investments (interest, dividends, capital gains, net rents)
 - 8 Income from other family members
 - 9 Income from other sources (alimony, family inheritance, estate)

L.9 What is your best estimate of your own income from all sources, before deductions during 1990? Was your income ...

- 10 Less than \$20,000?
 - 11 Less than \$10,000?
 - 13 Less than \$6,000?
 - 14 \$5,000 or more?
 - 12 \$10,000 or more?
 - 15 Less than \$15,000?
 - 16 \$15,000 or more?

- 20 \$20,000 or more?
 - 21 Less than \$40,000?
 - 23 Less than \$30,000?
 - 24 \$30,000 or more?
 - 22 \$40,000 or more?
 - 25 Less than \$60,000?
 - 26 \$60,000 to \$80,000?
 - 27 more than \$80,000?

- 94 No income
- 95 Don't know
- 96 Refused

L.10 How many people in your household other than yourself received income in 1990?

Number

Interviewer: if none ▶ Go to SECTION M

L.11 What is your best estimate of the total income of all household members from all sources, before deductions during 1990? Was it ...

- 30 Less than \$20,000?
 - 31 Less than \$10,000?
 - 33 Less than \$5,000?
 - 34 \$5,000 or more?
 - 32 \$10,000 or more?
 - 35 Less than \$15,000?
 - 36 \$15,000 or more?

- 40 \$20,000 or more?
 - 41 Less than \$40,000?
 - 43 Less than \$30,000?
 - 44 \$30,000 or more?
 - 42 \$40,000 or more?
 - 45 Less than \$60,000?
 - 46 \$60,000 to \$80,000?
 - 47 more than \$80,000?

- 97 Don't know
- 98 Refused

SECTION M. Overall satisfaction

M.1 Throughout the survey I have been asking you about many aspects of your life. How do you feel about your life as a whole? Are you satisfied or dissatisfied?

- 1 Satisfied
- 2 Dissatisfied

Is that very or somewhat?

- 3 Very
- 4 Somewhat

SECTION N. Contacts for follow-up

N.1 Statistics Canada is conducting this survey jointly with Health and Welfare Canada. The information collected will be kept confidential and used only for statistical purposes. Do you agree to share your answers with Health and Welfare Canada?

- 5 Yes
- 6 No

This survey is part of a larger project. For this reason, we may need to contact you some time in the future.

N.2 Would you be willing to be contacted in the future for a follow-up of this project?

- 7 Yes
- 8 No ▶ Thank respondent and end the interview

N.3 I would like to confirm your present address. (Read the address on the label on the front cover of the questionnaire - mark corrections below if necessary)

- 1 Address O.K.
- 2 Correction ▶ Address:

N.4 In case you move or change telephone numbers, it would be helpful if you could provide the name, address and telephone number of someone we could contact, such as a friend or relative, who would help us to contact you.

Name of Contact:

First name

Last name

Address of Contact:

Phone number:

--

THANK YOU