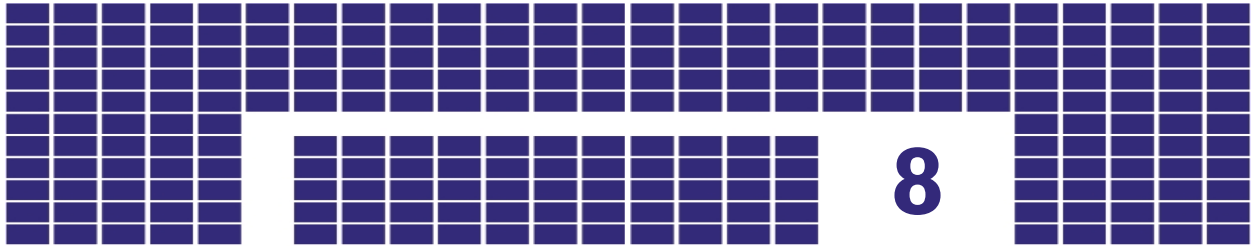




Housing, Family and Social Statistics Division
General Social Survey 1993

Cycle 8: Personal Risk

Questionnaire Package



Statistics
Canada

Statistique
Canada

Canada

GENERAL SOCIAL SURVEY

CYCLE EIGHT QUESTIONNAIRE PACKAGE

This document briefly describes the content, methodology and sample of the eighth cycle of the General Social Survey (GSS).

Questionnaires representing the CATI version of the Cycle 8 survey are attached as appendices: Survey Control Form GSS 8-1 (Appendix A), Personal Risk Questionnaire GSS 8-2 (Appendix B), Accident Report GSS 8-2F (Appendix C), and Crime Incident Report GSS 8-2G (Appendix D).

Content and Methodology

The eighth cycle of the GSS marks the first repeat of the GSS core subject on Personal Risk related to criminal victimization and accidents (see GSS 1988 - Cycle 3). One important application of data on personal risk is to measure the incidence of accidents and criminal victimizations in order to complement the official reported data for these incidents.

Focus content for Cycle 8 covers alcohol and drug use. In addition to being of interest in relation to some of the core content, these data will provide an update to information first collected in the 1989 National Alcohol and Drug Survey. It is being sponsored by the Health Promotion Directorate of Health and Welfare Canada.

Cycle 8 is the first time GSS will collect data using Computer Assisted Telephone Interviewing (CATI). With CATI, the survey questions appear on a computer monitor. The interviewer asks the respondent the questions, then enters the responses into the computer as the interview progresses. Built-in edits and fewer processing steps result in more timely and better quality data. CATI methodology also eliminates the need for paper and pencil questionnaires, as used in previous GSS cycles. These forms were produced, however, as reference documents (see Appendices). In Cycle 8, the CATI system provides the interviewer with four main "components" which can be imagined to represent four paper questionnaires.

QUESTIONNAIRE	AGE GROUP	TITLE
GSS 8-1	All age groups	Survey Control Form
GSS 8-2	Age 15 and over	Personal Risk Questionnaire
GSS 8-2F	Age 15 and over	Accident Report
GSS 8-2G	Age 15 and over	Crime Incident Report

The GSS 8-1 is completed for each telephone number generated in the sample. When a private household is contacted, all members of the household are enumerated and basic demographic information: age, sex and marital status are collected for each household member. A respondent, aged 15 years of age or older, is then randomly selected by a CATI algorithm. The relationship of each household member to the selected respondent is collected and the main questionnaire (GSS 8-2) is completed for this person. Proxy interviews are not accepted.

The main component of the survey (GSS 8-2) collects information on the following topics: the respondent's attitudes towards various components of the judicial system, satisfaction with various aspects of the judicial system, perception of risk with regard to accidents and crime incidents (Section A); information on alcohol and drug use (Section D); basic background information on the respondent (Section E); information on the kind and number of times the respondent had been involved in an accident (Section B)¹ or a crime incident (Section C) during the past 12 months.

The screening questions in Sections B and C of the GSS 8-2 determine whether an Accident Report or Crime Incident Report should be completed. Only accidents which occurred in the past 12 months (from the date of respondent contact) and interrupted the respondent's normal activities for at least half a day, **or** caused expenses of \$200 or more, **or** required medical attention from a doctor or a nurse, are to be reported. Similarly, only crime incidents which occurred in the past 12 months (from the date of respondent contact), are to be reported. Crimes to be included are defined by the screening questions in Section C and are of two general types - crimes committed against the respondent and crimes committed against their household.

It should be noted that there are slight differences between the appended forms and the CATI version of the survey. Specifically, random selection of the respondent is now done by the computer rather than taken from a pre-printed Selection Grid Label. Furthermore, the CATI version asks the respondent for information regarding the relationship of each household member to the selected respondent, while in previous cycles and in the version appended, relationship to a designated reference person for each household economic family was collected (reference Z9 of GSS 8-1). Other differences involve items which appear on the forms but do not appear on the CATI version. For example, interviewer check items are visible on the questionnaire but exist only as internal edits on the CATI system. Similarly, skip patterns are visible on the questionnaire but exist internally on the CATI system. Additionally, a few questions, such as date of birth, are asked in a different manner using CATI (eg. instead of asking date of birth,

¹. Section B also collects information regarding accidents involving one of the respondent's randomly selected children, aged less than 15 years, and living in the same household.

CATI asks three separate questions - year of birth, month of birth and day of birth).

Sample

The target population of the 1993 General Social Survey consists of all persons aged 15 and over living in the 10 provinces of Canada, with the exception of full-time residents of institutions. The population will be sampled by random digit dialling (RDD) techniques.

Data for this Cycle will be collected monthly, over the period February 1993 to December 1993 inclusive. Collection will take place from 4 regional offices - Halifax, Montreal, Winnipeg, and Vancouver. The target sample size for Cycle 8 is 10,000, with an expected response rate of approximately 80%.

March 14, 1994

<p>21. Hello, I'm from Statistics Canada. We're calling you for a study on accidents and crime and their impact on Canadians.</p>	<p>Bonjour, ici de Statistique Canada. Nous menons une étude sur les accidents et les actes criminels et leur répercussion sur les Canadiens.</p>
<p>22. I'd like to make sure that I've dialed the right number. Is this (Read number)? Yes <input type="radio"/> No <input type="radio"/> → Dial again, if still wrong. END</p>	<p>J'aimerais m'assurer que j'ai composé le bon numéro. S'agit-il du n° (Lisez le numéro)? Oui <input type="radio"/> Non <input type="radio"/> → Composez de nouveau. S'il s'agit encore d'un mauvais numéro, METTEZ FIN A L'INTERVIEW.</p>
<p>23. All information we collect in this voluntary study will be kept confidential. Your participation is essential if the results are to be accurate.</p>	<p>Tous les renseignements que vous fournirez pour cette étude volontaire resteront confidentiels. Votre participation est très importante afin que les résultats soient précis.</p>
<p>24. Is this the number for a private home, a business, an institution or a vacation home? Private home 4 <input type="radio"/> } → Go to 27 Both home and business 5 <input type="radio"/> Business, institution or other non residence 6 <input type="radio"/> Vacation home 7 <input type="radio"/></p>	<p>S'agit-il du numéro d'une maison privée, d'une entreprise, d'un établissement ou d'une résidence secondaire? Maison privée 4 <input type="radio"/> } → Passez à 27 Entreprise et maison privée 5 <input type="radio"/> Entreprise, établissement ou autre immeuble non résidentiel 6 <input type="radio"/> Résidence secondaire 7 <input type="radio"/></p>
<p>25. Does anyone use this telephone number as a home phone number? Yes <input type="radio"/> No <input type="radio"/> → Thank respondent and END</p>	<p>Quelqu'un utilise-t-il ce numéro de téléphone comme numéro personnel? Oui <input type="radio"/> Non <input type="radio"/> → Remerciez le répondant et METTEZ FIN A L'INTERVIEW.</p>
<p>26. How many people live or stay at this address without a usual place of residence elsewhere and use this number as a home phone number? None <input type="radio"/> → Thank respondent and END 1 to 14 <input type="radio"/> 15 or more <input type="radio"/> → Make appointment</p>	<p>Combien de personnes utilisant ce numéro de téléphone comme numéro personnel, vivent ou demeurent à cette adresse sans avoir d'autre lieu habituel de résidence? Aucune <input type="radio"/> → Remerciez le répondant et METTEZ FIN A L'INTERVIEW. 1 à 14 <input type="radio"/> 15 ou plus <input type="radio"/> → Fixez un rendez-vous</p>
<p>27. I need to select one person from your household for an interview. What is the first name and age of each person living or staying there who has no usual place of residence elsewhere? Please start with the oldest. (Enter names and ages in items Z3 and Z5.)</p>	<p>Je dois choisir une personne de votre ménage pour une interview. Quel est le prénom et l'âge de chaque personne qui vit ou demeure à cet endroit et qui n'a pas d'autre lieu habituel de résidence. Veuillez commencer par la personne la plus âgée du ménage. (Inscrivez le nom et l'âge aux rubriques Z3 et Z5.)</p>
<p>28. INTERVIEWER: Complete items Z6 through Z12 for each person recorded in item Z3. Refer to Interviewer Reference Card for instructions and codes. Then go to item 29.</p>	<p>INTERVIEWEUR: Remplissez les rubriques Z6 à Z12 pour chaque personne inscrite à la rubrique Z3. Pour les instructions et les codes, voir la Fiche de référence de l'intervieweur. Puis, passez à la rubrique 29.</p>

<p>1: [] [] [] [] - [] [] [] [] - [] [] [] [] 2: [] [] Telephone Number/Numéro de téléphone S A: 1 2 3 4 5 6 7 8 9 10 11 12 12+ B: 1 ? ? ? ? ? ? ? ? ? ? ? ? ?</p> <p>SELECTION GRID LABEL/ÉTIQUETTE GRILLE DE SÉLECTION</p>	<p>A = Eligible Household Members Membres admissibles du ménage</p> <p>B = Selection Number Numéro de sélection</p>	<table border="1"> <thead> <tr> <th>Z1.</th> <th>Z2.</th> <th>Z3.</th> <th>Z4.</th> <th>Z5.</th> </tr> <tr> <th>Page</th> <th>Line</th> <th>Names of Household Members</th> <th>Sel. No.</th> <th>Age</th> </tr> <tr> <th>Page</th> <th>Ligne</th> <th>Noms des membres du ménage</th> <th>N° de Sél.</th> <th>Âge</th> </tr> </thead> <tbody> <tr><td></td><td>1</td><td>_____</td><td> </td><td> </td></tr> <tr><td></td><td>2</td><td>_____</td><td> </td><td> </td></tr> <tr><td></td><td>3</td><td>_____</td><td> </td><td> </td></tr> <tr><td></td><td>4</td><td>_____</td><td> </td><td> </td></tr> <tr><td></td><td>5</td><td>_____</td><td> </td><td> </td></tr> <tr><td></td><td>6</td><td>_____</td><td> </td><td> </td></tr> <tr><td></td><td>7</td><td>_____</td><td> </td><td> </td></tr> <tr><td></td><td>8</td><td>_____</td><td> </td><td> </td></tr> </tbody> </table>	Z1.	Z2.	Z3.	Z4.	Z5.	Page	Line	Names of Household Members	Sel. No.	Age	Page	Ligne	Noms des membres du ménage	N° de Sél.	Âge		1	_____				2	_____				3	_____				4	_____				5	_____				6	_____				7	_____				8	_____		
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Page	Line	Names of Household Members	Sel. No.	Age																																																					
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	7	_____																																																							
	8	_____																																																							

<p>29. INTERVIEWER: Enter the Page-Line Number of person giving the preceding information</p> <p style="text-align: right;">Page-Line Number of household respondent</p> <p style="text-align: center;">7 </p>	<p>INTERVIEWEUR: Inscrivez le numéro de page-ligne de la personne qui donne les renseignements précédents ...</p> <p style="text-align: right;">Numéro de page-ligne du répondant du ménage</p> <p style="text-align: center;">7 </p>
<p>30. Is there anyone who USUALLY lives there that you may have left out such as a child, someone temporarily away (attending school, visiting, in hospital, travelling), another relative, a roomer or boarder, or an employee?</p> <p>Yes 1 <input type="radio"/> → Enter names and complete items Z5 through Z12.</p> <p>No 2 <input type="radio"/></p>	<p>Est-ce qu'il y a d'autres personnes qui demeurent HABITUELLEMENT là que vous avez oubliées comme des enfants, des personnes temporairement absentes (aux études, en visite, à l'hôpital, en voyage), des personnes apparentées, des chambreurs des pensionnaires ou des employés?</p> <p>Oui 1 <input type="radio"/> → Inscrivez leur nom et remplissez les rubriques Z5 à Z12.</p> <p>Non 2 <input type="radio"/></p>
<p>31. INTERVIEWER: In item Z4 number the people 15 years of age and over, in order, from oldest to youngest. Enter number of eligible household members...</p> <p style="text-align: right;">Number of eligible household members</p> <p style="text-align: center;">8 </p>	<p>INTERVIEWEUR: À la rubrique Z4, attribuez un numéro aux personnes âgées de 15 ans et plus - de la plus âgée à la plus jeune. Inscrivez le nombre de personnes admissibles du ménage ...</p> <p style="text-align: right;">Nombre de personnes admissibles du ménage</p> <p style="text-align: center;">8 </p>
<p>32. INTERVIEWER: Determine the selected respondent by referring to the Selection Grid Label. In item Z4 circle the selection number of the selected respondent and enter Page-Line Number ...</p> <p style="text-align: right;">Page-Line Number of selected respondent</p> <p style="text-align: center;">9 </p>	<p>INTERVIEWEUR: Déterminez le répondant sélectionné en utilisant l'étiquette grille de sélection. À la rubrique Z4, encerclez le numéro de sélection du répondant sélectionné et inscrivez le numéro de page-ligne ...</p> <p style="text-align: right;">Numéro de page-ligne du répondant sélectionné</p> <p style="text-align: center;">9 </p>
<p>33. The person I am to interview is ... (read name). (Is he/she there?)</p> <p>Yes <input type="radio"/> → Go to Form GSS 8-2 and begin interview.</p> <p>No <input type="radio"/> → Set up appointment and enter details in item 16.</p>	<p>La personne que je vais interviewer est ... (lisez le nom). (Est-il/elle là?)</p> <p>Oui <input type="radio"/> → Passez à la formule ESG 8-2 et commencez l'interview.</p> <p>Non <input type="radio"/> → Fixez un rendez-vous et inscrivez les détails à la rubrique 16.</p>

Z6.	Z7.	Z8.	Z9.	Page-Line Number of: Numéro de page-ligne de:		
				Z10.	Z11.	Z12.
Sex	Is ...'s marital status ... (refer to form GSS 8-5)	Family Identifier	What is ...'s relationship to ...? (the family reference person)?	Spouse / Partner	Mother	Father
Sexe	Quel est l'état matrimonial de ...? Est-ce ... (Reportez-vous à la formule ESG 8-5)	Code-famille	Quel est le lien de ... avec ... (la personne de référence de la famille)?	Conjoint / partenaire	Mère	Père
M F	M/CL? W? Sep./Div.? Single? M/UL? V? Sép./Div.? Cél.?					
1 2 ○ ○	3 4 5 6 ○ ○ ○ ○		<input type="checkbox"/> If "0", specify - Si "0", précisez	1 199 ○ n/a-s/o	2 299 ○ n/a-s/o	3 399 ○ n/a-s/o
4 5 ○ ○	6 7 8 9 ○ ○ ○ ○		<input type="checkbox"/> If "0", specify - Si "0", précisez	4 499 ○ n/a-s/o	5 599 ○ n/a-s/o	6 699 ○ n/a-s/o
1 2 ○ ○	3 4 5 6 ○ ○ ○ ○		<input type="checkbox"/> If "0", specify - Si "0", précisez	1 199 ○ n/a-s/o	2 299 ○ n/a-s/o	3 399 ○ n/a-s/o
4 5 ○ ○	6 7 8 9 ○ ○ ○ ○		<input type="checkbox"/> If "0", specify - Si "0", précisez	4 499 ○ n/a-s/o	5 599 ○ n/a-s/o	6 699 ○ n/a-s/o
1 2 ○ ○	3 4 5 6 ○ ○ ○ ○		<input type="checkbox"/> If "0", specify - Si "0", précisez	1 199 ○ n/a-s/o	2 299 ○ n/a-s/o	3 399 ○ n/a-s/o
4 5 ○ ○	6 7 8 9 ○ ○ ○ ○		<input type="checkbox"/> If "0", specify - Si "0", précisez	4 499 ○ n/a-s/o	5 599 ○ n/a-s/o	6 699 ○ n/a-s/o
1 2 ○ ○	3 4 5 6 ○ ○ ○ ○		<input type="checkbox"/> If "0", specify - Si "0", précisez	1 199 ○ n/a-s/o	2 299 ○ n/a-s/o	3 399 ○ n/a-s/o
4 5 ○ ○	6 7 8 9 ○ ○ ○ ○		<input type="checkbox"/> If "0", specify - Si "0", précisez	4 499 ○ n/a-s/o	5 599 ○ n/a-s/o	6 699 ○ n/a-s/o

RECORD OF CALLS - REGISTRE DES APPELS

10	11 Date		12 Start Début		13 Finish Fin		14 Result	15 Interviewer's Name Nom de l'intervieweur	16 Comments Remarques
	Day Jour	Month Mois	Hour Heure	Min. Min.	Hour Heure	Min. Min.	Résultat		
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60									

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

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





**General Social Survey
Personal Risk Questionnaire**

Ages 15 Years and Over

GSS 8-2
CONFIDENTIAL
when completed

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

TELEPHONE NO. <input type="text"/> - <input type="text"/> - <input type="text"/>	
LABEL IDENTIFICATION NO. <input type="text"/>	
PAGE-LINE NO. <input type="text"/>	
TYPE <input style="width: 20px; text-align: center;" type="text" value="1"/>	NAME OF INTERVIEWER <input style="width: 200px;" type="text"/>

<p>Section A: Perceptions, History and Risk</p> <p>A1. INTERVIEWER: <i>Repeat the introduction below if selected respondent is different from household respondent.</i> Hello, I'm _____ from Statistics Canada. We are calling you for a study on accidents and crime and their impact on Canadians. All information we collect in this voluntary study will be kept confidential. Your participation is essential if the survey results are to be accurate.</p> <p>A2. (I would like to begin with a few general questions.)</p> <p>A3. Compared to other areas in Canada, do you think your neighbourhood has a higher amount of crime, about the same or a lower amount of crime? Higher 1 <input type="radio"/> About the same 2 <input type="radio"/> Lower 3 <input type="radio"/> Don't know 4 <input type="radio"/> Refused R <input type="radio"/></p> <p>A4. During the last 5 years, do you think that crime in your neighbourhood has increased, decreased, or remained about the same? Increased. 5 <input type="radio"/> Decreased 6 <input type="radio"/> Same 7 <input type="radio"/> Don't know 8 <input type="radio"/> Refused R <input type="radio"/></p> <p>A5. Now, I am going to ask you about some everyday situations, and I would like you to tell me how safe you feel from crime in each situation.</p> <p>A6. How safe do you feel (or would you feel) walking alone in your area after dark? Very safe? 1 <input type="radio"/> Reasonably safe? 2 <input type="radio"/> Somewhat unsafe? 3 <input type="radio"/> Very unsafe? 4 <input type="radio"/> Don't know 5 <input type="radio"/> Refused R <input type="radio"/></p> <p>A7. How often do you walk alone in your area after dark? Daily? 1 <input type="radio"/> Go to A10 At least once a week? ... 2 <input type="radio"/> At least once a month? .. 3 <input type="radio"/> Less than once a month? 4 <input type="radio"/> Never? 5 <input type="radio"/> Refused R <input type="radio"/> Go to A10</p>	<p>A8. INTERVIEWER CHECK ITEM: <i>Review A6.</i> <i>Is response to A6 = very safe?</i> Yes 7 <input type="radio"/> Go to A10 No 8 <input type="radio"/> Refused R <input type="radio"/> Go to A10</p> <p>A9. If you felt safer, would you do this (more often)? Yes 1 <input type="radio"/> No 2 <input type="radio"/> Don't know 3 <input type="radio"/> Refused R <input type="radio"/></p> <p>A10. How worried are you while waiting for or using public transportation alone after dark? Very? 4 <input type="radio"/> Somewhat? 5 <input type="radio"/> Not at all worried? 6 <input type="radio"/> Does not use public transportation 7 <input type="radio"/> Go to A13 No public transportation available 8 <input type="radio"/> Go to A14 Don't know 9 <input type="radio"/> Refused R <input type="radio"/> Go to A14</p> <p>A11. How often do you use public transportation alone after dark? Daily? 1 <input type="radio"/> Go to A14 At least once a week? ... 2 <input type="radio"/> At least once a month? .. 3 <input type="radio"/> Less than once a month? 4 <input type="radio"/> Never? 5 <input type="radio"/> Refused R <input type="radio"/> Go to A14</p> <p>A12. INTERVIEWER CHECK ITEM: <i>Review A10.</i> <i>Is response to A10 = Not at all worried?</i> Yes 7 <input type="radio"/> Go to A14 No 8 <input type="radio"/> Refused R <input type="radio"/> Go to A14</p> <p>A13. If you felt safer, would you use public transportation (more often)? Yes 1 <input type="radio"/> No 2 <input type="radio"/> Don't know 3 <input type="radio"/> Refused R <input type="radio"/></p>
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A14. How worried are you when alone in your home in the evening or at night?

Very? 4

Somewhat? 5

Not at all worried? 6

Don't know 7

Refused R

A15. Do you think your (local) police force does a good job, an average job or a poor job ...

	Good job	Average job	Poor job	Don't know	Refused
(a) of enforcing the laws? ..	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	RR <input type="radio"/>
(b) of promptly responding to calls? ..	05 <input type="radio"/>	06 <input type="radio"/>	07 <input type="radio"/>	08 <input type="radio"/>	RR <input type="radio"/>
(c) of being approachable and easy to talk to? ...	09 <input type="radio"/>	10 <input type="radio"/>	11 <input type="radio"/>	12 <input type="radio"/>	RR <input type="radio"/>
(d) of supplying information to the public on ways to reduce crime?	13 <input type="radio"/>	14 <input type="radio"/>	15 <input type="radio"/>	16 <input type="radio"/>	RR <input type="radio"/>
(e) of ensuring the safety of the citizens of your area?	17 <input type="radio"/>	18 <input type="radio"/>	19 <input type="radio"/>	20 <input type="radio"/>	RR <input type="radio"/>

A16. Now I would like to ask you a similar question about the Canadian criminal courts. Are they doing a good job, an average job or a poor job ...

	Good job	Average job	Poor job	Don't know	Refused
(a) in providing justice quickly? ..	21 <input type="radio"/>	22 <input type="radio"/>	23 <input type="radio"/>	24 <input type="radio"/>	RR <input type="radio"/>
(b) in helping the victim? ..	25 <input type="radio"/>	26 <input type="radio"/>	27 <input type="radio"/>	28 <input type="radio"/>	RR <input type="radio"/>
(c) in determining whether the accused (or the person charged) is guilty or not? ..	29 <input type="radio"/>	30 <input type="radio"/>	31 <input type="radio"/>	32 <input type="radio"/>	RR <input type="radio"/>
(d) in protecting the rights of the accused? ..	33 <input type="radio"/>	34 <input type="radio"/>	35 <input type="radio"/>	36 <input type="radio"/>	RR <input type="radio"/>

A17. In general, would you say that sentences handed down by the courts are too severe, about right or not severe enough?

Too severe 1

About right 2

Not severe enough 3

Don't know 4

Refused R

A18. Have you ever had contact with the Canadian criminal courts (exclude family and traffic courts)?

Yes 5

No 6

Refused R

A19. During the past 12 months, did you come into contact with the police ...

A19 (A).
Were you satisfied with how the police handled the situation?

Refused	No	Yes	Yes	No	Refused
---------	----	-----	-----	----	---------

(a) for a public information session? RR 01 02 11 12 RR

(b) for a traffic violation? RR 03 04 13 14 RR

(c) as a victim of a crime? .. RR 05 06 15 16 RR

(d) as a witness to a crime? .. RR 07 08 17 18 RR

(e) for any other reason? .. RR 09 10 19 20 RR

(Specify)

▽

A20. Have you ever done any of the following things to protect yourself or your property from crime? Have you ever ...

(INTERVIEWER: Probe to be sure action was taken as a protection from crime)

A20 (A).
Have you done this in the last 12 months?

Refused	No	Yes	Yes	No	Refused
---------	----	-----	-----	----	---------

(a) changed your routine, activities, or avoided certain places? .. RR 21 22 35 36 RR

(b) installed new locks? RR 23 24 37 38 RR

(c) installed burglar alarms? .. RR 25 26 39 40 RR

(d) taken a self defence course? .. RR 27 28 41 42 RR

(e) changed your phone number? RR 29 30 43 44 RR

(f) obtained a dog? .. RR 31 32 45 46 RR

(g) obtained a gun? .. RR 33 34 47 48 RR

Continue ▶

A21. What is the most serious thing that has ever happened to you that could be considered a crime?

(INTERVIEWER: Categorize if possible, or else list in "Other" category.)

A21A. Your approximate age when this happened?

- Violent Victimization**
- Sexual assault (rape, attempted rape, molesting, attempted molesting) ... 49 ○
 - Robbery / Attempt (face-to-face threat or assault with a weapon and theft of property. If there was no weapon, no attack or any threat of attack classify elsewhere.) ... 50 ○
 - Assault (face-to-face threat or assault with a weapon but no theft of property or attempt) ... 51 ○

- Non-violent Victimization**
- Break and enter / Attempt (illegal entry or attempt into your residence or any other building on your property) ... 52 ○
 - Motor vehicle theft / Attempt (theft or attempted theft of motor vehicle or part) ... 53 ○
 - Theft of personal property / attempt (Money or other personal property was taken or attempted to be taken) ... 54 ○
 - Theft of household property / Attempt (theft of household property or attempt) ... 55 ○
 - Vandalism (something was damaged) ... 56 ○

Other 57 ○
(Specify)

Not Applicable 58 ○
Refused RR ○

A23. In general, are you satisfied or dissatisfied with your personal safety from crime?

Is that somewhat or very?

Somewhat Very

- Satisfied .. 1 ○ ▶ 4 ○ 5 ○
Dissatisfied 2 ○ ▶ 6 ○ 7 ○
No opinion .. 3 ○ Refused R ○
Refused .. R ○

A24. Do you do any of the following things to protect yourself and others from accidents? Do you routinely ...

- | | Yes | No | Not applicable | Refused |
|--|------|----|----------------|---------|
| (a) use a seat belt while in a motor vehicle? .. 01 ○ 02 ○ 03 ○ | RR ○ | | | |
| (b) wear a helmet while riding a bicycle? .. 04 ○ 05 ○ 06 ○ | RR ○ | | | |
| (c) store medicines / cleaning products away from children? .. 07 ○ 08 ○ 09 ○ | RR ○ | | | |
| (d) use safety equipment for hazardous work around the home (e.g. rubber gloves when using corrosive cleaning agents, safety glasses, work boots, helmets, etc)? .. 10 ○ 11 ○ 12 ○ | RR ○ | | | |

A25. Do you have any of the following in your home?

- | | Yes | No | Don't know | Refused |
|---|-----|----|------------|---------|
| (a) A working smoke detector? 1 ○ 2 ○ 3 ○ | R ○ | | | |
| (b) A working fire extinguisher? 4 ○ 5 ○ 6 ○ | R ○ | | | |
| (c) First aid supplies? (bandaids, bandages and antiseptic) 7 ○ 8 ○ 9 ○ | R ○ | | | |

A26. Are you (or any other members of your household) trained in first aid?

- Yes 1 ○
No 2 ○
Refused R ○

A22. Do you do any of the following things to make yourself safer from crime? Do you routinely ...

- | | Yes | No | Refused |
|--|------|----|---------|
| (a) carry something to defend yourself or to alert other people? 59 ○ 60 ○ | RR ○ | | |
| (b) lock the doors for your personal safety when alone in your car? 61 ○ 62 ○ | RR ○ | | |
| (c) when alone and returning to your parked car, check the back seat for intruders before getting into the car? .. 63 ○ 64 ○ | RR ○ | | |
| (d) plan your route with safety in mind? 65 ○ 66 ○ | RR ○ | | |
| (e) stay at home at night because you are afraid to go out alone? 67 ○ 68 ○ | RR ○ | | |

A27. On average, how many times a month do you go out during the evening to do the following activities?

- | | No. of times a month | None | Refused |
|--|----------------------|------|---------|
| (a) Work nights, attend night classes, go to meetings or do volunteer work? ... <input type="text"/> | 100 ○ | | RR ○ |
| (b) Go to restaurants, movies or the theatre? <input type="text"/> | 200 ○ | | RR ○ |
| (c) Go to bars or pubs? <input type="text"/> | 300 ○ | | RR ○ |
| (d) Go out for sports, exercise or recreational activities? <input type="text"/> | 400 ○ | | RR ○ |
| (e) Shop? <input type="text"/> | 500 ○ | | RR ○ |
| (f) Visit relatives or friends in their own homes? <input type="text"/> | 600 ○ | | RR ○ |
| (g) Other evening activities not already mentioned? <input type="text"/> | 700 ○ | | RR ○ |

Continue ▶

Section B: Accident Screening Section

B1. The next questions ask about accidents and injuries which may have happened to you during the past 12 months.

We are interested in accidents and injuries which either:

- OR • Disrupted your normal activities for at least half a day;
- OR • Resulted in out of pocket expenses of \$200 or more;
- Required medical attention from a doctor or nurse.

	Yes	How many times?	No
B2. During the past twelve (12) months, did you have an accident ...			
(a) while in a car, van, truck or on a motorcycle?	Yes ⁰¹ <input type="radio"/>	<input type="text"/>	No ⁰² <input type="radio"/>
(b) while on a recreational vehicle such as an All Terrain Vehicle (ATV), boat, snowmobile, etc?	Yes ⁰³ <input type="radio"/>	<input type="text"/>	No ⁰⁴ <input type="radio"/>
(c) while a pedestrian or on a bicycle?	Yes ⁰⁵ <input type="radio"/>	<input type="text"/>	No ⁰⁶ <input type="radio"/>
B3. (Excluding those already mentioned), during the past 12 months did you have an accident while working at a job or business? (Mark "did not work in period" as "No")	Yes ⁰⁷ <input type="radio"/>	<input type="text"/>	No ⁰⁸ <input type="radio"/>
B4. (Excluding those already mentioned), during the past 12 months did you have an accident or injury while participating in sports, exercise or recreation?	Yes ⁰⁹ <input type="radio"/>	<input type="text"/>	No ¹⁰ <input type="radio"/>
B5. (Other than any accidents already mentioned), during the past 12 months did you ...			
(a) have a fall which resulted in an injury?	Yes ¹¹ <input type="radio"/>	<input type="text"/>	No ¹² <input type="radio"/>
(b) suffer burns, smoke inhalation or other fire-related accidents?	Yes ¹³ <input type="radio"/>	<input type="text"/>	No ¹⁴ <input type="radio"/>
(c) suffer from poisoning by any substances or liquids, including drugs?	Yes ¹⁵ <input type="radio"/>	<input type="text"/>	No ¹⁶ <input type="radio"/>
(d) cut yourself seriously with a knife, broken glass or other object?	Yes ¹⁷ <input type="radio"/>	<input type="text"/>	No ¹⁸ <input type="radio"/>
B6. During the past 12 months, did you have any other type of accident which may or may not have involved an injury to you? ..	Yes ¹⁹ <input type="radio"/>	<input type="text"/>	No ²⁰ <input type="radio"/>
B7. INTERVIEWER: Total the number of accidents reported in B2 to B6 and enter	TOTAL	<input type="text"/>	

<p>B8. Did you drive any motor vehicle during the past 12 months? (Include car, van, truck or motorcycle)</p> <p>Yes 1 <input type="radio"/></p> <p>No 2 <input type="radio"/></p> <p>Refused R <input type="radio"/></p> <p style="text-align: right;">} Go to B10(b)</p>	<p>B11. INTERVIEWER CHECK ITEM:</p> <p>Review Z5 of GSS 8-1.</p> <p>How many children < 15 years does the respondent have living in the household?</p> <p>None 5 <input type="radio"/> Go to C1</p> <p>One 6 <input type="radio"/> Go to B13</p> <p>Two or more 7 <input type="radio"/></p>
<p>B9. As a driver of a motor vehicle, what is your best estimate of the number of miles or kilometres you drove in the past twelve months?</p> <p>Miles 3 <input type="radio"/> } Enter number</p> <p>Kilometres 4 <input type="radio"/> <input type="text"/></p> <p>Refused R <input type="radio"/></p>	<p>B12. Which of your children aged < 15 years and living in your household has the next birthday?</p> <p>(Comment: We ask this information in order to randomly select one of your children.)</p>
<p>B10. During the last seven days, approximately how many hours have you spent as ...</p> <p style="text-align: center;">No. of hours (if none enter 00) Refused</p> <p>(a) a driver of a car, van, truck or motorcycle? <input type="text"/> RR <input type="radio"/></p> <p>(b) a passenger in a car, van, truck or motorcycle? <input type="text"/> RR <input type="radio"/></p>	<p>B13. INTERVIEWER:</p> <p>Enter name and person number of child (with next birthday).</p> <p>Name: _____</p> <p>Person number <input type="text"/></p> <p>Refused RR <input type="radio"/> Go to C1</p>
<p>Continue ▶</p>	<p>B14. The next few questions are about injuries or poisonings that may have happened to _____ (read name) in the past 12 months.</p> <p style="text-align: center;">Continue ▶</p>

B15. In the past 12 months, has _____ been seen by a doctor, nurse or dentist for any injuries or poisonings?

(INTERVIEWER: Include incidents which resulted in no treatment)

Yes 8 ○ ▶ How many incidents requiring medical attention were there?
_____ incidents
Refused RR ○

No 9 ○
Refused R ○ } Go to C1

B16. In what month did (this/the most recent) injury happen?

- January 01 ○
February 02 ○
March 03 ○
April 04 ○
May 05 ○
June 06 ○
July 07 ○
August 08 ○
September 09 ○
October 10 ○
November 11 ○
December 12 ○
Don't know 13 ○
Not in past 12 months 14 ○
Refused RR ○ } Go to C1

B17. About what time of the day did it happen?

- During the day { 6:01 a.m. - 12 noon 1 ○
12:01 p.m. - 6 p.m. 2 ○
Don't know 3 ○
At night { 6:01 p.m. - 12 midnight 4 ○
12:01 a.m. - 6 a.m. 5 ○
Don't know 6 ○
Don't know 7 ○
Refused R ○

B18. Where was the child at the time of the incident? (For example, were they at home, or on a street or at school?)

- Inside respondent's own home/apartment 01 ○
On a farm belonging to the household (around the barn, farm machinery or in the fields) 02 ○
Home or Vacation Home and Surrounding Area { Inside a vacation property (includes surrounding area) 03 ○
Inside a garage or other building on respondent's property 04 ○
Outside respondent's home, apartment, including yard, driveway, parking lot or in shared areas related to home such as apartment hallway or laundry room 05 ○
Other Private Residence / Farm (in or around) 06 ○
Commercial / Institutional { In a restaurant or bar 07 ○
At a shopping mall 08 ○
Inside school or on school grounds 09 ○
In a commercial or office building or a factory 10 ○
In a hospital, prison or rehabilitation centre 11 ○
At an indoor or outdoor sports facility 12 ○
On public transportation 13 ○
Street / Other Public Place { In a parking garage or parking lot other than the respondent's 14 ○
On sidewalk/street/highway in respondent's neighbourhood 15 ○
On any other sidewalk / street / highway 16 ○
In a rural area or park (includes national, provincial or local parks, or conservation areas) 17 ○
Elsewhere 18 ○ (Specify)
Refused RR ○

B19. What was the child doing when the injury happened?

- Play and recreation 1 ○
Personal activities (washing, sleeping and dressing) 2 ○
Bicycling 3 ○
Other Sports 4 ○
Passenger in a vehicle 5 ○
Other 6 ○ (Specify)
Refused R ○

Continue ▶

Continue ▶

Section C: Criminal Victimization Screening Section

C1. The next few questions ask about some things which may have happened to you during the past 12 months. Please include acts committed by both family and non-family members.

	Yes	How many times?	No
C2. During the past 12 months, did anyone deliberately damage or destroy any property belonging to you or anyone in your household (such as a window or a fence)?	Yes ⁰¹ <input type="radio"/>	<input type="text"/>	No ⁰² <input type="radio"/>
C3. (Excluding those incidents already mentioned), during the past 12 months ...			
(a) did anyone take or try to take something from you by force or threat of force?	Yes ⁰³ <input type="radio"/>	<input type="text"/>	No ⁰⁴ <input type="radio"/>
(b) (Other than the incidents already mentioned), did anyone illegally break into or attempt to break into your residence or any other building on your property?	Yes ⁰⁵ <input type="radio"/>	<input type="text"/>	No ⁰⁶ <input type="radio"/>
C4. (Other than the incidents already mentioned), was anything of yours stolen during the past 12 months from ...			
(a) the things usually kept outside your home, such as yard furniture?	Yes ⁰⁷ <input type="radio"/>	<input type="text"/>	No ⁰⁸ <input type="radio"/>
(b) your place of work, from school or from a public place, such as a restaurant?	Yes ⁰⁹ <input type="radio"/>	<input type="text"/>	No ¹⁰ <input type="radio"/>
(c) a hotel, vacation home, cottage, car, truck or while travelling?	Yes ¹¹ <input type="radio"/>	<input type="text"/>	No ¹² <input type="radio"/>
C5. During the past 12 months, did you or anyone in your household own a motor vehicle such as a car, truck, motorcycle, etc.?	Yes 7 <input type="radio"/>		
	No 8 <input type="radio"/> Go to C7		
C6. (Other than the incidents already mentioned), ...			
(a) did anyone steal or try to steal one of these vehicles or a part of one of them, such as a battery, hubcap or radio?	Yes ¹³ <input type="radio"/>	<input type="text"/>	No ¹⁴ <input type="radio"/>
(b) did anyone deliberately damage one of these vehicles, such as slashing tires?	Yes ¹⁵ <input type="radio"/>	<input type="text"/>	No ¹⁶ <input type="radio"/>
C7. (Excluding the incidents already mentioned,) during the past 12 months, did anyone steal or try to steal anything else that belonged to you?	Yes ¹⁷ <input type="radio"/>	<input type="text"/>	No ¹⁸ <input type="radio"/>
C8. Now I'm going to ask you a question about being attacked. An attack can be anything from being hit, slapped, pushed or grabbed, to being shot or beaten. Please remember to include acts committed by family and non-family.			
(a) (Excluding incidents already mentioned), were you attacked by anyone at all?	Yes ¹⁹ <input type="radio"/>	<input type="text"/>	No ²⁰ <input type="radio"/>
(b) (Other than the incidents already mentioned), did anyone threaten to hit or attack you, or threaten you with a weapon?	Yes ²¹ <input type="radio"/>	<input type="text"/>	No ²² <input type="radio"/>
C9. (Excluding incidents already mentioned), during the past 12 months, has anyone forced you or attempted to force you into any sexual activity when you did not want to, by threatening you, holding you down or hurting you in some way? Remember this includes acts by family and non-family and that all information provided is strictly confidential.	Yes ²³ <input type="radio"/>	<input type="text"/>	No ²⁴ <input type="radio"/>
C10. (Apart from what you have told me), during the past 12 months, has anyone ever touched you against your will in any sexual way? By this I mean anything from unwanted touching or grabbing, to kissing or fondling.	Yes ²⁵ <input type="radio"/>	<input type="text"/>	No ²⁶ <input type="radio"/>
C11. Were there any other crimes which happened to you during the past 12 months, which may or may not have been reported to the police?	Yes ²⁷ <input type="radio"/>	<input type="text"/>	No ²⁸ <input type="radio"/>

C12. INTERVIEWER: Total the number of incidents reported in C2 to C11 and enter TOTAL

C13. INTERVIEWER: Complete the number of accident and crime incident reports, as given by total boxes on pages 4 and 7.

Section D: Alcohol and Drug Use	
D1. The next few questions are designed to monitor changing patterns of alcohol and drug use.	D11. In the past 12 months, how many times have you driven after having two or more drinks in the previous hour? 5 times Not applicable (i.e. does not drive) ... 6 <input type="radio"/> Refused R <input type="radio"/>
D2. Considering a drink to be one bottle of beer, one small glass of wine or 1 1/2 oz. of liquor, during the past 12 months, did you take a drink of wine, beer, liquor or any other alcoholic beverage? Yes 1 <input type="radio"/> ▶ Was this during the past month? Yes . . . 3 <input type="radio"/> No . . . 4 <input type="radio"/> } Go to D5 Refused R <input type="radio"/> No 2 <input type="radio"/> Refused R <input type="radio"/> ▶ Go to D16	D12A. How often during the past 12 months did you go to a bar / tavern? More than once a week . . . 1 <input type="radio"/> Once a week 2 <input type="radio"/> A few times a month (1-3 times / month) ... 3 <input type="radio"/> A few times a year (less than 1 / month) . . . 4 <input type="radio"/> Never 5 <input type="radio"/> } Go to D13A Refused R <input type="radio"/>
D3. Did you ever drink alcoholic beverages regularly? Yes 5 <input type="radio"/> ▶ Go to D16 No 6 <input type="radio"/> Refused R <input type="radio"/> ▶ Go to D16	D12B. When you go to a bar/tavern, how often do you drink? Never, less than half the time, half the time, more than half the time or always? Never 5 <input type="radio"/> ▶ Go to D13A Less than 1/2 the time . . . 6 <input type="radio"/> 1/2 the time 7 <input type="radio"/> More than 1/2 the time . . . 8 <input type="radio"/> Always 9 <input type="radio"/> Refused R <input type="radio"/> ▶ Go to D13A
D4. Does this mean that you have never had a drink? Yes 7 <input type="radio"/> No 8 <input type="radio"/> } Go to D16 Refused R <input type="radio"/>	D12C. How many drinks do you usually have (on those occasions when you go to a bar / tavern and have a drink)? number of drinks Refused RR <input type="radio"/>
D5. During the past 12 months, how often, on average did you take a drink? Was it ... everyday? 1 <input type="radio"/> 4-6 times a week? 2 <input type="radio"/> 2-3 times a week? 3 <input type="radio"/> once a week? 4 <input type="radio"/> 1-3 times a month? 5 <input type="radio"/> Less than once a month? 6 <input type="radio"/> Don't know 7 <input type="radio"/> Refused R <input type="radio"/>	D13A. How often during the past 12 months did you attend a party, social gathering or wedding? More than once a week . . . 1 <input type="radio"/> Once a week 2 <input type="radio"/> A few times a month (1-3 times / month) ... 3 <input type="radio"/> A few times a year (less than 1 / month) . . . 4 <input type="radio"/> Never 5 <input type="radio"/> } Go to D14A Refused R <input type="radio"/>
D6. During the past 12 months on the days that you had a drink, how many did you usually have? 8 number of drinks Refused R <input type="radio"/>	D13B. When you attend a party, social gathering or wedding, how often do you drink? Never, less than half the time, half the time, more than half the time or always? Never 5 <input type="radio"/> ▶ Go to D14A Less than 1/2 the time . . . 6 <input type="radio"/> 1:2 the time 7 <input type="radio"/> More than 1/2 the time . . . 8 <input type="radio"/> Always 9 <input type="radio"/> Refused R <input type="radio"/> ▶ Go to D14A
D7. How many times in the past 12 months have you had FIVE or more drinks on one occasion? 9 Refused R <input type="radio"/>	D13C. How many drinks do you usually have (on those occasions when you attend a party, social gathering or wedding and have a drink)? number of drinks Refused RR <input type="radio"/>
D8. INTERVIEWER CHECK ITEM: Review D7. Is D7 = 00? Yes 1 <input type="radio"/> ▶ Go to D10 No 2 <input type="radio"/> Refused R <input type="radio"/> ▶ Go to D9	
D9. How many times in the past month have you had FIVE or more drinks on one occasion? 3 times Refused R <input type="radio"/>	
D10. In the past 12 months, what is the highest number of drinks you can recall having on any one occasion? 4 number of drinks Refused R <input type="radio"/>	
	Continue ▶

D14A. How often during the past 12 months did you spend a quiet evening at home?

More than once a week 1

Once a week 2

A few times a month (1-3 times / month) ... 3

A few times a year (less than 1 / month) ... 4

Never 5

Refused R

} Go to D15

D14B. When you spend a quiet evening at home, how often do you drink? Never, less than half the time, half the time, more than half the time or always?

Never 5 **Go to D15**

Less than 1/2 the time . 6

1/2 the time 7

More than 1/2 the time . 8

Always 9

Refused R **Go to D15**

D14C. How many drinks do you usually have (on those occasions when you spend a quiet evening at home and have a drink)?

number of drinks

Refused RR

D15. During the past 12 months, did you feel that your alcohol use had a harmful effect on ...

	Yes	No	Refused
(a) your friendships or social life 01 <input type="radio"/>	02 <input type="radio"/>	RR <input type="radio"/>	
(b) your physical health 03 <input type="radio"/>	04 <input type="radio"/>	RR <input type="radio"/>	
(c) your outlook on life (happiness) 05 <input type="radio"/>	06 <input type="radio"/>	RR <input type="radio"/>	
(d) your home life or marriage 07 <input type="radio"/>	08 <input type="radio"/>	RR <input type="radio"/>	
(e) your work, studies or employment opportunities 09 <input type="radio"/>	10 <input type="radio"/>	RR <input type="radio"/>	
(f) your financial position 11 <input type="radio"/>	12 <input type="radio"/>	RR <input type="radio"/>	

D16. For each of the following situations, please tell me how much you feel a person should drink. Should there be ...

	No drinking	1-2 drinks	Enough to feel the effects	Getting drunk is sometimes OK	Don't know	Refused
(a) for the designated driver? . 13 <input type="radio"/>	14 <input type="radio"/>	15 <input type="radio"/>	16 <input type="radio"/>	17 <input type="radio"/>	RR <input type="radio"/>	
(b) for a person who is not the designated driver? . 18 <input type="radio"/>	19 <input type="radio"/>	20 <input type="radio"/>	21 <input type="radio"/>	22 <input type="radio"/>	RR <input type="radio"/>	

D17. The next few questions are about your experience with other people's drinking problems. During the past 12 months, have you ever ...

	Yes	No	Don't know	Refused
(a) been insulted or humiliated by someone who had been drinking? 23 <input type="radio"/>	24 <input type="radio"/>	25 <input type="radio"/>	RR <input type="radio"/>	
(b) had serious arguments or quarrels as a result of someone else's drinking? 26 <input type="radio"/>	27 <input type="radio"/>	28 <input type="radio"/>	RR <input type="radio"/>	
(c) had friendships break up as a result of someone else's drinking? 29 <input type="radio"/>	30 <input type="radio"/>	31 <input type="radio"/>	RR <input type="radio"/>	
(d) had family problems or marriage difficulties due to someone else's drinking? 32 <input type="radio"/>	33 <input type="radio"/>	34 <input type="radio"/>	RR <input type="radio"/>	
(e) been a passenger with a driver who had too much to drink? 35 <input type="radio"/>	36 <input type="radio"/>	37 <input type="radio"/>	RR <input type="radio"/>	
(f) been in a motor vehicle accident because of someone else's drinking? 38 <input type="radio"/>	39 <input type="radio"/>	40 <input type="radio"/>	RR <input type="radio"/>	
(g) had your property vandalized by someone who had been drinking? 41 <input type="radio"/>	42 <input type="radio"/>	43 <input type="radio"/>	RR <input type="radio"/>	
(h) been pushed, hit or assaulted by someone who had been drinking? 44 <input type="radio"/>	45 <input type="radio"/>	46 <input type="radio"/>	RR <input type="radio"/>	
(i) been disturbed by loud parties or the behaviour of people drinking? . 47 <input type="radio"/>	48 <input type="radio"/>	49 <input type="radio"/>	RR <input type="radio"/>	
(j) had financial trouble because of someone else's drinking? 50 <input type="radio"/>	51 <input type="radio"/>	52 <input type="radio"/>	RR <input type="radio"/>	

D18. In the past month, did you take any of the following medications?

	Yes	No	Don't know	Refused
(a) Aspirin or similar pain reliever (includes arthritis medicine)? ... 53 <input type="radio"/>	54 <input type="radio"/>	55 <input type="radio"/>	RR <input type="radio"/>	
(b) Tranquilizers such as valium? 56 <input type="radio"/>	57 <input type="radio"/>	58 <input type="radio"/>	RR <input type="radio"/>	
(c) Diet pills or stimulants? 59 <input type="radio"/>	60 <input type="radio"/>	61 <input type="radio"/>	RR <input type="radio"/>	
(d) Anti-depressants? .. 62 <input type="radio"/>	63 <input type="radio"/>	64 <input type="radio"/>	RR <input type="radio"/>	
(e) Codeine, demerol, morphine? 65 <input type="radio"/>	66 <input type="radio"/>	67 <input type="radio"/>	RR <input type="radio"/>	
(f) Sleeping pills 68 <input type="radio"/>	69 <input type="radio"/>	70 <input type="radio"/>	RR <input type="radio"/>	

D19. During the past 12 months, have you used any of the following?

	Yes	No	Refused
(a) Marijuana or hash? 1 <input type="radio"/>	2 <input type="radio"/>	R <input type="radio"/>	
(b) Cocaine or crack? 3 <input type="radio"/>	4 <input type="radio"/>	R <input type="radio"/>	
(c) LSD (acid), speed (amphetamines), heroin? .. 5 <input type="radio"/>	6 <input type="radio"/>	R <input type="radio"/>	

D20. INTERVIEWER CHECK ITEM:

Review D19(a)

Is D19(a) = Yes?

Yes 7

No 8

Refused R

} Go to E0

D21. How often have you used marijuana or hash in the past 12 months?

Less than once a month 1

1-3 times a month 2

Once a week 3

More than once a week 4

Refused R

Continue ▶

E14. What language did you first speak in childhood?
(Accept multiple responses only if languages were used equally.)

E14A. Do you still understand that / those language(s)?

- | | Yes | No |
|--|--------------------------|--------------------------|
| English . . . 01 <input type="radio"/> | | |
| French . . . 02 <input type="radio"/> ▶ | 14 <input type="radio"/> | 15 <input type="radio"/> |
| Chinese . . . 03 <input type="radio"/> ▶ | 16 <input type="radio"/> | 17 <input type="radio"/> |
| Dutch . . . 04 <input type="radio"/> ▶ | 18 <input type="radio"/> | 19 <input type="radio"/> |
| German . . . 05 <input type="radio"/> ▶ | 20 <input type="radio"/> | 21 <input type="radio"/> |
| Hungarian 06 <input type="radio"/> ▶ | 22 <input type="radio"/> | 23 <input type="radio"/> |
| Italian . . . 07 <input type="radio"/> ▶ | 24 <input type="radio"/> | 25 <input type="radio"/> |
| Polish . . . 08 <input type="radio"/> ▶ | 26 <input type="radio"/> | 27 <input type="radio"/> |
| Portuguese 09 <input type="radio"/> ▶ | 28 <input type="radio"/> | 29 <input type="radio"/> |
| Ukrainian . 10 <input type="radio"/> ▶ | 30 <input type="radio"/> | 31 <input type="radio"/> |
| Other 11 <input type="radio"/> ▶ | 32 <input type="radio"/> | 33 <input type="radio"/> |

(Specify)



Refused . RR

E15. What language do you speak most often at home?
(Accept multiple responses only if languages are spoken equally)

- English . . . 34
- French . . . 35
- Chinese . . . 36
- Dutch . . . 37
- German . . . 38
- Hungarian 39
- Italian . . . 40
- Polish . . . 41
- Portuguese 42
- Ukrainian . 43
- Other 44

(Specify)



Refused . RR

E16. Excluding kindergarten, how many years of elementary and high school education have you successfully completed?

- No schooling 45 ▶ Go to E20
- One to five years 46
- Six 47
- Seven 48
- Eight 49
- Nine 50
- Ten 51
- Eleven 52
- Twelve 53
- Thirteen 54
- Refused RR ▶ Go to E20

Go to E18

E17. Have you graduated from high school?

- Yes 1
- No 2
- Refused R

E18. Have you had any further schooling beyond elementary/high school?

- Yes 3
- No 4
- Refused R

Go to E20

E19. What is the highest level of education that you have attained?

- Masters (M.A., M.Sc., M.Ed.) or earned doctorate (Ph.D., D.Sc., D.Ed.) 1
- Degree in Medicine, Dentistry, Veterinary Medicine, or Optometry (M.D., D.D.S., D.M.D., D.V.M., D.D.) 2
- Bachelor or undergraduate degree, or teacher's college (e.g. B.A., B.Sc., B.A.Sc., LL.B) 3
- Diploma or certificate from community college, CEGEP or nursing school 4
- Diploma or certificate from trade, technical or vocational school, or business college 5
- Some university 6
- Some community college, CEGEP or nursing school 7
- Some trade, technical or vocational school, or business college 8
- Other 9

(Specify)



Refused R

E20. What, if any, is your religion?

- No religion 01 ▶ Go to E22
- Roman Catholic 02
- United Church 03
- Anglican 04
- Presbyterian 05
- Lutheran 06
- Baptist 07
- Eastern Orthodox 08
- Jewish 09
- Islam (Muslim) 10
- Buddhist 11
- Hindu 12
- Sikh 13
- Jehovah's Witnesses 14
- Other 15

(Specify)



Refused RR ▶ Go to E22

Continue ▶

<p>E21. Other than on special occasions, (such as weddings, funerals or baptisms) how often did you attend religious services or meetings in the last 12 months? Was it ...</p> <p>at least once a week? ... 1 <input type="radio"/></p> <p>at least once a month? ... 2 <input type="radio"/></p> <p>a few times a year? ... 3 <input type="radio"/></p> <p>at least once a year? ... 4 <input type="radio"/></p> <p>not at all? ... 5 <input type="radio"/></p> <p>Refused ... R <input type="radio"/></p>	<p>E26. Were you studying full-time or part-time?</p> <p>Full Time 8 <input type="radio"/></p> <p>Part Time 9 <input type="radio"/></p> <p>Refused R <input type="radio"/></p>
<p>E22. Compared to other people your age, how would you describe your state of health? Would you say it was ...</p> <p>excellent? 5 <input type="radio"/></p> <p>very good? 6 <input type="radio"/></p> <p>good? 7 <input type="radio"/></p> <p>fair? 8 <input type="radio"/></p> <p>poor? 9 <input type="radio"/></p> <p>Refused R <input type="radio"/></p>	<p>E27. Did you have a job or were you self-employed at any time during the past 12 months?</p> <p>Yes 1 <input type="radio"/> ► Go to E29</p> <p>No 2 <input type="radio"/></p> <p>Refused R <input type="radio"/> ► Go to E39</p>
<p>E23. Consider which hand you use for skilled activities, such as writing, throwing a ball, brushing your teeth, cutting with a knife and so forth. Do you ...</p> <p>use your right hand nearly all of the time? 1 <input type="radio"/></p> <p>use your right hand more than half of the time? 2 <input type="radio"/></p> <p>use your right and left hands about equally? 3 <input type="radio"/></p> <p>use your left hand more than half of the time? 4 <input type="radio"/></p> <p>use your left hand nearly all of the time? . 5 <input type="radio"/></p> <p>Not applicable (i.e., does not have use of either hand) 6 <input type="radio"/></p> <p>Refused R <input type="radio"/></p>	<p>E28. In what year did you last do any paid work?</p> <p>1 9 ►</p> <p>Never worked at a paid job 3 <input type="radio"/> } Go to E39</p> <p>Refused R <input type="radio"/> }</p>
<p>E24. Are you limited in the amount or kind of activity you can do at home, at work or at school because of a long-term physical condition or health problem?</p> <p>Yes 7 <input type="radio"/></p> <p>No 8 <input type="radio"/></p> <p>Refused R <input type="radio"/></p>	<p>E29. For how many weeks during the past 12 months were you employed? (Include vacation, illness, strikes, lock-outs and maternity/paternity leave.)</p> <p>4 weeks</p> <p>Refused RR <input type="radio"/></p>
<p>E25. During the past 12 months, was your main activity working at a job or business, looking for work, going to school, keeping house, retired or something else?</p> <p>(Note: If sickness or short-term illness is reported, ask for usual major activity)</p> <p>Working at a job or business 03 <input type="radio"/> ► Go to E29</p> <p>Looking for work 04 <input type="radio"/> ► Go to E27</p> <p>Going to school 05 <input type="radio"/></p> <p>Keeping house 06 <input type="radio"/> } Go to E27</p> <p>Retired 07 <input type="radio"/></p> <p>Something else:</p> <p>Maternity / paternity leave 08 <input type="radio"/></p> <p>Long term illness 09 <input type="radio"/> } Go to E27</p> <p>Other 10 <input type="radio"/> (Specify)</p> <p style="text-align: center;">▽</p> <p>_____</p> <p>_____</p> <p>Refused RR <input type="radio"/> ► Go to E27</p>	<p>E30. How many hours a week did you usually work at all jobs?</p> <p>5 hours</p> <p>Refused RR <input type="radio"/></p>
<p>E26. Were you a paid worker or self-employed?</p> <p>Paid worker 6 <input type="radio"/> ► Go to E34</p> <p>Self-employed 7 <input type="radio"/></p> <p>Other 8 <input type="radio"/> } Go to E34</p> <p>Refused R <input type="radio"/> }</p>	<p>E31. Did you have any paid employees?</p> <p>Yes 1 <input type="radio"/></p> <p>No 2 <input type="radio"/> } Go to E36</p> <p>Refused R <input type="radio"/> }</p>
<p>E27. About how many employees did you have? (If range given, enter maximum)</p> <p> employees</p> <p>Refused RRR <input type="radio"/> } Go to E36</p>	<p>E32. Which of the following best describes the hours you usually worked at this job? (For respondent's main job.)</p> <p>A regular daytime schedule or shift? 4 <input type="radio"/></p> <p>A regular evening shift? 5 <input type="radio"/></p> <p>A regular night shift? 6 <input type="radio"/></p> <p>A rotating shift? (one that changes periodically from days to evenings to / or nights) 7 <input type="radio"/></p> <p>A split shift? (one consisting of two or more distinct periods each day) 8 <input type="radio"/></p> <p>Other? 9 <input type="radio"/> (Specify)</p> <p style="text-align: center;">▽</p> <p>_____</p> <p>_____</p> <p>Refused R <input type="radio"/></p>

E35. For whom did you work the longest time during the past 12 months? (Name of business, government department or agency, or person)

Refused R

E36. What kind of business, industry or service was this? (Give full description: e.g. federal government, canning industry, forestry services)

Refused R

E37. What kind of work were you doing? (Give full description: e.g. office clerk, factory worker, forestry technician)

Refused R

E38. In that work, what were your most important activities or duties? (Give full description: e.g. filing documents, drying vegetables, forestry examiner)

Refused R

E39. What is your best estimate of your own personal income before deductions from all sources during the past 12 months? Was your income . . .

Less than \$20,000? 01

or

Less than \$10,000? 05

or

Less than \$5,000? 09

or

\$5,000 and more? 10

or

\$10,000 and more? 06

or

Less than \$15,000? 11

or

\$15,000 and more? 12

or

\$20,000 and more? 02

or

Less than \$40,000? 07

or

Less than \$30,000? 13

or

\$30,000 and more? 14

or

\$40,000 and more? 08

or

Less than \$50,000? 15

or

\$50,000 to less than \$60,000? 16

or

\$60,000 to less than \$80,000? 17

or

\$80,000 and more? 18

No income or loss 03

Don't know 04

Refused RR

Continue ▶

Continue ▶

Spouse's Main Activity

E40. INTERVIEWER CHECK ITEM:

Review Z7 of GSS 8-1.

Is the respondent living with his/her spouse or partner?

- Yes 1
 - No 2
 - Refused R
- } Go to E42

E41. During the last year, was your spouse's / partner's main activity working at a job or business, looking for work, going to school, keeping house, retired or something else?

(Note: If sickness or short-term illness is reported, ask for usual major activity)

- Working at a job or business 03
- Looking for work 04
- Going to school. 05
- Keeping house. 06
- Retired 07
- Something else:
 - Maternity / paternity leave 08
 - Long term illness 09
 - Other 10

(Specify)

Refused RR

E42. INTERVIEWER CHECK ITEM:

Review Z3 of GSS 8-1.

Is this a single-person household?

- Yes 1 ► Go to H1
- No 2
- Refused R ► Go to H1

E43. Not including yourself, how many other people in your household received income from any source, during the past 12 months?

people

Refused RR ► Go to H1

E44. INTERVIEWER CHECK ITEM:

Review E43.

Is E43 = 00?

- Yes 4 ► Go to H1
- No 5
- Refused R ► Go to H1

E45. What is your best estimate of the total income of all household members from all sources during the past 12 months? Was the total household income . . .

- Less than \$20,000? 20
 - Less than \$10,000? 24
 - Less than \$5,000? 28
 - or
 - \$5,000 and more? 29
 - or
 - \$10,000 and more? 25
 - Less than \$15,000? 30
 - or
 - \$15,000 and more? 31
- or
- \$20,000 and more? 21
 - Less than \$40,000? 26
 - Less than \$30,000? 32
 - or
 - \$30,000 and more? 33
 - or
 - \$40,000 and more? 27
 - Less than \$50,000? 34
 - or
 - \$50,000 to less than \$60,000? 35
 - or
 - \$60,000 to less than \$80,000? 36
 - or
 - \$80,000 and more? 37
- No income or loss 22
- Don't know 23
- Refused RR

Continue ►

Continue ►

Section H: Contacts for follow-up

H1. INTERVIEWER

Read the following section for each person interviewed.

This survey is part of a longer-term project to investigate the relationship between accidents and crime and other social issues. For this reason, Statistics Canada may need to contact your household in a year or more from now.

In case you move or change phone numbers, Statistics Canada would like to obtain your complete name and address. This information will be kept strictly confidential and will only be used to maintain contact with you.

Refused to provide information 1 } Go to H8
Refused to participate in future surveys 2 }

H2. Name of Respondent

Given Name
Surname

H3. Address of Respondent

Street and Number / Lot and Concession
City, Town, Village, Municipality
Province, Territory
Postal Code

H4. Would you please give me the name, address and telephone number of someone we could contact if you move, such as a friend, relative or neighbour. (I want to emphasize that Statistics Canada will contact this person only if you move and then only to obtain your new address or telephone number.)

Unable to provide contact 3 } Go to H8
Refused to provide contact 4 }

H5. Name of Contact

Given Name
Surname

H6. Address of Contact

Street and Number / Lot and Concession
City, Town, Village, Municipality
Province, Territory
Postal Code

H7. Home Telephone of Contact

(Area code)

H8. INTERVIEWER: Thank the respondent and end interview.

H9. What is the sex of the respondent?

Male 5 } Go to Section I
Female 6 }



General Social Survey Accident Report

GSS 8-2F
CONFIDENTIAL
when completed

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

<p>F1. IDENTIFICATION</p> <p>TELEPHONE NO. <input type="text"/> - <input type="text"/> - <input type="text"/></p> <p>ACCIDENT REPORT NO. <input type="text"/></p> <p>SCREEN QUESTION NO. <input type="text"/> B <input type="text"/></p> <hr/> <p>F2. You said that during the past 12 months ... (refer to appropriate screen question for description of accident) ... In what month did (this/the most recent) accident happen?</p> <p>January 01 <input type="radio"/></p> <p>February 02 <input type="radio"/></p> <p>March 03 <input type="radio"/></p> <p>April 04 <input type="radio"/></p> <p>May 05 <input type="radio"/></p> <p>June 06 <input type="radio"/></p> <p>July 07 <input type="radio"/></p> <p>August 08 <input type="radio"/></p> <p>September 09 <input type="radio"/></p> <p>October 10 <input type="radio"/></p> <p>November 11 <input type="radio"/></p> <p>December 12 <input type="radio"/></p> <p>Don't know 13 <input type="radio"/></p> <p>Not in past 12 months 14 <input type="radio"/> ▶ Go to F41</p> <hr/> <p>F3. Did this incident ...</p> <p>(a) Disrupt your normal activities for at least half a day Yes 1 <input type="radio"/> No 2 <input type="radio"/></p> <p>(b) Result in out of pocket expenses of \$200 or more? Yes 3 <input type="radio"/> No 4 <input type="radio"/></p> <p>(c) Require medical attention from a doctor or nurse? Yes 5 <input type="radio"/> No 6 <input type="radio"/></p> <hr/> <p>F4. INTERVIEWER CHECK ITEM: <i>Review F3.</i> <i>Are subsections (a), (b) and (c) ALL No?</i></p> <p>Yes 7 <input type="radio"/> ▶ Go to F41</p> <p>No 8 <input type="radio"/></p> <hr/> <p>F5. About what time of the day did it happen?</p> <p>During the day { 6:01 a.m. - 12 noon 1 <input type="radio"/> 12:01 p.m. - 6 p.m. 2 <input type="radio"/> Don't know 3 <input type="radio"/></p> <p>At night { 6:01 p.m. - 12 midnight 4 <input type="radio"/> 12:01 a.m. - 6 a.m. 5 <input type="radio"/> Don't know 6 <input type="radio"/></p> <p>Don't know 7 <input type="radio"/></p> <hr/> <p>F6. Did this accident involve a motor vehicle such as a car, van, truck, motorcycle, snowmobile or an All Terrain Vehicle (ATV)?</p> <p>Yes 1 <input type="radio"/></p> <p>No 2 <input type="radio"/> ▶ Go to F9</p>	<p>F7. At the time of the accident, were you a pedestrian, on a bicycle, or in a motor vehicle?</p> <p>Not present 3 <input type="radio"/></p> <p>Pedestrian 4 <input type="radio"/></p> <p>Bicycle 5 <input type="radio"/></p> <p>Motor vehicle 6 <input type="radio"/> ▶ What type of motor vehicle?</p> <p>Car, van or truck 1 <input type="radio"/></p> <p>Motorcycle 2 <input type="radio"/></p> <p>Recreational vehicle 3 <input type="radio"/></p> <p>Other 4 <input type="radio"/> (Specify) <input type="text"/></p> <hr/> <p>F8. Were any other pedestrians, bicycles or motor vehicles involved in this accident?</p> <p>Yes 7 <input type="radio"/> ▶ What were they? (Mark all that apply)</p> <p>Pedestrian 3 <input type="radio"/></p> <p>Bicycle 4 <input type="radio"/></p> <p>Car, van or truck 5 <input type="radio"/></p> <p>Motorcycle 6 <input type="radio"/></p> <p>Recreational vehicle 7 <input type="radio"/></p> <p>Other 8 <input type="radio"/> (Specify) <input type="text"/></p> <hr/> <p>F9. Did this accident happen at your place of work?</p> <p>Yes 1 <input type="radio"/></p> <p>No 2 <input type="radio"/> ▶ Go to F12</p> <hr/> <p>F10. Did you apply for Workers Compensation?</p> <p>Yes 3 <input type="radio"/></p> <p>No 4 <input type="radio"/></p> <hr/> <p>F11. INTERVIEWER: Go to F19</p> <hr/> <p>F12. Did this accident or injury occur while you were participating in a sport, exercise or recreational activity?</p> <p>Yes 5 <input type="radio"/></p> <p>No 6 <input type="radio"/> ▶ Go to F19</p>
--	--

Continue ▶

F13. What sport, exercise or recreational activity were you participating in at the time?

Aerobics 01

Baseball 02

Basketball 03

Boating 04

Cycling 05

Football 06

Golf 07

Ice hockey 08

Raquetball or squash 09

Running or jogging 10

Skiing 11

Soccer 12

Swimming 13

Tennis 14

Volleyball 15

Walking 16

Other 17

(Specify)

▽

F14. Was this sport, exercise or recreational activity supervised by a trained leader? (Consider the activity supervised if there was a coach, instructor, teacher or parent organizing, leading or providing instruction for the activity.)

Yes 1

No 2

F15. At the time of this incident, how long had you been participating in this sport, exercise or recreational activity? Was it...

Less than 1 month 3

One month to less than 1 year? 4

One year or more? 5

F16. At the time of this incident, how often were you participating in this sport, exercise or recreational activity? Was it...

5 or more times per week? 6

3 to 4 times per week? 7

1 to 2 times per week? 8

Less than once a week? 9

F17. Were you wearing the recommended safety equipment at the time of the incident?

Yes 1 ▶ Go to F19

No 2

Not applicable 3 ▶ Go to F19

F18. Would the recommended safety equipment have helped you avoid this accident/injury?

Yes 4

No 5

F19. Where did this accident take place? For example, was it at home, on a street or at school?

Home or Vacation Property and Surrounding Area

- Inside respondent's own home/apartment 01
- On a farm belonging to the household (around the barn, farm machinery or in the fields) 02
- Inside a vacation property (includes surrounding area) 03
- Inside a garage or other building on respondent's property 04
- Outside respondent's home, apartment, including yard, driveway, parking lot or in shared areas related to home such as apartment hallway or laundry room 05

Other Private Residence / Farm (in or around) 06

Commercial / Institutional

- In a restaurant or bar 07
- At a shopping mall 08
- Inside school or on school grounds 09
- In a commercial or office building or a factory 10
- In a hospital, prison or rehabilitation centre 11
- At an indoor or outdoor sports facility 12
- On public transportation 13

Street Other Public Place

- In a parking garage or parking lot other than the respondent's 14
- On sidewalk/street/highway in respondent's neighbourhood ... 15
- On any other sidewalk / street / highway 16
- In a rural area or park (includes national, provincial or local parks, or conservation areas) ... 17

Elsewhere 18

(Specify)

▽

F20. Did this accident result in any physical injury to you?

Yes 1

No 2 ▶ Go to F26

F21. What type of injury? Was it ... (Mark all that apply)

- Broken or fractured bone(s)? 1
- Burn or scald? 2
- Dislocation, sprain or strain? 3
- Bruise or abrasion? 4
- Cut or scrape? 5
- Loss of consciousness? 6
- Poisoning by substance or liquid? 7
- Internal injury? 8
- Other 9

(Specify)

▽

Continue ▶

F22. Where were you injured? Was it your ...
 (Mark all that apply)

Eyes? 1

Head or neck (excluding eyes)? 2

Shoulder? 3

Arms or hands? 4

Hip? 5

Legs or feet? 6

Back or spine? 7

Trunk (excluding back or spine)?
 (Include chest, internal organs, etc.) 8

F23. Did you receive any medical attention at a hospital as a result of this accident?

Yes 1 ▶ Did you stay in hospital overnight?

Yes 3 ▶ For how many nights?

No 2 } Go to F25

No 4 }

F24. Did you receive any medical attention from a doctor or a nurse?

Yes 5

No 6

Don't know 7

F25. As a result of this accident, did you have to stay in bed for all or most of a day? (Include any nights spent as a patient in the hospital and time spent in bed for injuries as well as for stress reasons. Six (6) hours in bed equals one day.)

Yes 8 ▶ For how many days?

No 9

F26. In your opinion, was this incident related to...

Yes No Don't know

(a) someone else's alcohol or drug use? 1 2 3

(b) your own alcohol or drug use? 4 5 6

F27. Was anybody else injured in this accident?

Yes 7

No 8 } Go to F30

Don't know 9 }

F28. Excluding yourself, how many persons were injured in this accident?

persons

Don't know 1

F29. Were any of the persons injured in the accident less than 15 years of age?

Yes 2 ▶ How many?

No 3

Don't know 4

F30. In your estimation, was this accident mainly:

Caused by carelessness or unsafe activity 5

OR

Something that could not have been predicted or avoided? ... 6 ▶ Go to F32

F31. Was it:

An employer's carelessness or unsafe working conditions? 7

Your own carelessness or unsafe activity? 8

Someone else's carelessness or unsafe activity? 9

F32. Which of the following best describes your main activity during the week of the accident? Were you ...

Working at a job or business? 1

On holiday? 2

Looking for work? 3

A student? 4

Keeping house? 5

Retired? 6

Other 7

(Specify)

F33. As a result of the accident, did you find it difficult or impossible to carry out this activity for all or most of a day?

Yes 1 ▶ For how many days? (Include any days spent in bed)

No 2

Don't know 3

F34. Did you have any extra expenses as a result of this accident?

Yes 4

No 5 ▶ Go to F37

F35. Did you recover any of these costs through insurance or Workers Compensation?

Yes 6 ▶ Was this from ...

Insurance? 1

Workers Compensation? 2

Both? 3

No 7

F36. For this accident, what is your best estimate of your out-of-pocket expenses, that is, expenses for which you do not expect to be reimbursed?

\$.00

No expenses 4

Don't know 5

F37. INTERVIEWER: Is this respondent having trouble recalling the details of this accident?

Yes 6

No 7 ▶ Go to F40

F38. INTERVIEWER CHECK ITEM:

Review Section B for screen question number in F1.

Are there two or more Accident Reports remaining to be completed for the current screen question?

Yes 8

No 9 ▶ Go to F40

F39. Of the remaining ___ accidents during the past 12 months, how many have details similar to this one? Exclude accidents you have already told me about.

accidents (If none enter 00)

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

F40. INTERVIEWER: Briefly summarize this accident or series of accidents

Horizontal lines for summarizing the accident or series of accidents.

REPORT STATUS

F41. INTERVIEWER: What is the status of this Accident Report?

- SINGLE ACCIDENT REPORT 1
- SERIES ACCIDENT REPORT 2
- DUPLICATE ACCIDENT REPORT 3
- OUT OF SCOPE (Date, definition) 4
- NO INFORMATION COLLECTED - SINGLE ... 5
- NO INFORMATION COLLECTED - MULTIPLE 6
- None of the above 7

(Specify)



Horizontal lines for specifying the report status.

F42. INTERVIEWER CHECK ITEM:

Review Section B.

Is this the last Accident Report to be filled out?

Yes 3

No 9 ▶ Go to next Accident Report

F43. INTERVIEWER CHECK ITEM:

Review Section C.

Are there any Crime Incident Reports to be filled out?

Yes 1 ▶ Go to first Crime Incident Report

No 2 ▶ Go to Section D

COMMENTS

Horizontal lines for providing comments.



General Social Survey Crime Incident Report

GSS 8-2G
CONFIDENTIAL
when completed

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

<p>G1. IDENTIFICATION</p> <p>TELEPHONE NO. <input style="width: 100px;" type="text"/> - <input style="width: 100px;" type="text"/> - <input style="width: 100px;" type="text"/></p> <p>CRIME INCIDENT REPORT NO. <input style="width: 50px;" type="text"/></p> <p>SCREEN QUESTION NO. <input style="width: 50px;" type="text"/> C <input style="width: 50px;" type="text"/></p>	<p>G4. Did this incident happen at your place of work?</p> <p>Yes ⁸ <input type="radio"/> No ⁹ <input type="radio"/></p> <p style="text-align: center;">▽</p>
<p>G2. You said that during the past 12 months ... (refer to appropriate screen question for description of incident) ... In what month did (this/the most recent) incident happen?</p> <p>January 01 <input type="radio"/></p> <p>February 02 <input type="radio"/></p> <p>March 03 <input type="radio"/></p> <p>April 04 <input type="radio"/></p> <p>May 05 <input type="radio"/></p> <p>June 06 <input type="radio"/></p> <p>July 07 <input type="radio"/></p> <p>August 08 <input type="radio"/></p> <p>September 09 <input type="radio"/></p> <p>October 10 <input type="radio"/></p> <p>November 11 <input type="radio"/></p> <p>December 12 <input type="radio"/></p> <p>Don't know 13 <input type="radio"/></p> <p>Not in past 12 months 14 <input type="radio"/> ▶ Go to G68</p>	<p>G5. Where was your place of work at the time? For example, was it an office building, factory or school?</p> <p>Where did this incident take place? For example, was it at home, on a street or at school?</p> <p> <input type="radio"/> Inside respondent's own home/apartment 01 <input type="radio"/> } Go to G6 <input type="radio"/> On a farm belonging to the household (around the barn, farm machinery or in the fields) 02 <input type="radio"/> } Home or Vacation Property and Surrounding Area { <input type="radio"/> Inside a vacation property (includes surrounding area) 03 <input type="radio"/> } Go to G8 <input type="radio"/> Inside a garage or other building on respondent's property 04 <input type="radio"/> } <input type="radio"/> Outside respondent's home, apartment, including yard, driveway, parking lot or in shared areas related to home such as apartment hallway or laundry room 05 <input type="radio"/> ▶ Go to G12 <input type="radio"/> Other Private Residence Farm (in or around) 06 <input type="radio"/> ▶ Go to G12 <input type="radio"/> In a restaurant or bar 07 <input type="radio"/> } <input type="radio"/> At a shopping mall 08 <input type="radio"/> } <input type="radio"/> Inside school or on school grounds 09 <input type="radio"/> } Commercial / Institutional { <input type="radio"/> In a commercial or office building or a factory 10 <input type="radio"/> } <input type="radio"/> In a hospital, prison or rehabilitation centre 11 <input type="radio"/> } <input type="radio"/> At an indoor or outdoor sports facility 12 <input type="radio"/> } <input type="radio"/> On public transportation 13 <input type="radio"/> } Go to G12 <input type="radio"/> In a parking garage or parking lot other than the respondent's 14 <input type="radio"/> } <input type="radio"/> On sidewalk/street/highway in respondent's neighbourhood 15 <input type="radio"/> } <input type="radio"/> On any other sidewalk street highway 16 <input type="radio"/> } <input type="radio"/> In a rural area or park (includes national, provincial or local park, or conservation areas) 17 <input type="radio"/> } Street / Other Public Place { <input type="radio"/> Elsewhere 18 <input type="radio"/> } <p style="text-align: right;">(Specify)</p> <p style="text-align: center;">▽</p> <p style="text-align: center;"><input style="width: 100%; height: 15px;" type="text"/></p> <p style="text-align: center;"><input style="width: 100%; height: 15px;" type="text"/></p> </p>
<p>G3. About what time of the day did it happen?</p> <p>During the day { <input type="radio"/> 6:01 a.m. - 12 noon 1 <input type="radio"/> <input type="radio"/> 12:01 p.m. - 6 p.m. 2 <input type="radio"/> <input type="radio"/> Don't know 3 <input type="radio"/></p> <p>At night { <input type="radio"/> 6:01 p.m. - 12 midnight 4 <input type="radio"/> <input type="radio"/> 12:01 a.m. - 6 a.m. 5 <input type="radio"/> <input type="radio"/> Don't know 6 <input type="radio"/></p> <p>Don't know 7 <input type="radio"/></p>	<p style="text-align: right;">Continue ▶</p>

G6. Was that the same dwelling that you are living in now?
 Yes 1 ▶ Go to G8
 No 2

G7. What type of dwelling were you living in at the time of this incident? Was it a ...
 Single detached house? 3
 Semi-detached or double (side-by-side)? 4
 Garden house, town-house or row house? 5
 Duplex (one above the other)? 6
 Low-rise apartment (less than 5 stories)? 7
 High-rise apartment (5 or more stories)? 8
 Other 9
 (Specify)
 ▽

G8. At the time of the incident, did the person(s) who committed the act live with you?
 Yes 1 ▶ Go to G12
 No 2
 Don't know 3 ▶ Go to G12

G9. Did someone let them in?
 (Example: guests, workmen)
 Yes 4 ▶ Go to G12
 No 5

G10. Did the person who committed the act actually get in or just try to get in?
 Actually got in 6
 Tried to get in 7
 Don't know 8

G11. Was there any evidence such as a broken lock or window that the person(s) forced/tried to force his/her way in?
 Yes 1 ▶ What was the evidence?
 (Mark all that apply)
 Broken lock or forced door 4
 Broken or forced window 5
 Other 6
 (Specify)
 ▽

 No 2
 Don't know 3

G12. INTERVIEWER: Was the respondent present at any time during the incident?
 Yes 1 ▶ Go to G14
 No 2 ▶ Go to G34
 Don't know 3

G13. Were you present at any time during the incident?
 Yes 4
 No 5 ▶ Go to G34

G14. Did the person(s) who committed the act have a weapon, such as a gun or knife or something he/she was using as a weapon, such as a rock or bottle?
 Yes 1 ▶ What type of weapon?
 (Mark all that apply)
 Gun 4
 Knife 5
 Other 6
 (Specify)
 ▽

 No 2
 Don't know 3

G15. An attack can be anything from being hit, slapped, grabbed or knocked down, to being shot, sexually assaulted or beaten up. Were you attacked in any way during the incident?
 Yes 7 ▶ Go to G19
 No 8

G16. Did the person(s) threaten you in any way?
 Yes 1
 No 2 ▶ Go to G24

G17. How were you threatened? (Mark all that apply.)
 Face-to-face 3
 Mail 4
 Telephone 5
 Other 6
 (Specify)
 ▽

G18. Did you think the threat was going to be carried out?
 Yes 7 } Go to G24
 No 8

G19. How were you attacked? (Mark all that apply)
 (If one of responses is either sexual assault or shot categories, Go to G21)
 Sexually assaulted, molested or attempt to sexually assault or molest 3 } Go to G21
 Shot, knifed or hit with object held in hand 4
 Hit, kicked, slapped, knocked down 5
 Grabbed, held, tripped, jumped, pushed 6
 Other 7
 (Specify)
 ▽

G20. Were you physically injured in any way?
 Yes 8
 No 9 ▶ Go to G24

G21. Did you receive any medical attention at a hospital as a result of this incident?

Yes 1 ▶ Did you stay in hospital overnight?

Yes 3 ▶ For how many nights?

No 2

No 4 } Go to G23

G22. Did you receive any medical attention from a doctor or a nurse?

Yes 5

No 6

Don't know 7

G23. As a result of this incident, did you have to stay in bed for all or most of a day? (Include any nights spent as a patient in the hospital and time spent in bed for injuries as well as for stress reasons. Six (6) hours in bed equals one day.)

Yes 8 ▶ For how many days?

No 9

G24. In your opinion, was this incident related to ...

Yes No Don't know

(a) someone else's alcohol or drug use 1 2 3

G24. (b) INTERVIEWER CHECK ITEM:

Review G19.

Is one of the responses to G19 = Sexually assaulted, molested ...?

Yes 4 ▶ Go to G25

No 5

Yes No Don't know

(c) your own alcohol or drug use 6 7 8

G25. Was only one person involved in committing the act?

Yes 1

No 2 ▶ Go to G30

Don't know 3 ▶ Go to G34

G26. Did you know this person?

Yes 4

No 5 } Go to G34

Don't know 6

G27. How well did you know him/her?

Well known 7

Casual acquaintance 8 } Go to G34

Known by sight only 9

G28. What was the person's relationship to you?

Parent 1

Son / daughter 2

Brother / sister 3

Spouse 4

Ex-spouse 5

Friend 6

Neighbour 7

Other 8 (Specify)

G29. INTERVIEWER: Go to G34

G30. How many persons were involved?

persons

Don't know 9

G31. Were any of the persons known to you or were they all strangers?

All known 1

Some known 2

All strangers 3 } Go to G34

Don't know 4

G32. How well did you know them? (Mark all that apply) (If more than one marked, choose first "Go to")

Well known 5 ▶ Go to G33

Casual acquaintance 6 } Go to G34

Known by sight only 7

G33. What was the person's relationship to you? (Mark all that apply)

Parent 1

Son / daughter 2

Brother / sister 3

Spouse 4

Ex-spouse 5

Friend 6

Neighbour 7

Other 8 (Specify)

G34. Was anyone (else) harmed or threatened during this incident?

Yes 1 ▶ How many persons?

No 2 } Go to G36

Don't know 3

G35. Were any of these persons who were harmed or threatened under 15 years of age?

Yes 4 ▶ How many?

No 5

G36. INTERVIEWER CHECK ITEM:

Review G19.

Is one of the responses to G19 = Sexually assaulted, molested ...?

Yes 6 ▶ Go to G52

No 7

G36(a). Was anything that belonged to you or your household stolen during this incident? Do not include property stolen from a business.

Yes 3

No 9 } Go to G41

Don't know 10

Continue ▶

G37. What was taken? Anything else?
(Mark all that apply)

Cash 01

Respondent's personal property { Purse, wallet, credit cards, cheques, personal paper ... 02
Clothing, jewellery 03
Other personal property 04

Personal property of someone else 05

Motor vehicle { Car 06
Truck or van 07
Motorcycle or moped 08
Other motor vehicle 09
Part of a motor vehicle 10

Household property { Food, drink, liquor 11
Electronic equipment, including T.V., stereo, video recorder, records 12
Household articles, including tools, appliances, furniture, carpets 13
Boat 14
Bicycle 15
Other household property ... 16

(Specify)

G38. What is your best estimate of the value of all property or cash stolen in this incident?

\$ _____ .00

No value 1

Don't know 2

G39. Was any of the stolen money and/or property recovered, not counting anything received from insurance?

Yes 3 **Was it all recovered?**
Yes 6
No 7

No 4

Don't know 5

G40. INTERVIEWER: Go to G43

G41. Did this person attempt to take anything that belonged to you or your household? Do not include attempted thefts from a business.

Yes 1

No 2 } Go to G43

Don't know 3

G42. What property did they attempt to take?
(Mark all that apply)

Cash 1

Respondent's personal property 5

Personal property of someone else 6

Motor vehicle 7

Part of a motor vehicle 8

Household property 9

G43. Was anything that belonged to you or a member of this household damaged BUT NOT TAKEN in this incident?

Yes 1

No 2 } Go to G48

Don't know 3

G44. What was damaged?
(Mark all that apply)

Respondent's personal property 4

Personal property of someone else 5

Motor vehicle or part of a motor vehicle 6

Dwelling or other building on property 7

Household property 8

G45. What is your best estimate of the value of all damage done in this incident?

\$ _____ .00

No value 1

Don't know 2

G46. Have any of the damaged items been repaired or replaced?

Yes 3 **Go to G48**

No 4

Don't know 5

G47. Will they be repaired or replaced?

Yes 6

No 7

Don't know 8

G48. INTERVIEWER CHECK ITEM:
Review G36(a) and G43.
Are both questions = No?

Yes 1 **Go to G51**

No 2

G48(a). At the time of the incident, did you have any insurance?

Yes 3

No 4 } Go to G50

Don't know 5

G49. Did you obtain or attempt to obtain compensation for this incident through an insurance company?

Yes 6 **Did you obtain any compensation?**
Yes 8
No 9
Not yet resolved 10

No 7

G50. Did you obtain or attempt to obtain compensation for this incident through a civil or criminal court or a provincial compensation program?

Yes 1 **Did you obtain any compensation?**
Yes 3
No 4
Not yet resolved 5

No 2

G51. For this incident, what is your best estimate of your out-of-pocket expenses, that is, expenses for which you do not expect to be reimbursed?

\$ _____ .00

No expenses - N A 6

Don't know 7

G52. Which of the following best describes your main activity during the week of the incident? Were you ...

Working at a job or business? 1

On holiday? 2

Looking for work? 3

A student? 4

Keeping house? 5

Retired? 6

Other 7
(Specify)

▽

G53. As a result of this incident, did you find it difficult or impossible to carry out your main activity for all or most of a day?

Yes 1 ▶ For how many days?

No 2

Don't know 3

G54. Did the police find out about this incident in any way?

Yes 4

No 5 ▶ Go to G60

Don't know 6 ▶ Go to G63

G55. How did they learn about it? Was it from you or some other way?

Respondent 7

Some other way ... 8 ▶ Go to G63

G56. People have different reasons for reporting incidents to the police. Did any of the following have anything to do with why you reported this incident?

	Yes	No	Don't know
(a) To stop the incident or receive protection	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>
(b) To file a report to claim insurance or compensation	04 <input type="radio"/>	05 <input type="radio"/>	06 <input type="radio"/>
(c) To catch and punish the offender	07 <input type="radio"/>	08 <input type="radio"/>	09 <input type="radio"/>
(d) Because it was your duty to notify the police	10 <input type="radio"/>	11 <input type="radio"/>	12 <input type="radio"/>
(e) Because someone recommended you report it	13 <input type="radio"/>	14 <input type="radio"/>	15 <input type="radio"/>

G57. What action did the police take? (Mark all that apply).

Visited Scene 1

Made a report / Conducted an investigation ... 2

Gave warning to offender 3

Made Arrests / Laid Charges 4

None 5

Other 6
(Specify)

▽

Don't know 7

G58. Were you satisfied or dissatisfied with the actions that the police took?

Was that somewhat or very?

	Somewhat	Very
Satisfied ... 1 <input type="radio"/> ▶	4 <input type="radio"/>	5 <input type="radio"/>
Dissatisfied 2 <input type="radio"/> ▶	6 <input type="radio"/>	7 <input type="radio"/>
No opinion . 3 <input type="radio"/>		

G59. INTERVIEWER: Go to G63

G60. Why was this incident not reported to the police?

	Yes	No
(a) Dealt with another way (e.g. reported to another official-guard, landlord, manager, school official-or private matter that I took care of myself, etc.)	01 <input type="radio"/>	02 <input type="radio"/>
(b) Not important enough to you (e.g. minor crime, small loss, child offender, kid stuff, no intended harm, etc.)	03 <input type="radio"/>	04 <input type="radio"/>
(c) Fear of revenge by the offender	05 <input type="radio"/>	06 <input type="radio"/>
(d) Insurance wouldn't cover (e.g. no insurance, loss less than deductible, etc.)	07 <input type="radio"/>	08 <input type="radio"/>
(e) Police couldn't do anything about it (e.g. didn't find out until too late, couldn't recover or identify property, couldn't find or identify offender, lack of proof, etc.)	09 <input type="radio"/>	10 <input type="radio"/>
(f) Police wouldn't help (e.g. wouldn't think it was important enough, wouldn't want to be bothered or get involved, police would be inefficient or ineffective, police would be biased, would harass / insult respondent, offender was police officer)	11 <input type="radio"/>	12 <input type="radio"/>
(g) Did not want to get involved with police	13 <input type="radio"/>	14 <input type="radio"/>
(h) Nothing was taken or the items were recovered	15 <input type="radio"/>	16 <input type="radio"/>
(i) Incident was a personal matter and did not concern the police	17 <input type="radio"/>	18 <input type="radio"/>
(j) Other	19 <input type="radio"/>	20 <input type="radio"/>

(Specify)

▽

G61. INTERVIEWER CHECK ITEM:

Review G60.

Is there only one "Yes" in G60?

Yes 1 ▶ Go to G63

No 2

Continue ▶

- G62. What was the main reason?**
- (a) Dealt with another way 21
 - (b) Not important enough to respondent ... 22
 - (c) Fear of revenge by the offender 23
 - (d) Insurance wouldn't cover 24
 - (e) Police couldn't do anything 25
 - (f) Police wouldn't help 26
 - (g) Did not want to get involved with police 27
 - (h) Nothing was taken or the items were recovered 28
 - (i) Incident was a personal matter and did not concern the police 29
 - (j) Other 30

G67. INTERVIEWER: Briefly summarize this incident or series of incidents

G63. Other than the police, did you turn to any other person or organization for help?

Yes 1 **Who? (Mark all that apply)**

- Family 3
- Friends 4
- Clergy 5
- Victim Help Agency 6
- Other 7 (Specify)

▽

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No 2

REPORT STATUS

G68. INTERVIEWER: What is the status of this Report?

- SINGLE INCIDENT REPORT 3
- SERIES INCIDENT REPORT 4
- DUPLICATE INCIDENT REPORT 5
- OUT OF SCOPE (Date, respondent not victim) 6
- NO INFORMATION COLLECTED - SINGLE 7
- NO INFORMATION COLLECTED - MULTIPLE 8
- None of the above 9 (Specify)

▽

G64. INTERVIEWER: Is this respondent having trouble recalling the details of this incident?

Yes 8

No 9 ▶ Go to G67

G65. INTERVIEWER CHECK ITEM:

Review Section C for screen question number in G1.
Are there two or more Incident Reports remaining to be completed for the current screen question?

Yes 1

No 2 ▶ Go to G67

G66. Of the remaining ____ incidents during the past 12 months, how many have details similar to this one? Exclude incidents you have already told me about.

incidents (If none enter 00)

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

G69. INTERVIEWER CHECK ITEM:

Review Section C.

Is this the last Crime Incident Report to be filled out?

Yes 1 ▶ Go to Section D.

No 2 ▶ Go to next Crime Incident Report

G70. COMMENTS
