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HOW TO READ THIS DOCUMENT

The survey instruments document is a summary of the questionnaire administered to respondents. This document contains the actual question text, standard instructions provided to interviewers, flow patterns and identifies who is eligible to receive each module of the questionnaire. Bold text is read, as worded, by the interviewer. Instructions for interviewers are preceded by the word « <u>INTERVIEWER</u> » and are not read out loud to the respondent. To facilitate interpretation of this document the following points should be noted:

Question Numbers: The question numbers used throughout the survey instruments refer to the actual numbers used in the software and which appear on an interviewer's computer screen.

Standardized codes: Standardized codes are used to identify the function of each question. The first few letters indicate the module, for example **LFS_Q3A** identifies this as a question from the Adult Labour Force (LFS) module. The letter immediately following the underscore indicates the action to be undertaken by the application. Refer to the chart below for frequently used codes.

Code	Action	Example
C	Internal check item	DMS_**C**1 If DMS_Q1=2 (No) OR RF (Refused) GO TO DMS_R4
E	Application Edit	ACT2_**E**4B Please confirm that ^INFO.FNAME watches T.V. or videos for ^ACT2_Q4B hours a day.
Q	Question	PBE_**Q**1H How often does your child show self-control?
R	Instruction / information to be read to respondent	COM_**R**1 The following questions ask how your child communicates.

Pre-fill items: These items are preceded by **^** and are specific to the respondent's interview. The software adds the relevant information into the question, making it simply a matter of the interviewer reading the text displayed on the screen. The majority of these fills are used to change verb tenses such as is/was. An example of less typical pre-fill item:

^INFO.FNAME – This is the first name of the respondent to whom the question refers. This is not necessarily the person who is talking to the interviewer.

Ranges: Hard and soft ranges are specified for some of the questions. The hard range gives the highest and lowest acceptable response values. For example, in **ACT2_Q4B** (How many hours a day the child watches T.V. or videos) a hard range of 0.0 – 16.0 exists. If the interviewer tries to enter a number greater than 16.0, the system will not accept this.

Dates: All dates are in DD/MM/YYYY format unless otherwise specified.

Note: Throughout the questionnaire, we will be using the abbreviation DK for "Don't Know" and RF for "Refused". In this text, the use of the masculine is generic and applies to both men and women. Please note that during the actual interview, the questions were personalized to be appropriate to the gender of the respondent.

EDUCATION

THIS SECTION IS ASKED OF PMK AND THE PARTNER OF THE PMK.

EDA2_R1 **Now I'd like to ask a question about ^YOUR2 education.**

EDA2_Q6B **What is the highest level of education that ^YOU1 ^HAVE ever attained?**
(Do not read list. Mark one only.)

01   Some trade, technical or vocational school, or business college
02   Some community college, CEGEP or nursing school
03   Some university
04   Diploma or certificate from trade, technical or vocational school, or business college
05   Diploma or certificate from community college, CEGEP, or nursing school or university
06   Bachelor or undergraduate degree or teacher's college (e.g.B.A., B.SC., B.A..SC., B.ED.)
07   Master's (e.g. M.A., M.SC., M.ED.)
08   Degree in medicine (M.D.), dentistry (D.D.S., D.M.D.), veterinary medicine(D.V.M.) optometry (O.D) or law (LL.B.)
09   Earned doctorate (e.g. PH.D., D.SC., D.ED.)
10   No schooling
11   Some elementary (1 to 8 years)
12   Completed elementary
13   Some secondary
14   Completed secondary

LABOUR FORCE (LFS)

LFS_R2   **The next section contains questions about jobs or employment which ^YOU2 ^HAVE had during the past 12 months, that is, from ^TwelveMosAgo to ^YESTERDAY. Please include such employment as part-time jobs, contract work, baby sitting and any other paid work.**

LFS_Q2   **^HAVE_C ^YOU1 worked for pay or profit at any time in the past 12 months?**

> 1   Yes...(Go to LFS_Q3A)
> 2   No ....(Go to LFS_Q17)

FLOW INFORMATION .... IF REFUSAL GO TO LFS_Q17
FLOW INFORMATION .... IF DON'T KNOW GO TO LFS_STOP

LFS_Q3A   **How many jobs ^DOVERB ^YOU1 currently hold?**
[Min: 0 Max: 99]

FLOW INFORMATION .... IF REFUSAL GO TO LFS_STOP

LFS_Q3   **During the past 12 months, how many weeks did ^YOU1 do any work at a job or a business? Include weeks on paid vacation leave, paid maternity or parental leave, paid sick leave.**
[Min: 1 Max: 53]
(If less than 1 week enter 1.)

LFS_Q4   **About how many hours a week did ^YOU1 usually work?**
(Read list. Mark one only)

> 01   **Less than ten hours**
> 02   **Between 10 to 19 hours**
> 03   **Between 20 to 29 hours**
> 04   **Between 30 to 39 hours**
> 05   **Between 40 to 49 hours**
> 06   **50 hours or more**

LFS_Q5   **Which of the following best describes the hours ^YOU1 usually worked during those weeks?**
(Read list. Mark all that apply if there were several jobs with varying schedules.)

> 01   **Regular daytime schedule or shift**
> 02   **Regular evening shift**
> 03   **Regular night shift**
> 04   **Rotating shift (e.g., change from days to evenings to nights)**
> 05   **Split shift**
> 06   **On call**
> 07   **Irregular schedule**
> 08   **Other (specify)**

LFS_Q6 **During those weeks, did ^YOU1 usually work weekends?**

    1   Yes
    2   No

LFS_R9 **The next questions are about ^YOUR1 current job or most recent job.**
(If the person currently holds more than one job or if the last time the person worked it was at more than one job, report on the job for which the number of hours worked per week was the greatest.)

LFS_Q9A **For whom ^DODID ^YOU1 ^CURRLAST work?**
(Enter employer name, name of business, government, department or person.)

LFS_Q9B **For whom ^DODID ^YOU1 ^CURRLAST work?**
(Do not read employer name displayed. If respondent's answer is different from the one displayed or needs corrections, update the information. Enter new employer name, name of business, government, department or person.)

LFS_Q10A **What kind of business, service or industry ^ISWAS this?**
(Enter type of business. For example, wheat farm, trapping, road maintenance, retail shoe store, secondary school.)

FLOW INFORMATION .... IF DON'T KNOW OR REFUSAL GO TO LFS_Q11A

LFS_Q10B **What kind of business, service or industry ^ISWAS this?**
(Do not read type of business displayed. If respondent's answer is different from the one displayed or needs corrections, update the information. Enter type of business. For example, wheat farm, trapping, road maintenance, retail shoe store, secondary school.)

FLOW INFORMATION .... IF DON'T KNOW OR REFUSAL GO TO LFS_Q11B

LFS_Q11A **What kind of work ^AREWERE ^YOU1 doing?**
(Enter type of work. For example, medical lab technician, accounting clerk, secondary school teacher, supervisor of data entry unit, food processing labourer.)

FLOW INFORMATION .... IF DON'T KNOW OR REFUSAL GO TO LFS_Q12A

LFS_Q11B **What kind of work ^AREWERE ^YOU1 doing?**
(Do not read type of work displayed. If respondent's answer is different from the one displayed or needs corrections, update the information. For example, medical lab technician, accounting clerk, secondary school teacher, supervisor of data entry unit, food processing labourer.)

FLOW INFORMATION .... IF DON'T KNOW OR REFUSAL GO TO LFS_Q12B

LFS_Q12A **At this work, what ^AREWERE ^YOUR1 most important duties or activities?**
(Enter duties. For example, analysis of blood samples, verifying invoices, teaching mathematics, organizing work schedules, cleaning vegetables.)

LFS_Q12B   **At this work, what ^AREWERE ^YOUR1 most important duties or activities?**
(Do not read duties displayed. If respondent's answer is different from the one displayed or needs corrections, update the information. Enter duties. For example, analysis of blood samples, verifying invoices, teaching mathematics, organizing work schedules, cleaning vegetables.)

LFS_Q17   **During the past 12 months, for the weeks that you were not working for pay or profit, what was the main reason?**
(Do not read list. Mark one only. If more than one reason, choose the one that explains the most number of weeks.)

    01   Own illness or disability
    02   Pregnancy
    03   Caring for own children
    04   Caring for elder relative(s)
    05   Other personal or family responsibilities
    06   School or educational leave
    07   Labour dispute
    08   Temporary layoff due to seasonal conditions
    09   Temporary layoff - non-seasonal
    10   Permanent layoff
    11   Unpaid or partially paid vacation
    12   Other (specify)

Default: (Go to LFS_STOP)

INCOME

THIS SECTION IS ASKED OF PMK OR THE PARTNER OF THE PMK (ONLY ONE OF THE TWO).

INC_R1   **The following questions relate to income you and other members of your household received in the past 12 months.**

INC_Q1A   **During the past 12 months, what was ^YOUR2 personal income from wages and salaries (before deductions)?**
[Min: 0 Max: 999995]

FLOW INFORMATION .... IF REFUSAL GO TO INC_Q4

INC_Q1A1   **… what was your spouse or partner's personal income from wages and salaries (before deductions)?**
[Min: 0 Max: 999995]

FLOW INFORMATION   IF REFUSAL GO TO INC_Q4

INC_Q1A2   **… what was the total income from wages and salaries (before deductions) for all other members of your household?**
[Min: 0 Max: 999995]

FLOW INFORMATION .... IF REFUSAL GO TO INC_Q4

INC_Q1B   **… what was your net income from self-employment (including business, professional, commission, child care, etc.)?**
[Min: 0 Max: 999995]

FLOW INFORMATION .... IF REFUSAL GO TO INC_Q4

INC_Q1B1   **… what was your spouse or partner's net income from self-employment (including business, professional, commission, child care, etc.)?**
[Min: 0 Max: 999995]

FLOW INFORMATION .... IF REFUSAL GO TO INC_Q4

INC_Q1B2   **During the past 12 months, what was the total net income from self-employment (including business, professional, commission, child care, etc.) for all other members of your household?**
[Min: 0 Max: 999995]

FLOW INFORMATION .... IF REFUSAL GO TO INC_Q4

INC_Q1C …**what was your personal income from Employment Insurance benefits (before deductions and repayments)?**
[Min: 0 Max: 999995]

FLOW INFORMATION .... IF REFUSAL GO TO INC_Q4

INC_Q1C1 During the past 12 months, **what was your spouse or partner's income from Employment Insurance benefits (before deductions and repayments)?**
[Min: 0 Max: 999995]

FLOW INFORMATION .... IF REFUSAL GO TO INC_Q4

INC_Q1C2 … **what was the total income from Employment Insurance benefits (before deductions and repayments) for all other members of your household?**
[Min: 0 Max: 999995]

FLOW INFORMATION .... IF REFUSAL GO TO INC_Q4

INC_Q1D **During the past 12 months, what was your household's total income from Canada Child Tax Benefit and provincial child benefits?**
[Min: 0 Max: 999995]

FLOW INFORMATION .... IF REFUSAL GO TO INC_Q4

INC_Q1E During the past 12 months, **what was your household's total income from social assistance (welfare) and provincial income supplements?**
[Min: 0 Max: 999995]

FLOW INFORMATION .... IF REFUSAL GO TO INC_Q4

INC_Q1F During the past 12 months, **what was your household's total income from Child and spousal support?**
[Min: 0 Max: 999995]

FLOW INFORMATION .... IF REFUSAL GO TO INC_Q4

INC_Q1G **During the past 12 months, what was your household's total income from all other sources, including dividends, interest, capital gains, tips, etc.?**
[Min: 0 Max: 999995]

FLOW INFORMATION .... IF REFUSAL GO TO INC_Q4

INC_Q2 **Therefore, if we sum the amounts you reported in the previous questions, your household's total income would be :**

$^PincTot@

Is this correct ?

1   Yes..(Go to INC_R5)
2   No

FLOW INFORMATION .... IF REFUSAL GO TO INC_R5

INC_Q4 **What is your best estimate of your total household income from all sources in the past 12 months, that is the total income from all household members, before taxes and deductions?**
(If no income enter 0.)
[Min: 0 Max: 999995]

INC_Q4A **Can you estimate in which of the following groups your household income falls?**

Was the total household income less than $20,000 or $20,000 or more?

1   Less than $20,000
2       $20,000 or more ....(Go to INC_Q4E)

FLOW INFORMATION .... IF REFUSAL OR DON'T KNOW GO TO INC_R5

INC_Q4B **Was the total household income from all sources less than $10,000 or $10,000 or more?**

1   Less than $10,000
2       $10,000 or more ....(Go to INC_Q4D)

FLOW INFORMATION .... IF REFUSAL OR DON'T KNOW GO TO INC_R5

INC_Q4C **Was the total household income from all sources less than $5,000 or $5,000 or more?**

1   Less than $5,000
2       $5,000 or more

Default: (Go to INC_R5)

INC_Q4D **Was the total household income from all sources less than $15,000 or $15,000 or more?**

1   Less than $15,000
2       $15,000 or more

Default: (Go to INC_R5)

INC_Q4E   **Was the total household income from all sources less than $40,000 or $40,000 or more?**

    1   Less than $40,000
    2       $40,000 or more ....(Go to INC_Q4G)

FLOW INFORMATION .... IF REFUSAL OR DON'T KNOW GO TO INC_R5

INC_Q4F   **Was the total household income from all sources less than $30,000 or $30,000 or more?**

    1   Less than $30,000
    2       $30,000 or more

Default: (Go to INC_R5)

INC_Q4G   **Was the total household income from all sources ...**
(Read list. Mark only one.)

    1   **Less than $50,000**
    2   **$50,000 to less than $60,000**
    3   **$60,000 to less than $80,000**
    4   **$80,000 or more**

INC_R5   **The next few questions ask whether you feel that your family's financial resources are adequate.**

INC_Q5   Please tell me whether you strongly agree, agree, disagree or strongly disagree with the following statement.

You worry about whether the money you have will be enough to support your family.

1   Strongly agree
2   Agree
3   Disagree
4   Strongly disagree

FLOW INFORMATION .... IF REFUSAL GO TO INC_R8

INC_Q6   Compared to your financial situation a year ago, are you and your family ...

1   **better off?**
2   **worse off?**
3   **just about the same?**

FLOW INFORMATION .... IF REFUSAL GO TO INC_R8

INC_Q7   Now looking ahead, do you think that a year from now you (and your family) will be ...

1   **better off?**
2   **worse off?**
3   **just about the same?**

INC_R8   The last few questions in this section are about your home.

INC_Q8   What type of dwelling do you live in? Is it a ...

01   **Single detached**
02   **Double**
03   **Row or terrace**
04   **Duplex**
05   **Low-rise apartment (fewer than 5 stories) or flat**
06   **High-rise apartment (5 stories or more)**
07   **Institution**
08   **Hotel, rooming/lodging house, camp**
09   **Mobile home**
10   **Other (specify)** ....(Go to INC_Q8S)

Default: (Go to INC_Q9)

INC_Q8S   **(Specify type of dwelling.)**

INC_Q9   **Is this dwelling owned by a member of your household?**

      1   Yes.. (Go to INC_Q10)
      2   No .... (Go to INC_Q11)

 FLOW INFORMATION .... IF REFUSAL GO TO INC_Q11

INC_Q10   **Is there a mortgage on this dwelling?**

      1   Yes
      2   No

INC_Q11   **How many bedrooms are there in this dwelling?**
                (Enter "0" if no separate, enclosed bedroom.)

ADULT HEALTH

THIS SECTION IS ASKED OF ONE ADULT IN THE HOUSEHOLD (PMK OR PMK PARTNER).

HLA2_R1   **The following questions ask about ^YOUR2 health.**

HLA2_Q1   **In general, would you say ^YOUR1 health is:**

   1   **excellent?**
   2   **very good?**
   3   **good?**
   4   **fair?**
   5   **poor?**

FLOW INFORMATION .... IF REFUSAL GO TO HLA_R12

HLA2_I1   **Now, I'd like to ask about any long-term conditions ^YOU2 may have. ""Long-term conditions"" refer to conditions that have lasted or are expected to last 6 months or more and have been diagnosed by a health professional.**

HLA2_Q1A   **^DOVERB_C ^YOU2 have any of the following long-term conditions:**
   (Read list. Mark all that apply.)

   01   **Food or digestive allergies?**
   02   **Respiratory allergies such as hay fever?**
   03   **Any other allergies?**
   04   **Asthma?**
   05   **Arthritis or rheumatism?**
   06   **Back problems excluding arthritis?**
   07   **High blood pressure?**
   08   **Migraine headaches?**
   09   **Chronic bronchitis or emphysema?**
   10   **Sinusitis?**
   11   **Diabetes?**
   12   **Epilepsy?**
   13   **Heart disease?**
   14   **Cancer?**
   15   **Stomach or intestinal ulcers?**
   16   **Effects of stroke?**
   21   **Any other long term condition? (specify)**
   22   **None**

HLA2_R1B   **The next few questions deal with any health limitations which affect ^YOUR2 daily activities.**

HLA2_Q1B1   **^DOVERB_C ^YOU1 have any difficulty hearing, seeing, communicating, walking, climbing stairs, bending, learning or doing any similar activities?**
(Include only health conditions or problems that have lasted or are expected to last 6 months or more.)

     1   Yes, sometimes
     2   Yes, often
     3   No

FLOW INFORMATION .... IF REFUSAL GO TO HLA2_R12

HLA2_Q1B   **Does a physical condition or mental condition or health problem reduce the amount or kind of activity ^YOU1 can do:**

at home?

FLOW INFORMATION .... IF REFUSAL GO TO HLA2_R12

HLA2_Q1C   **at work or at school?**

     1   Yes, sometimes
     2   Yes, often
     3   No
     4   Not applicable

FLOW INFORMATION .... IF REFUSAL GO TO HLA2_R12

HLA2_Q1D   **in caring for children?**

     1   Yes, sometimes
     2   Yes, often
     3   No

FLOW INFORMATION .... IF REFUSAL GO TO HLA2_R12

HLA2_Q1E   **in other activities, for example, transportation or leisure?**

HLA2_R12   **The next set of statements describes feelings or behaviours. For each one, please tell me how often you felt or behaved this way during the past week.**

HLA2_Q12A   How often have you felt or behaved this way during the past week:

I did not feel like eating; my appetite was poor.

     1   Rarely or none of the time (less than 1 day)
     2   Some or a little of the time (1-2 days)
     3   Occasionally or a moderate amount of time (3-4 days)
     4   Most or all of the time (5-7 days)

FLOW INFORMATION .... IF REFUSAL GO TO HLA2_STOP

HLA2_Q12B   **I felt that I could not shake off the blues even with help from my family or friends.**

FLOW INFORMATION .... IF REFUSAL GO TO HLA2_STOP

HLA2_Q12C   **I had trouble keeping my mind on what I was doing.**

FLOW INFORMATION .... IF REFUSAL GO TO HLA2_STOP

HLA2_Q12D   **I felt depressed.**

FLOW INFORMATION .... IF REFUSAL GO TO HLA2_STOP

HLA2_Q12E   **I felt that everything I did was an effort.**

FLOW INFORMATION .... IF REFUSAL GO TO HLA2_STOP

HLA2_Q12F   **I felt hopeful about the future.**

FLOW INFORMATION .... IF REFUSAL GO TO HLA2_STOP

HLA2_Q12G   **My sleep was restless.**

FLOW INFORMATION .... IF REFUSAL GO TO HLA2_STOP

HLA2_Q12H   **I was happy.**

FLOW INFORMATION .... IF REFUSAL GO TO HLA2_STOP

HLA2_Q12I   **I felt lonely.**

FLOW INFORMATION .... IF REFUSAL GO TO HLA2_STOP

HLA2_Q12J   **I enjoyed life.**

FLOW INFORMATION .... IF REFUSAL GO TO HLA2_STOP

HLA2_Q12K   **I had crying spells.**

FLOW INFORMATION .... IF REFUSAL GO TO HLA2_STOP

HLA2_Q12L   **I felt that people disliked me.**

FLOW INFORMATION .... IF REFUSAL GO TO HLA2_STOP

FAMILY FUNCTIONING

THIS SECTION IS ASKED OF ONE ADULT IN THE HOUSEHOLD (PMK OR PMK PARTNER).

FNC2_R1   **The following statements are about families and family relationships. For each one, please indicate which response best describes your family: strongly agree, agree, disagree or strongly disagree.**

FNC2_Q1A   **Planning family activities is difficult because we misunderstand each other.**

FLOW INFORMATION .... IF REFUSAL GO TO FNC2_STOP

FNC2_Q1B   **In times of crisis, we can turn to each other for support.**

FLOW INFORMATION .... IF REFUSAL GO TO FNC2_STOP

FNC2_Q1C   **We can not talk to each other about sadness we feel.**

FLOW INFORMATION .... IF REFUSAL GO TO FNC2_STOP

FNC2_Q1D   **Individuals (in the family) are accepted for what they are.**

FLOW INFORMATION .... IF REFUSAL GO TO FNC2_STOP

FNC2_Q1E   **We avoid discussing our fears or concerns.**

FLOW INFORMATION .... IF REFUSAL GO TO FNC2_STOP

FNC2_Q1F   **We express feelings to each other.**

FLOW INFORMATION .... IF REFUSAL GO TO FNC2_STOP

FNC2_Q1G   **There are lots of bad feelings in our family.**

FLOW INFORMATION .... IF REFUSAL GO TO FNC2_STOP

FNC2_Q1H   **We feel accepted for what we are.**

FLOW INFORMATION .... IF REFUSAL GO TO FNC2_STOP

FNC2_Q1I   **Making decisions is a problem for our family.**

FLOW INFORMATION .... IF REFUSAL GO TO FNC2_STOP

FNC2_Q1J   **We are able to make decisions about how to solve problems.**

FLOW INFORMATION .... IF REFUSAL GO TO FNC2_STOP

FNC2_Q1K   **We don't get along well together.**

FLOW INFORMATION .... IF REFUSAL GO TO FNC2_STOP

FNC2_Q1L   We confide in each other.

FLOW INFORMATION .... IF REFUSAL GO TO FNC2_STOP

FNC2_Q1M   Drinking is a source of tension or disagreement in our family.

FLOW INFORMATION .... IF REFUSAL GO TO FNC2_STOP

NEIGHBOURHOOD

THIS SECTION IS ASKED OF ONE ADULT IN THE HOUSEHOLD (PMK OR PMK PARTNER).

SAF2_R1   **This section asks questions about your neighbourhood.**

SAF2_Q1   **How many years have you lived at this address?**
(Enter 0 if less than 1 year.)
[Min: 0 Max: 94]

FLOW INFORMATION .... IF REFUSAL GO TO SAF2_R5

SAF2_Q1BA   **How do you feel about your neighbourhood as a place to bring up children in terms of the following:**

          lots of families with children.

          01   **excellent?**
          02   **very good?**
          03   **good?**
          04   **fair?**
          05   **poor?**

FLOW INFORMATION .... IF REFUSAL GO TO SAF2_R5

SAF2_Q1BB   **good schools, nursery schools.**

FLOW INFORMATION .... IF REFUSAL GO TO SAF2_R5

SAF2_Q1BC   **adequate facilities for children (e.g. playgrounds, pools).**

FLOW INFORMATION .... IF REFUSAL GO TO SAF2_R5

SAF2_Q1BD   **Safe and clean community.**

FLOW INFORMATION .... IF REFUSAL GO TO SAF2_R5

SAF2_Q1BE   **presence of health facilities.**

FLOW INFORMATION .... IF REFUSAL GO TO SAF2_R5

SAF2_Q1BF   **actively involved residents.**

FLOW INFORMATION .... IF REFUSAL GO TO SAF2_R5

SAF2_Q1BG   **accessible public transportation.**

FLOW INFORMATION .... IF REFUSAL GO TO SAF2_R5

SAF2_Q2B   **Based on the characteristics I just mentioned, how would you compare this neighbourhood to your previous neighbourhood as a place to raise children? Would you say it is:**

        01   **excellent?**
        02   **very good?**
        03   **good?**
        04   **fair?**
        05   **poor?**
        06   **no previous neighbourhood?**

FLOW INFORMATION .... IF REFUSAL GO TO SAF2_R5

SAF2_Q2C   **Do you feel that you live in a close knit community?**

        1   Yes
        2   No

FLOW INFORMATION .... IF REFUSAL GO TO SAF2_R5

SAF2_Q3   **How often did you talk or visit with your neighbours in the past 12 months?**

        1   At least once a week
        2   At least once a month
        3   At least 3 or 4 times
        4   At least once
        5   Never

FLOW INFORMATION .... IF REFUSAL GO TO SAF2_R5

SAF2_R5   **Please tell me whether you strongly agree, agree, disagree, or strongly disagree with these statements about your neighbourhood.**

SAF2_Q5A   **It is safe to walk alone in this neighbourhood after dark.**

        1   Strongly agree
        2   Agree
        3   Disagree
        4   Strongly disagree

FLOW INFORMATION .... IF REFUSAL GO TO SAF2_STOP

SAF2_Q5B   **It is safe for children to play outside during the day.**

FLOW INFORMATION .... IF REFUSAL GO TO SAF2_STOP

SAF2_Q5C   **There are safe parks, playgrounds and play spaces in this neighbourhood.**

FLOW INFORMATION .... IF REFUSAL GO TO SAF2_STOP

SAF2_R6   **The following statements are about people in neighbourhoods.**

SAF2_Q6A   Please tell me whether you strongly agree, agree, disagree, or strongly disagree about the following statements when thinking of your neighbours:

If there is a problem around here, the neighbours get together to deal with it.

    1   **Strongly agree**
    2   **Agree**
    3   **Disagree**
    4   **Strongly disagree**

FLOW INFORMATION .... IF REFUSAL GO TO SAF2_STOP

SAF2_Q6B   **There are adults in the neighbourhood that children can look up to.**

FLOW INFORMATION .... IF REFUSAL GO TO SAF2_STOP

SAF2_Q6C   **People around here are willing to help their neighbours.**

FLOW INFORMATION .... IF REFUSAL GO TO SAF2_STOP

SAF2_Q6D   **You can count on adults in this neighbourhood to watch out that children are safe and don't get in trouble.**

FLOW INFORMATION .... IF REFUSAL GO TO SAF2_STOP

SAF2_Q6E   **When I'm away from home, I know that my neighbours will keep their eyes open for possible trouble.**

FLOW INFORMATION .... IF REFUSAL GO TO SAF2_STOP

SAF2_R7   **The next few questions are about parenting classes and your involvement in your community.**

SAF2_Q7   **Have you ever attended parenting classes, courses or workshops?**

    1   Yes
    2   No .... (Go to SAF2_Q8A)

FLOW INFORMATION .... IF DON'T KNOW OR REFUSAL GO TO SAF2_Q8A

SAF2_Q7A   **Approximately how many hours in total.**

SAF2_Q8A   **Are you a member or participating in any of the following types of local voluntary organizations:**

a school association such as a Parent Teacher Association.

FLOW INFORMATION .... IF REFUSAL GO TO SAF2_STOP

SAF2_Q8B   **a religious affiliated group.**

FLOW INFORMATION .... IF REFUSAL GO TO SAF2_STOP

SAF2_Q8C   a neighbourhood, civic or community association.

FLOW INFORMATION .... IF REFUSAL GO TO SAF2_STOP

SAF2_Q8D   a cultural or ethnic affiliated association.

FLOW INFORMATION .... IF REFUSAL GO TO SAF2_STOP

SAF2_Q8E   a political or advocacy association.

FLOW INFORMATION .... IF REFUSAL GO TO SAF2_STOP

SAF2_Q9   Have you ever been asked to participate in a local organization?

FLOW INFORMATION .... IF REFUSAL GO TO SAF2_STOP

SAF2_Q10   Do you volunteer in your child's (children) school or classroom?

FLOW INFORMATION .... IF REFUSAL GO TO SAF2_STOP

SAF2_Q11   Other than on special occasions (such as weddings or funerals), how often did you attend religious services or meetings in the past 12 months?
(Read list. Mark one only.)

     01   **At least once a week**
     02   **At least once a month**
     03   **At least 3 or 4 times**
     04   **At least once**
     05   **Never**

FLOW INFORMATION .... IF REFUSAL GO TO SAF2_STOP

SAF2_Q12   Are you involved in any sports, music or arts related groups?

     1   Yes
     2   No

FLOW INFORMATION .... IF REFUSAL GO TO SAF2_STOP

SAF2_Q13   How often do you vote in elections?

     1   Always
     2   Most of the time
     3   Some of the time
     4   Never
         DK, RF

SOCIAL SUPPORT

THIS SECTION IS ASKED OF ONE ADULT IN THE HOUSEHOLD (PMK OR PMK PARTNER).

SUP2_R1   **The following statements are about relationships and the support which you get from others. For each of the following, please tell me whether you strongly disagree, disagree, agree, or strongly agree.**

SUP2_Q1A   **If something went wrong, no one would help me.**

FLOW INFORMATION .... IF REFUSAL GO TO SUP2_STOP

SUP2_Q1B   **I have family and friends who help me feel safe, secure and happy.**

FLOW INFORMATION .... IF REFUSAL GO TO SUP2_STOP

SUP2_Q1D   **There is someone I trust whom I would turn to for advice if I were having problems.**

FLOW INFORMATION .... IF REFUSAL GO TO SUP2_STOP

SUP2_Q1E   **There is no one I feel comfortable talking about problems with.**

FLOW INFORMATION .... IF REFUSAL GO TO SUP2_STOP

SUP2_Q1F   **I lack a feeling of closeness with another person.**

FLOW INFORMATION .... IF REFUSAL GO TO SUP2_STOP

SUP2_Q1G   **There are people I can count on in an emergency.**

FLOW INFORMATION ....IF REFUSAL GO TO SUP2_STOP

SUP2_Q1H   **I feel part of a group of people who share my attitudes and beliefs.**

FLOW INFORMATION ....IF REFUSAL GO TO SUP2_STOP

SUP2_Q1I   **There is no one who shares my interests and concerns.**

SOCIO-DEMOGRAPHIC

THIS SECTION IS ASKED OF THE ADULT RESPONDENT (PMK AND PMK PARTNER). PROXY VALUES: Use proxy and non-proxy

SOCA_R1   **Now, I would like to ask you some general background questions.**

SOCA_Q1   **In what country ^WERE ^YOU2 born?**
(Do not read list. Mark one only.)

    01   Canada ....(Go to SOCA_Q4)
    02   China
    03   France
    04   Germany
    05   Greece
    06   Guyana
    07   Hong Kong
    08   Hungary
    09   India
    10   Italy
    11   Jamaica
    12   Netherlands (Holland)
    13   Philippines
    14   Poland
    15   Portugal
    16   United Kingdom (England, Scotland, Northern Ireland, Wales)
    17   United States
    18   Vietnam
    19   Other (specify)

Default: (Go to SOCA_Q2A)

FLOW INFORMATION .... IF DO NOT KNOW OR REFUSAL GO TO SOCA_Q4

SOCA_Q2A   **Of what country ^ARE ^YOU1 a citizen?**
(Do not read list. Mark all that apply.)

    1   Canada, citizen by birth.. (Go to SOCA_Q4)
    2   Canada, by naturalization
    3   Same country as birth
    4   Other country

SOCA_Q2B   **^ARE_C ^YOU1 now, or ^HAVE ^YOU1 ever been a landed immigrant?**

    1   Yes
    2   No

SOCA_Q3 **In what year did ^YOU1 first immigrate to Canada?**
      [Min: 1901 Max: 2001]

SOCA_Q4 **To which ethnic or cultural group(s) did ^YOUR2 ancestors belong? (For example: French, Scottish, Chinese)**
      (Do not read list. Mark all that apply.)

    01 Canadian
    02 French
    03 English
    04 German
    05 Scottish
    06 Irish
    07 Italian
    08 Ukrainian
    09 Dutch (Netherlands)
    10 Chinese
    11 Jewish
    12 Polish
    13 Portuguese
    14 South Asian
    15 Black
    16 North American Indian
    17 Métis
    18 Inuit/Eskimo
    19 Other (specify)

SOCA_Q4A **How would you best describe ^YOUR2 race or colour?**
      (Do not read list. Mark all that apply.)

    01 White
    02 Chinese
    03 South Asian (for example East Indian, Pakistani, Punjabi, Sri Lankan)
    04 Black (for example African, Haitian, Jamaican, Somali)
    05 Native/Aboriginal people (North American Indian, Métis or Inuit/Eskimo)
    06 Arab/West Asian (for example Armenian, Egyptian, Iranian, Lebanese, Moroccan)
    07 Filipino
    08 South East Asian (for example Cambodian, Indonesian, Laotian, Vietnamese)
    09 Latin-American
    10 Japanese
    11 Korean
    12 Other (specify)

SOCA_Q5   **In which language(s) can ^YOU1 conduct a conversation?**
(Do not read list. Mark all that apply.)

01	English
02	French
03	Arabic
04	Chinese
05	Cree
06	German
07	Greek
08	Hungarian
09	Italian
10	Korean
11	Persian (Farsi)
12	Polish
13	Portuguese
14	Punjabi
15	Spanish
16	Tagalog (Filipino)
17	Ukrainian
18	Vietnamese
19	Other (specify)

SOCA_Q6   **What is the language that ^YOU1 first learned at home in childhood and can still understand?**
(If the respondent can no longer understand the first language learned, choose the second language learned. Do not read list. Mark all that apply.)

01	English
02	French
03	Arabic
04	Chinese
05	Cree
06	German
07	Greek
08	Hungarian
09	Italian
10	Korean
11	Persian (Farsi)
12	Polish
13	Portuguese
14	Punjabi
15	Spanish
16	Tagalog (Filipino)
17	Ukrainian
18	Vietnamese
19	Other (specify)

SOCA_Q6A   **What language(s) ^DOVERB ^YOU1 speak most often at home?**
(Do not read list. Mark all that apply.)

1   English
2   French
3   Other

SOCA_Q8   **What, if any, is ^YOUR2 religion?**
(Do not read list. Mark one only.)

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