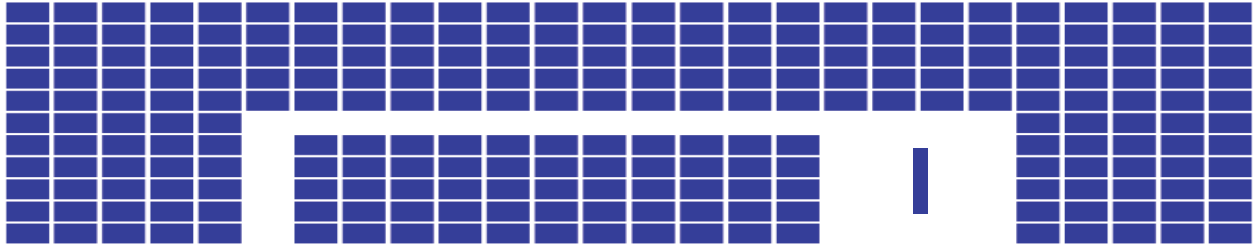




Housing, Family and Social Statistics Division  
General Social Survey 1985

## Cycle I: Health and Social Support

### Questionnaire Package



Statistics Statistique  
Canada Canada

Canada

**FOR INFORMATION ONLY**

# GENERAL SOCIAL SURVEY, CYCLE 1

## Health and Social Support

### GSS 1

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GENERAL SOCIAL SURVEY  
CYCLE ONE QUESTIONNAIRE PACKAGE

This package briefly describes the content of the first cycle of the General Social Survey and the different questionnaires, methodologies and samples involved. A copy of the longest questionnaire (GSS-3) is attached as Appendix A.

Content and Questionnaires

The first cycle of the General Social Survey was conducted in the last week of September and the first two weeks of October, 1985. The survey collected information on the health status of the population and on social support for the elderly. Questions on social support (Sections K, L, and M of the GSS-3, see below) were asked of persons 55 years and over only. The information for the GSS was collected using two different methods; interviews over the telephone and face-to-face interviews. The age groups interviewed, the method, and the type of information collected are shown below:

Questionnaire	Ages	Interview Method	Content
GSS-2	15 - 54	telephone	health status & support network
GSS-3	55 - 64	telephone	health status & social support
GSS-4	65 & over	face-to-face	health status & social support

Because of the varying methodologies and type of information collected three different questionnaires were designed, as indicated in the left margin of the above table. The GSS-3 has the maximum number of questions and sections and therefore it is the questionnaire which has been attached. For easier reference the Sections of the GSS-3 are titled and listed below:

GSS-3 Sections:

A. Health Problems	Q.s	1 - 10
B. Two Week Disability	Q.s	11 - 19
C. Health Care Services	Q.s	20 - 26
D. Long Term Disability	Q.s	27 - 37
E. Height and Weight	Q.s	38 - 40
F. Physical Activity	Q.s	41 - 52
G. Smoking	Q.s	53 - 62

H. Alcohol Use	Q.s 63 - 69
I. Sleeping	Q.s 70 - 72
J. Satisfaction	Q.s 73 - 75
K. Social Activities	Q. 76
L. Help Given to Others	Q.s 77 - 83
M. Household Activities Support	Q.s 84 - 103
N. Support Network	Q.s 104 - 128
O. Background Characteristics	Q.s 129 - 168

The GSS-4 questionnaire is identical to the GSS-3 except for the exclusion of Q.s 146 - 150 from the Background Characteristics Section. These five questions which ask about household telephones are pertinent to the telephone sample only.

Sections A through J of the GSS-2 questionnaire are identical to that of the GSS-3. The three sections on social support, Sections K, L, and M of the GSS-3, are excluded from the GSS-2. The remaining two sections of the GSS-3, Support Network and Background Characteristics, are included on the GSS-2 as Sections K and L respectively.

### Samples

The telephone sample, consisting of persons aged 15 to 64 was created through random digit dialing. Each computer generated telephone number in the sample was called. When a private household was reached an interviewer completed a selection control form (GSS-1), shown in Appendix B. The interviewer used the GSS-1 to list all the eligible household members (persons 15 - 64) and to record age, sex and household relationships. One person in the household was then randomly selected to be interviewed. Approximately 8,150 telephone interviews were completed with an overall response rate of over 84%.

The sample of persons 65 years and over selected for personal interviews was drawn from the groups which rotated out of the Labour Force Survey in June and July, 1985. All the persons in these groups who were 65 years and over, were recontacted and asked to participate in the GSS. The age, sex, marital status and household composition were collected previously as part of the LFS. Approximately 3,150 personal interviews were completed with a response rate of 87%.

Nov. 29, 1985



-  -  Telephone Number (Item 1, GSS-1)

Page-Line No. (Item 40-41, GSS-1)

Age (Item 44, GSS-1)

**GSS-3**

**CONFIDENTIAL** when completed

**GENERAL SOCIAL SURVEY  
HEALTH AND SOCIAL SUPPORT  
QUESTIONNAIRE  
AGES 55 AND OVER**

**SECTION A**

I would now like to ask you some questions related to your health. Most of the questions are about specific health concerns but the first question is about health in general.

1. How would you describe your state of health? Compared to other persons your age, would you say it was ...

- 1 Excellent
- 2 Good
- 3 Fair, or
- 4 Poor?

2. Now I'd like to ask you some questions about your blood pressure. How long ago did you last have your blood pressure checked?

- 1 Within last 6 months
- 2 7 to 12 months ago
- 3 13 to 24 months ago
- 4 More than 2 years ago
- 5 Never
- 6 Don't know

} Go to 5

3. Have you ever been told by a doctor or nurse that you have high blood pressure?

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

} Go to 5

**Note:** Women should exclude high blood pressure due to pregnancy.

4. Has any medication or treatment such as a change in diet ever been prescribed for your high blood pressure?

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

5. The next few questions refer to certain other health problems. Have you ever had trouble with your heart, such as a heart attack, angina, heart failure or rheumatic heart disease?

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

} Go to 7

6. At what age were you first diagnosed?

--	--

- 17 Never diagnosed
- 18 Don't know

7. Do you have diabetes?

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

} Go to 9

8. At what age were you first diagnosed?

--	--

- 17 Never diagnosed
- 18 Don't know

9. Do you have any respiratory problems such as asthma, emphysema, chronic bronchitis, persistent cough or shortness of breath?

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

10. Do you have arthritis, rheumatism or bursitis?

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

**SECTION B**

11. It is important in the next few questions for you to refer to the 14 day period from Sunday \_\_\_\_\_ to Saturday \_\_\_\_\_. During those two weeks, was your main activity working, going to school, keeping house or something else?

- 1 Working
- 2 Going to school
- 3 Keeping house
- 4 Other (specify) \_\_\_\_\_

**Note:** If sickness or illness is reported, ask for usual major activity.

12. During those 14 days did you stay in bed at all because of your health, including any nights spent as a patient in a hospital?

- 1 Yes
- 2 No → Go to 16

13. How many days did you stay in bed for all or most of the day?

--	--

14. Interviewer:

If code 4, 5 or 6 in Q 11.       Go to 15

Otherwise.                               Go to 16

15. On how many of those days would you normally have ...   
 {worked? }   
 {gone to school? }   
 {done housework? }

16. (Not counting days spent in bed) Were there any days in those 2 weeks that you cut down on things you normally do because of your health?   
<sup>3</sup>  Yes   
<sup>4</sup>  No → Go to 20

17. How many days did you cut down for all or most of the day?

18. Interviewer:   
 If code 4, 5 or 6 in Q. 11, <sup>1</sup>  Go to 19   
 Otherwise, <sup>2</sup>  Go to 20

19. On how many of those days were you not able to ...   
 {work? }   
 {go to school? }   
 {do housework? }

**SECTION C**   
 20. During those 14 days, did you see or talk to a medical doctor about your health?   
<sup>3</sup>  Yes   
<sup>4</sup>  No → Go to 22

21. What was the main reason for this contact?   
<sup>5</sup>  Illness or health problem   
<sup>6</sup>  Medical check-up   
<sup>7</sup>  Shots, inoculations or vaccination   
<sup>8</sup>  Pre or post-natal care   
<sup>9</sup>  Other (specify) \_\_\_\_\_

22. Now I'd like to ask you about your contacts during the last 12 months with the health care system.   
 During the last 12 months, how many times did you see or talk to a general practitioner about your health?   
    
<sup>97</sup>  None   
<sup>98</sup>  Don't know

23. During the last 12 months, how many times did you see or talk to a medical specialist about your health?   
    
<sup>97</sup>  None   
<sup>98</sup>  Don't know

24. During the last 12 months, how many times did you see or talk to a dentist?   
    
<sup>97</sup>  None   
<sup>98</sup>  Don't know

25. During the last 12 months, how many times did you see or talk to a nurse about your health, excluding making appointments?   
    
<sup>97</sup>  None   
<sup>98</sup>  Don't know

26. Did you spend any nights as a patient in a hospital, nursing home or convalescent home during the last 12 months?   
<sup>1</sup>  Yes → How many nights?     
<sup>2</sup>  No

**SECTION D**   
 New I would like to ask you some questions about what you can do on an average day, with any aids if you normally use them. Please exclude any temporary difficulties you might be experiencing due to pregnancy or injury.

27. Do you have any trouble walking 400 metres without resting; that's about 3 city blocks?   
<sup>1</sup>  Yes → Are you completely unable to do this?   
<sup>2</sup>  No <sup>3</sup>  Yes   
<sup>4</sup>  No

28. Do you have any trouble walking up and down a flight of stairs?   
<sup>5</sup>  Yes → Are you completely unable to do this?   
<sup>6</sup>  No <sup>7</sup>  Yes   
<sup>8</sup>  No

29. Do you have any trouble carrying an object of 5 kilograms 10 metres; that's like carrying a 12 pound bag of groceries about 30 feet?   
<sup>1</sup>  Yes → Are you completely unable to do this?   
<sup>2</sup>  No <sup>3</sup>  Yes   
<sup>4</sup>  No

30. Do you have any trouble standing for long periods of time; for example, waiting in line at a bank for 20 minutes or more?

<sup>1</sup> Yes → Are you completely unable to do this?  
 <sup>2</sup> No     <sup>3</sup> Yes  
 <sup>4</sup> No

31. Do you have any trouble, when standing, bending down to pick up an object from the floor?

<sup>1</sup> Yes → Are you completely unable to do this?  
 <sup>2</sup> No     <sup>3</sup> Yes  
 <sup>4</sup> No

32. Do you have any trouble cutting your own toenails?

<sup>1</sup> Yes → Are you completely unable to do this?  
 <sup>2</sup> No     <sup>3</sup> Yes  
 <sup>4</sup> No

33. Do you have trouble using your fingers to grasp or handle?

<sup>1</sup> Yes → Are you completely unable to do this?  
 <sup>2</sup> No     <sup>3</sup> Yes  
 <sup>4</sup> No

34. Do you have any trouble reaching above your head?

<sup>1</sup> Yes → Are you completely unable to do this?  
 <sup>2</sup> No     <sup>3</sup> Yes  
 <sup>4</sup> No

35. Do you have any trouble seeing well enough to read ordinary newspaper, with glasses if you normally wear them?

<sup>1</sup> Yes → Are you completely unable to do this?  
 <sup>2</sup> No     <sup>3</sup> Yes  
 <sup>4</sup> No

36. Do you have any trouble hearing what is said in a normal conversation with at least two persons, with a hearing aid if you normally use one?

<sup>1</sup> Yes → Are you completely unable to do this?  
 <sup>2</sup> No     <sup>3</sup> Yes  
 <sup>4</sup> No

37. Are you limited in the kind or amount of activity you can do at home, at work or at school because of a long term physical condition or health problem?

<sup>1</sup> Yes → How are you limited?  
 <sup>2</sup> No

\_\_\_\_\_

\_\_\_\_\_

SECTION E

The next few questions concern your physical condition and physical activity.

38. What is your height?

feet    inches    or    centimetres

<sup>3</sup> Don't know

39. What is your weight?

lbs.    or    kilograms

<sup>5</sup> Don't know

40. Do you consider yourself to be ...

- <sup>7</sup> Overweight
- <sup>6</sup> Underweight
- <sup>8</sup> About the proper weight?

SECTION F

41. Thinking back over the last 3 months did you participate in active physical exercise, that is, exercise which made you perspire or breathe more heavily than normal?

- <sup>1</sup> Yes
- <sup>2</sup> No    →    Go to 50

42. What did you do? Anything else? (Mark all that apply.)

- <sup>1</sup> Running or jogging
- <sup>2</sup> Bicycling
- <sup>3</sup> Tennis
- <sup>4</sup> Exercise in a class or at home
- <sup>5</sup> Swimming
- <sup>6</sup> Raquetball or squash
- <sup>7</sup> Other (specify) \_\_\_\_\_
- <sup>8</sup> Other (specify) \_\_\_\_\_
- <sup>9</sup> Other (specify) \_\_\_\_\_

43. Over the last 3 months which did you do most frequently?

- <sup>1</sup> Running or jogging
- <sup>2</sup> Bicycling
- <sup>3</sup> Tennis
- <sup>4</sup> Exercise in a class or at home
- <sup>5</sup> Swimming
- <sup>6</sup> Raquetball or squash
- <sup>7</sup> Other (specify) \_\_\_\_\_



44. How frequently did you participate in this activity?

times per week

OR

times per month

<sup>6</sup>  Less than once a month

<sup>9</sup>  Don't know

45. About how much time did you spend on each occasion?

<sup>3</sup>  More than one hour

<sup>4</sup>  46 minutes to one hour

<sup>5</sup>  31 minutes to 45 minutes

<sup>6</sup>  16 minutes to 30 minutes

<sup>7</sup>  15 minutes or less

<sup>8</sup>  Don't know

46. Interviewer:

If only one circle marked in Q. 42... <sup>1</sup>  Go to 50

Otherwise, ... <sup>2</sup>  Go to 47

47. Which was the next most frequent exercise you participated in during the last 3 months?

<sup>3</sup>  Running or jogging

<sup>4</sup>  Bicycling

<sup>5</sup>  Tennis

<sup>6</sup>  Exercise in a class or at home

<sup>7</sup>  Swimming

<sup>8</sup>  Raquetball or squash

<sup>9</sup>  Other (specify) \_\_\_\_\_

48. How frequently did you do this activity?

times a week

OR

times a month

<sup>8</sup>  Less than once a month

<sup>9</sup>  Don't know

49. About how much time did you spend on each occasion?

<sup>3</sup>  More than one hour

<sup>4</sup>  46 minutes to one hour

<sup>5</sup>  31 minutes to 45 minutes

<sup>6</sup>  16 minutes to 30 minutes

<sup>7</sup>  15 minutes or less

<sup>8</sup>  Don't know

50. Which of the following best describes the level of physical effort in your work or daily activities?

<sup>1</sup>  Light - such as office work, driving, sitting...

<sup>2</sup>  Moderate - such as vacuuming, carpentry, walking...

<sup>3</sup>  Heavy - such as pushing or carrying heavy objects...

<sup>4</sup>  Don't know

51. Over the past 3 months how frequently did you participate in light physical exercise or recreation such as walking, dancing, golfing, gardening, baseball, etc.?

times a week

OR

times a month

<sup>5</sup>  Less than once a month

<sup>6</sup>  Don't know

52. Overall, do you consider the amount of physical activity you usually get to be ...

<sup>7</sup>  Too much

<sup>8</sup>  Too little

<sup>9</sup>  The right amount?

SECTION G

The next questions are about smoking.

53. At the present time do you smoke cigarettes daily, occasionally or not at all?

<sup>1</sup>  Daily

<sup>2</sup>  Occasionally } Go to 57

<sup>3</sup>  Not at all

54. At what age did you start smoking cigarettes daily?

<sup>98</sup>  Don't know

55. About how many cigarettes do you smoke each day?

56. What brand of cigarettes do you usually smoke?

\_\_\_\_\_   → Go to 62

(code from brand chart)

57. Do you smoke pipes, cigars, or cigarillos daily?

<sup>5</sup>  Yes

<sup>6</sup>  No

58. Have you ever smoked cigarettes daily?  
 1  Yes  
 2  No → Go to 62

59. At what age did you start smoking daily?

60. At what age did you last stop smoking daily?

61. About how many cigarettes did you usually smoke daily?

62. How many people in your household, excluding yourself, smoke daily?  
   
 \*  Don't know

**SECTION H**

The following questions are about drinking wine, beer or liquor -- all kinds of alcoholic beverages.

63. In the last 12 months have you taken a drink of beer, wine, liquor or other alcoholic beverage?  
 1  Yes  
 2  No → Go to 68

64. How often did you take a drink? Was it....  
 4  Everyday  
 5  At least once a week  
 6  One or more times a month  
 7  Less often than once a month?  
 8  Don't know

65. At what age did you start drinking alcoholic beverages?  
   
 \*  Don't know

The next question concerns drinking in the last 7 days. By a drink we mean:  
 - One pint bottle of beer  
 - One small glass of wine  
 - 1 1/2 ounces of liquor

66. (a) Thinking back over the last 7 days, on how many of these days did you have any alcoholic drinks?  
  
 1  None → Go to 67

(b) On how many of these days did you have 2 or more drinks?  
  
 1  None → Go to 67

(c) On how many of these days did you have 4 or more drinks?  
  
 1  None → Go to 67

(d) On how many of these days did you have 8 or more drinks?  
  
 1  None → Go to 67

(e) On how many of these days did you have 12 or more drinks?  
  
 1  None

67. Compared to this time last year are you now drinking...  
 1  More  
 2  About the same } Go to 70  
 3  Less

68. Did you ever drink alcoholic beverages?  
 4  Yes  
 5  No → Go to 70

69. Why did you stop?  
 6  Health  
 7  Other (specify) \_\_\_\_\_

**SECTION I**

Recent studies have shown that the amount of sleep a person gets may be related to their health.

70. Within a 24-hour period, how much time do you usually spend in bed resting, reading and sleeping?  
     
 hours minutes  
 8  Don't know

71. Of this time, how long do you usually spend sleeping?

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------

hours      minutes

Don't know

72. Do you consider that you get...

Too much sleep

Too little sleep

About the right amount?

**SECTION J**

73. The next questions ask you to rate your feelings about areas of your life and living conditions, whether you are very satisfied, somewhat satisfied, somewhat dissatisfied or very dissatisfied. How would you rate your feelings about each of the following?

	Very Satisfied	Somewhat Satisfied	Somewhat Dissatisfied	Very Dissatisfied	No Opinion
(a) Your health	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>
(b) Your job or major activity	06 <input type="radio"/>	07 <input type="radio"/>	08 <input type="radio"/>	09 <input type="radio"/>	10 <input type="radio"/>
(c) Your finances	11 <input type="radio"/>	12 <input type="radio"/>	13 <input type="radio"/>	14 <input type="radio"/>	15 <input type="radio"/>
(d) Your housing	16 <input type="radio"/>	17 <input type="radio"/>	18 <input type="radio"/>	19 <input type="radio"/>	20 <input type="radio"/>
(e) Family relations	21 <input type="radio"/>	22 <input type="radio"/>	23 <input type="radio"/>	24 <input type="radio"/>	25 <input type="radio"/>
(f) Friendships	26 <input type="radio"/>	27 <input type="radio"/>	28 <input type="radio"/>	29 <input type="radio"/>	30 <input type="radio"/>

74. Using the same scale, how do you feel about your life as a whole ...

Very satisfied

Somewhat satisfied

Somewhat dissatisfied

Very dissatisfied?

No opinion

76(b) In the last month, how many times did you travel out of your town or community?

Never → Go to 76(c)

With whom did you travel?  
(Mark all that apply)

- 1 Alone
- 2 Spouse/Partner
- 3 Son/Daughter
- 4 Other Relative
- 5 Friend
- 6 Other (specify) \_\_\_\_\_

75. Would you describe yourself as ...

Very happy

Somewhat happy

Somewhat unhappy

Very unhappy?

No opinion

76(c) Go to senior centres or clubs?

Never

**SECTION K**

76(a) The next questions concern social activities. In the last month, how many times did you go to public places such as movies, restaurants, theatre or sports events?

Never → Go to 76(b)

With whom did you go?  
(Mark all that apply)

- 1 Alone
- 2 Spouse/Partner
- 3 Son/Daughter
- 4 Other relative
- 5 Friend
- 6 Other (specify) \_\_\_\_\_

76(d) Go out to activities such as bingo, playing cards, or to attend courses?

Never → Go to 76(e)

With whom did you go?  
(Mark all that apply)

- 1 Alone
- 2 Spouse/Partner
- 3 Son/Daughter
- 4 Other Relative
- 5 Friend
- 6 Other (specify) \_\_\_\_\_

76(e) Attend meetings of clubs or organizations?

Never

**SECTION L**

The next few questions are about any unpaid help you have given to others during the last 6 months. This includes volunteer work through organizations such as hospitals, churches, sport associations and other volunteer organizations as well as unpaid help given to friends, neighbours or acquaintances.

77. In the last 6 months have you done any unpaid housework outside your home such as cooking, sewing or cleaning?

Yes > For which person or for which organization? (Mark all that apply)

No

Son/Daughter

Parent

Other relative

Friend, neighbour, etc.

Organization (specify) \_\_\_\_\_

78. In the last 6 months have you provided transportation such as driving a person to a doctor, a hospital or to stores?

Yes

No

For which person or for which organization? (Mark all that apply)

Son/Daughter

Parent

Other relative

Friend, neighbour, etc.

Organization (specify) \_\_\_\_\_

79. In the last 6 months have you done any maintenance or yard work such as repairs, painting, carpentry or lawn mowing?

Yes > For which person or for which organization? (Mark all that apply)

No

Son/Daughter

Parent

Other relative

Friend, neighbour, etc.

Organization (specify) \_\_\_\_\_

80. In the last 6 months have you done any unpaid babysitting?

Yes > For which person or for which organization? (Mark all that apply)

No

Son/Daughter

Parent

Other relative

Friend, neighbour, etc.

Organization (specify) \_\_\_\_\_

81. In the last 6 months have you provided personal care, things such as help bathing or dressing, to anyone outside your home?

Yes > For which person or for which organization? (Mark all that apply)

No

Son/Daughter

Parent

Other relative

Friend, neighbour, etc.

Organization (specify) \_\_\_\_\_

82. In the last 6 months have you provided any unpaid volunteer work for organizations such as teaching, fundraising or office work?

Yes > For which person or for which organization? (Mark all that apply)

No

Son/Daughter

Parent

Other relative

Friend, neighbour, etc.

Organization (specify) \_\_\_\_\_

83. In the last 6 months, did you donate money to any organizations or provide voluntary financial support to any persons who do not live in your household, including family members?

Yes > For which person or for which organization? (Mark all that apply)

No

Son/Daughter

Parent

Other relative

Friend, neighbour, etc.

Organization (specify) \_\_\_\_\_

**SECTION M**

The next questions are about household activities and who takes part in these activities in your home.

84. Interviewer: Ask if not known:

Do you live in an apartment?

Yes → Go to 88

No

85. Is the yard work for your dwelling, such as lawn mowing, leaf raking and snow removal usually done by ...

5 Yourself alone → Go to 88

6 Yourself and someone else

7 Someone else

86. Who (besides yourself) does the yard work?

For each circle marked ask:  
How often is \_\_\_\_ involved doing the yard work?

	Once or more per week	Once or more per month	Less than once a month
<input type="radio"/> 01 Spouse	<input type="radio"/> 02	<input type="radio"/> 03	<input type="radio"/> 04
<input type="radio"/> 05 Daughter	<input type="radio"/> 06	<input type="radio"/> 07	<input type="radio"/> 08
<input type="radio"/> 09 Son	<input type="radio"/> 10	<input type="radio"/> 11	<input type="radio"/> 12
<input type="radio"/> 13 Other relative	<input type="radio"/> 14	<input type="radio"/> 15	<input type="radio"/> 16
<input type="radio"/> 17 Friend or neighbour	<input type="radio"/> 18	<input type="radio"/> 19	<input type="radio"/> 20
<input type="radio"/> 21 House maintenance service	<input type="radio"/> 22	<input type="radio"/> 23	<input type="radio"/> 24
<input type="radio"/> 25 Lawn/garden maintenance service	<input type="radio"/> 26	<input type="radio"/> 27	<input type="radio"/> 28
<input type="radio"/> 29 Senior centre or club	<input type="radio"/> 30	<input type="radio"/> 31	<input type="radio"/> 32
<input type="radio"/> 33 Landlord or agent	<input type="radio"/> 34	<input type="radio"/> 35	<input type="radio"/> 36
<input type="radio"/> 37 Condominium corporation	<input type="radio"/> 38	<input type="radio"/> 39	<input type="radio"/> 40
<input type="radio"/> 41 Other (specify) _____	<input type="radio"/> 42	<input type="radio"/> 43	<input type="radio"/> 44

87. If you had to, could you do the yard work without help?

1 Yes

2 No →

Are you completely unable to do it?

3 Yes

4 No

88. Is the housework in your household usually done by ...

5 Yourself alone → Go to 92

6 Yourself and someone else

7 Someone else

89. Who (besides yourself) does the housework?

For each circle marked ask:  
How often is \_\_\_\_ involved doing the housework?

	Once or more per week	Once or more per month	Less than once a month
<input type="radio"/> 01 Spouse	<input type="radio"/> 02	<input type="radio"/> 03	<input type="radio"/> 04
<input type="radio"/> 05 Daughter	<input type="radio"/> 06	<input type="radio"/> 07	<input type="radio"/> 08
<input type="radio"/> 09 Son	<input type="radio"/> 10	<input type="radio"/> 11	<input type="radio"/> 12
<input type="radio"/> 13 Other relative	<input type="radio"/> 14	<input type="radio"/> 15	<input type="radio"/> 16
<input type="radio"/> 17 Friend or neighbor	<input type="radio"/> 18	<input type="radio"/> 19	<input type="radio"/> 20
<input type="radio"/> 21 Homemaker service	<input type="radio"/> 22	<input type="radio"/> 23	<input type="radio"/> 24
<input type="radio"/> 25 Friendly visitor service	<input type="radio"/> 26	<input type="radio"/> 27	<input type="radio"/> 28
<input type="radio"/> 29 Senior centre or club	<input type="radio"/> 30	<input type="radio"/> 31	<input type="radio"/> 32
<input type="radio"/> 33 Other (specify) _____	<input type="radio"/> 34	<input type="radio"/> 35	<input type="radio"/> 36

90. If you had to, could you do heavy housework such as washing floors and cleaning windows without help?

1 Yes → Go to 92

2 No →

Are you completely unable to do heavy housework?

3 Yes

4 No

**91. If you had to, could you do light housework such as washing dishes and dusting without help?**

<sup>1</sup> Yes  
 <sup>2</sup> No →

<b>Are you completely unable to do light housework?</b> <input type="radio"/> <sup>3</sup> Yes <input type="radio"/> <sup>4</sup> No
--

**92. Are the meals in your household usually prepared by ...**

<sup>5</sup> Yourself alone → Go to 95  
 <sup>6</sup> Yourself and someone else  
 <sup>7</sup> Someone else

<b>93. Who (besides yourself) makes the meals?</b>	<b>For each circle marked ask: How often is _____ involved in making meals?</b>		
	<b>Once or more per week</b>	<b>Once or more per month</b>	<b>Less than once a month</b>
<input type="radio"/> <sup>01</sup> Spouse	<input type="radio"/> <sup>02</sup>	<input type="radio"/> <sup>03</sup>	<input type="radio"/> <sup>04</sup>
<input type="radio"/> <sup>05</sup> Daughter	<input type="radio"/> <sup>06</sup>	<input type="radio"/> <sup>07</sup>	<input type="radio"/> <sup>08</sup>
<input type="radio"/> <sup>09</sup> Son	<input type="radio"/> <sup>10</sup>	<input type="radio"/> <sup>11</sup>	<input type="radio"/> <sup>12</sup>
<input type="radio"/> <sup>13</sup> Other relative	<input type="radio"/> <sup>14</sup>	<input type="radio"/> <sup>15</sup>	<input type="radio"/> <sup>16</sup>
<input type="radio"/> <sup>17</sup> Friend or neighbour	<input type="radio"/> <sup>18</sup>	<input type="radio"/> <sup>19</sup>	<input type="radio"/> <sup>20</sup>
<input type="radio"/> <sup>21</sup> Homemaker service	<input type="radio"/> <sup>22</sup>	<input type="radio"/> <sup>23</sup>	<input type="radio"/> <sup>24</sup>
<input type="radio"/> <sup>25</sup> Friendly visitor service	<input type="radio"/> <sup>26</sup>	<input type="radio"/> <sup>27</sup>	<input type="radio"/> <sup>28</sup>
<input type="radio"/> <sup>29</sup> Senior centre or club	<input type="radio"/> <sup>30</sup>	<input type="radio"/> <sup>31</sup>	<input type="radio"/> <sup>32</sup>
<input type="radio"/> <sup>33</sup> Other (specify) _____	<input type="radio"/> <sup>34</sup>	<input type="radio"/> <sup>35</sup>	<input type="radio"/> <sup>36</sup>

**94. If you had to make meals on a regular basis, could you do it without help?**

<sup>1</sup> Yes  
 <sup>2</sup> No →

<b>Are you completely unable to make meals?</b> <input type="radio"/> <sup>3</sup> Yes <input type="radio"/> <sup>4</sup> No
--

**95. Is the grocery shopping in your household usually done by ...**

<sup>5</sup> Yourself alone → Go to 98  
 <sup>6</sup> Yourself and someone else  
 <sup>7</sup> Someone else

<b>96. Who (besides yourself) shops for groceries?</b>	<b>For each circle marked ask: How often is _____ involved in grocery shopping?</b>		
	<b>Once or more per week</b>	<b>Once or more per month</b>	<b>Less than once a month</b>
<input type="radio"/> <sup>01</sup> Spouse	<input type="radio"/> <sup>02</sup>	<input type="radio"/> <sup>03</sup>	<input type="radio"/> <sup>04</sup>
<input type="radio"/> <sup>05</sup> Daughter	<input type="radio"/> <sup>06</sup>	<input type="radio"/> <sup>07</sup>	<input type="radio"/> <sup>08</sup>
<input type="radio"/> <sup>09</sup> Son	<input type="radio"/> <sup>10</sup>	<input type="radio"/> <sup>11</sup>	<input type="radio"/> <sup>12</sup>
<input type="radio"/> <sup>13</sup> Other relative	<input type="radio"/> <sup>14</sup>	<input type="radio"/> <sup>15</sup>	<input type="radio"/> <sup>16</sup>
<input type="radio"/> <sup>17</sup> Friend or neighbour	<input type="radio"/> <sup>18</sup>	<input type="radio"/> <sup>19</sup>	<input type="radio"/> <sup>20</sup>
<input type="radio"/> <sup>21</sup> Homemaker service	<input type="radio"/> <sup>22</sup>	<input type="radio"/> <sup>23</sup>	<input type="radio"/> <sup>24</sup>
<input type="radio"/> <sup>25</sup> Friendly visitor service	<input type="radio"/> <sup>26</sup>	<input type="radio"/> <sup>27</sup>	<input type="radio"/> <sup>28</sup>
<input type="radio"/> <sup>29</sup> Senior centre or club	<input type="radio"/> <sup>30</sup>	<input type="radio"/> <sup>31</sup>	<input type="radio"/> <sup>32</sup>
<input type="radio"/> <sup>33</sup> Other (specify) _____	<input type="radio"/> <sup>34</sup>	<input type="radio"/> <sup>35</sup>	<input type="radio"/> <sup>36</sup>

97. If you had to, could you do the grocery shopping without help?

<sup>1</sup>  Yes

<sup>2</sup>  No



Are you completely unable to do shopping?

<sup>3</sup>  Yes

<sup>4</sup>  No

98. Do you usually get help with managing your money such as keeping track of expenses and paying bills?

<sup>5</sup>  Yes

<sup>6</sup>  No



99. Who usually helps you?

For each circle marked ask:  
How often does \_\_\_\_\_ help?

	Once or more per week	Once or more per month	Less than once a month
<sup>01</sup> <input type="radio"/> Spouse	<sup>02</sup> <input type="radio"/>	<sup>08</sup> <input type="radio"/>	<sup>04</sup> <input type="radio"/>
<sup>05</sup> <input type="radio"/> Daughter	<sup>06</sup> <input type="radio"/>	<sup>07</sup> <input type="radio"/>	<sup>06</sup> <input type="radio"/>
<sup>09</sup> <input type="radio"/> Son	<sup>10</sup> <input type="radio"/>	<sup>11</sup> <input type="radio"/>	<sup>12</sup> <input type="radio"/>
<sup>13</sup> <input type="radio"/> Other relative	<sup>14</sup> <input type="radio"/>	<sup>15</sup> <input type="radio"/>	<sup>16</sup> <input type="radio"/>
<sup>17</sup> <input type="radio"/> Friend or neighbour	<sup>18</sup> <input type="radio"/>	<sup>19</sup> <input type="radio"/>	<sup>20</sup> <input type="radio"/>
<sup>21</sup> <input type="radio"/> Counselling service	<sup>22</sup> <input type="radio"/>	<sup>23</sup> <input type="radio"/>	<sup>24</sup> <input type="radio"/>
<sup>25</sup> <input type="radio"/> Legal/accounting service	<sup>26</sup> <input type="radio"/>	<sup>27</sup> <input type="radio"/>	<sup>28</sup> <input type="radio"/>
<sup>29</sup> <input type="radio"/> Senior centre or club	<sup>30</sup> <input type="radio"/>	<sup>31</sup> <input type="radio"/>	<sup>32</sup> <input type="radio"/>
<sup>33</sup> <input type="radio"/> Other (specify) _____	<sup>34</sup> <input type="radio"/>	<sup>35</sup> <input type="radio"/>	<sup>36</sup> <input type="radio"/>

100. If you had to, could you manage your money without help?

<sup>1</sup>  Yes

<sup>2</sup>  No



Are you completely unable to do it?

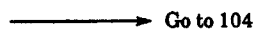
<sup>3</sup>  Yes

<sup>4</sup>  No

101. Do you usually get help with personal care such as dressing, feeding or taking medication?

<sup>5</sup>  Yes

<sup>6</sup>  No



102. Who usually helps you?

For each circle marked ask:  
How often does \_\_\_\_\_ help?

	Once or more per week	Once or more per month	Less than once a month
<sup>01</sup> <input type="radio"/> Spouse	<sup>02</sup> <input type="radio"/>	<sup>08</sup> <input type="radio"/>	<sup>04</sup> <input type="radio"/>
<sup>05</sup> <input type="radio"/> Daughter	<sup>06</sup> <input type="radio"/>	<sup>07</sup> <input type="radio"/>	<sup>06</sup> <input type="radio"/>
<sup>09</sup> <input type="radio"/> Son	<sup>10</sup> <input type="radio"/>	<sup>11</sup> <input type="radio"/>	<sup>12</sup> <input type="radio"/>
<sup>13</sup> <input type="radio"/> Other relative	<sup>14</sup> <input type="radio"/>	<sup>15</sup> <input type="radio"/>	<sup>16</sup> <input type="radio"/>
<sup>17</sup> <input type="radio"/> Friend or neighbour	<sup>18</sup> <input type="radio"/>	<sup>19</sup> <input type="radio"/>	<sup>20</sup> <input type="radio"/>
<sup>21</sup> <input type="radio"/> Nursing service	<sup>22</sup> <input type="radio"/>	<sup>23</sup> <input type="radio"/>	<sup>24</sup> <input type="radio"/>
<sup>25</sup> <input type="radio"/> Friendly visitor service	<sup>26</sup> <input type="radio"/>	<sup>27</sup> <input type="radio"/>	<sup>28</sup> <input type="radio"/>
<sup>29</sup> <input type="radio"/> Homemaker service	<sup>30</sup> <input type="radio"/>	<sup>31</sup> <input type="radio"/>	<sup>32</sup> <input type="radio"/>
<sup>33</sup> <input type="radio"/> Other (specify) _____	<sup>34</sup> <input type="radio"/>	<sup>35</sup> <input type="radio"/>	<sup>36</sup> <input type="radio"/>

103. If you had to, could you care for yourself without help?

- Yes
- No

Are you completely unable to care for yourself?

- Yes
- No

**SECTION N**

The following questions are about contact with your family and friends.

104. Interviewer: Ask if not known:

Is your mother still living?

- Yes
- No
- Don't know

} Go to 109

109. Interviewer: Ask if not known:

Is your father still living?

- Yes
- No
- Don't know

} Go to 114

105. How old is your mother?

- Don't know

110. How old is your father?

- Don't know

106. Does she live in this household?

- Yes → Go to 109
- No

111. Does he live in this household?

- Yes → Go to 114
- No

107. How often do you see your mother?

- Daily
- At least once a week
- At least once a month
- Less than once a month
- Never

112. How often do you see your father?

- Daily
- At least once a week
- At least once a month
- Less than once a month
- Never

108. How often do you have contact by letter or telephone with her?

- Daily
- At least once a week
- At least once a month
- Less than once a month
- Never

113. How often do you have contact by letter or telephone with him?

- Daily
- At least once a week
- At least once a month
- Less than once a month
- Never

114. Do you have any children?

- Yes → How many?
- No → Go to 119



115. Do all of them live in this household?  
 1 Yes → Go to 118  
 2 No

The next questions concern your children not living in this household.

116. How often do you see them?  
 3 Daily  
 4 At least once a week  
 7 At least once a month  
 8 Less than once a month  
 9 Never

117. How often do you have contact by letter or telephone with them?  
 1 Daily  
 2 At least once a week  
 3 At least once a month  
 4 Less than once a month  
 5 Never

118. Do you have any grandchildren?  
 6 Yes → How many?    
 7 No

119. Do you have any sisters or brothers?  
 8 Yes → How many?    
 9 No → Go to 123

120. Do all of them live in this household?  
 1 Yes → Go to 123  
 2 No

The next questions concern your brothers and sisters not living in this household.

121. How often do you see your brothers and sisters?  
 3 Daily  
 4 At least once a week  
 5 At least once a month  
 6 Less than once a month  
 7 Never

122. How often do you have contact by letter or telephone with them?  
 1 Daily  
 2 At least once a week  
 3 At least once a month  
 4 Less than once a month  
 5 Never

123. About how many other relatives have you had contact with in the last 3 months? Include aunts, uncles, cousins, nieces, nephews, in-laws.  
   
 97 None → Go to 126

124. How often do you see your relatives?  
 1 Daily  
 2 At least once a week  
 3 At least once a month  
 4 Less than once a month  
 5 Never

125. How often do you have contact by letter or telephone with them?  
 1 Daily  
 2 At least once a week  
 3 At least once a month  
 4 Less than once a month  
 5 Never

126. Other than relatives, how many people do you consider close friends? That is, friends you feel close to and can confide in.  
   
 97 None → Go to 129

127. How often do you see your close friends?  
 1 Daily  
 2 At least once a week  
 3 At least once a month  
 4 Less than once a month  
 5 Never

128. How often do you have contact by letter or telephone with them?

- 1 Daily
- 2 At least once a week
- 3 At least once a month
- 4 Less than once a month
- 5 Never

**SECTION O**

129. Now, I'd like to ask you for some background information. How many years of elementary or secondary education have you completed?

- 01 No schooling
- 02 One
- 03 Two
- 04 Three
- 05 Four
- 06 Five
- 07 Six
- 08 Seven
- 09 Eight
- 10 Nine
- 11 Ten
- 12 Eleven
- 13 Twelve
- 14 Thirteen
- 15 Don't know

Go to 131

130. Have you graduated from secondary school?

- 1 Yes
- 2 No

131. Have you had any further schooling beyond elementary/secondary school?

- 3 Yes
- 4 No → Go to 133

132. What is the highest level? (accept multiple response)

- 1 Some community college, CEGEP, or nursing school
- 2 Diploma or certificate from community college, CEGEP, or nursing school
- 3 Some university
- 4 Bachelor or undergraduate degree or teacher's college
- 5 Master's or earned doctorate
- 6 Other (specify) \_\_\_\_\_

133. What is your date of birth?

Day		Month		Year	

134. Where were you born?

- 01 Newfoundland
- 02 Prince Edward Island
- 03 Nova Scotia
- 04 New Brunswick
- 05 Québec
- 06 Ontario
- 07 Manitoba
- 08 Saskatchewan
- 09 Alberta
- 10 British Columbia
- 11 Yukon
- 12 Northwest Territories
- 13 Country outside Canada (specify) \_\_\_\_\_

Go to 136

135. In what year did you first immigrate to Canada?

1	9		
---	---	--	--

- 07 Canadian citizen by birth

136. What language did you first speak in childhood?

- 1 English
- 2 French
- 3 Italian
- 4 German
- 5 Ukrainian
- 6 Other (specify) \_\_\_\_\_

137. Do you still understand that language?

- 7 Yes
- 8 No

138. What language do you speak at home now? (If more than one language, which is spoken most often).

- 1 English
- 2 French
- 3 Italian
- 4 Chinese
- 5 German
- 6 Other (specify) \_\_\_\_\_

<p><b>139. What, if any, is your religion?</b></p> <p><sup>1</sup> <input type="radio"/> No religion → Go to 141</p> <p><sup>2</sup> <input type="radio"/> Roman Catholic</p> <p><sup>3</sup> <input type="radio"/> United Church</p> <p><sup>4</sup> <input type="radio"/> Anglican</p> <p><sup>5</sup> <input type="radio"/> Presbyterian</p> <p><sup>6</sup> <input type="radio"/> Lutheran</p> <p><sup>7</sup> <input type="radio"/> Baptist</p> <p><sup>8</sup> <input type="radio"/> Eastern Orthodox</p> <p><sup>9</sup> <input type="radio"/> Jewish</p> <p><sup>10</sup> <input type="radio"/> Other (specify) _____</p>	<p><b>144. Is this dwelling owned or being rented by a member of this household?</b></p> <p><sup>1</sup> <input type="radio"/> Owned</p> <p><sup>2</sup> <input type="radio"/> Rented</p>
<p><b>140. Other than on special occasions such as weddings, funerals or baptisms, how often do you attend services or meetings connected with your religion?</b></p> <p><sup>1</sup> <input type="radio"/> At least once a week</p> <p><sup>2</sup> <input type="radio"/> At least once a month</p> <p><sup>3</sup> <input type="radio"/> At least once a year</p> <p><sup>4</sup> <input type="radio"/> Less than once a year</p> <p><sup>5</sup> <input type="radio"/> Never</p> <p><sup>6</sup> <input type="radio"/> Don't know</p>	<p><b>145. Who is the person (or one of the persons) that lives here and is responsible for paying the rent, or mortgage, or taxes, electricity, etc. for this dwelling?</b></p> <p><input type="text"/> <input type="text"/> (enter page-line number)</p> <p><sup>97</sup> <input type="radio"/> Person lives elsewhere</p>
<p><b>141. To which ethnic or cultural group do you or did your ancestors belong? (accept multiple response).</b></p> <p><sup>1</sup> <input type="radio"/> French</p> <p><sup>2</sup> <input type="radio"/> English</p> <p><sup>3</sup> <input type="radio"/> Irish</p> <p><sup>4</sup> <input type="radio"/> Scottish</p> <p><sup>5</sup> <input type="radio"/> German</p> <p><sup>6</sup> <input type="radio"/> Italian</p> <p><sup>7</sup> <input type="radio"/> Ukrainian</p> <p><sup>8</sup> <input type="radio"/> Don't know</p> <p><sup>9</sup> <input type="radio"/> Other (specify) _____</p>	<p><b>146. How many telephones, counting extensions, are there in your dwelling?</b></p> <p><sup>4</sup> <input type="radio"/> One → Go to 151</p> <p><sup>5</sup> <input type="radio"/> Two or more</p>
<p><b>142. In what type of dwelling are you now living?</b></p> <p><sup>1</sup> <input type="radio"/> Single detached house</p> <p><sup>2</sup> <input type="radio"/> Semi-detached or double (side-by-side)</p> <p><sup>3</sup> <input type="radio"/> Garden house, town-house or row house</p> <p><sup>4</sup> <input type="radio"/> Duplex (one above the other)</p> <p><sup>5</sup> <input type="radio"/> Low-rise apartment (less than 5 stories)</p> <p><sup>6</sup> <input type="radio"/> High-rise apartment (5 or more stories)</p> <p><sup>7</sup> <input type="radio"/> Other (specify) _____</p>	<p><b>147. Do all the telephones have the same number?</b></p> <p><sup>6</sup> <input type="radio"/> No</p> <p><sup>7</sup> <input type="radio"/> Yes → Go to 151</p>
<p><b>143. What is the Postal Code for this dwelling?</b></p> <p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p><input type="radio"/> Don't know</p>	<p><b>148. How many different numbers are there?</b></p> <p><input type="text"/> <input type="text"/></p>
<p><b>149. Are any of these numbers for business use only?</b></p> <p><sup>8</sup> <input type="radio"/> No → Go to 151</p> <p><sup>9</sup> <input type="radio"/> Yes</p>	
<p><b>150. How many are for business use only?</b></p> <p><input type="text"/> <input type="text"/></p>	
<p><b>151. Last week, did you do any work at a job or business? (not counting work around the house)</b></p> <p><sup>1</sup> <input type="radio"/> Yes → Go to 162</p> <p><sup>2</sup> <input type="radio"/> No</p> <p><sup>3</sup> <input type="radio"/> Permanently unable to work → Go to 165</p>	
<p><b>152. During that week did you have a job or business at which you did not work?</b></p> <p><sup>4</sup> <input type="radio"/> Yes → Go to 154</p> <p><sup>5</sup> <input type="radio"/> No</p>	
<p><b>153. Last week, did you have a job to start in the next 4 weeks?</b></p> <p><sup>6</sup> <input type="radio"/> Yes</p> <p><sup>7</sup> <input type="radio"/> No</p> <p>} Go to 155</p>	

<p><b>154. Why were you absent from work last week?</b></p> <p><sup>1</sup> <input type="radio"/> New job to start in the future → Go to 162</p> <p><sup>2</sup> <input type="radio"/> Own illness or disability</p> <p><sup>3</sup> <input type="radio"/> Personal or family responsibilities</p> <p><sup>4</sup> <input type="radio"/> Bad weather</p> <p><sup>5</sup> <input type="radio"/> Labour dispute (strike or lockout)</p> <p><sup>6</sup> <input type="radio"/> Layoff, expects to return (Paid workers only)</p> <p><sup>7</sup> <input type="radio"/> Vacation</p> <p><sup>8</sup> <input type="radio"/> Seasonal business (Exclude paid workers)</p> <p><sup>9</sup> <input type="radio"/> Other (specify) _____</p>	<p><b>160. Were you enrolled as a full-time or part-time student?</b></p> <p><sup>1</sup> <input type="radio"/> Full-time</p> <p><sup>2</sup> <input type="radio"/> Part-time → Go to 165</p>
<p><b>155. In the past 4 weeks, have you looked for work?</b></p> <p><sup>1</sup> <input type="radio"/> Yes</p> <p><sup>2</sup> <input type="radio"/> No → Go to 161</p>	<p><b>161. Did you have a job at anytime during the last 5 years?</b></p> <p><sup>1</sup> <input type="radio"/> Yes</p> <p><sup>2</sup> <input type="radio"/> No → Go to 165</p>
<p><b>156. In the past 4 weeks, what have you done to find work? (accept multiple response)</b></p> <p><sup>1</sup> <input type="radio"/> Public employment agency</p> <p><sup>2</sup> <input type="radio"/> Private employment agency</p> <p><sup>3</sup> <input type="radio"/> Union</p> <p><sup>7</sup> <input type="radio"/> Other (specify) _____</p>	<p><b>162. For whom do/did you work?</b></p> <p>_____</p> <p>_____</p>
<p><b>157. Are you looking for a full-time or part-time job?</b></p> <p><sup>1</sup> <input type="radio"/> Full-time (30 or more hours per week)</p> <p><sup>2</sup> <input type="radio"/> Part-time (Less than 30 hours per week)</p>	<p><b>163. What kind of business, industry or service is was this?</b></p> <p>_____</p> <p>_____</p>
<p><b>158. Was there any reason why you could not take a job last week?</b></p> <p><sup>1</sup> <input type="radio"/> Yes - Own illness or disability</p> <p><sup>2</sup> <input type="radio"/> Yes - Personal or family responsibilities</p> <p><sup>3</sup> <input type="radio"/> Yes - Going to school</p> <p><sup>4</sup> <input type="radio"/> Yes - Already has a job</p> <p><sup>5</sup> <input type="radio"/> Other (specify) _____</p> <p><sup>6</sup> <input type="radio"/> No - (Was available for work)</p>	<p><b>164. What kind of work do/did you do?</b></p> <p>_____</p> <p>_____</p>
<p><b>159. Last week, did you attend a school, college or university?</b></p> <p><sup>1</sup> <input type="radio"/> Yes</p> <p><sup>2</sup> <input type="radio"/> No → Go to 165</p>	<p><b>165. What was your income before taxes from wages, salaries and self-employment during 1984?</b></p> <p>\$ <input style="width: 60px; border: 1px solid black;" type="text"/> .00</p> <p><sup>1</sup> <input type="radio"/> No income or loss</p> <p><sup>2</sup> <input type="radio"/> Don't know</p>
<p><b>166. What was your income from government sources such as Family Allowance, U.I.C., Social Assistance, Canada or Quebec Pension Plan or Old Age Security?</b></p> <p>\$ <input style="width: 60px; border: 1px solid black;" type="text"/> .00</p> <p><sup>1</sup> <input type="radio"/> No income</p> <p><sup>2</sup> <input type="radio"/> Don't know</p>	<p><b>167. What was your income from interest, dividends or private pensions?</b></p> <p>\$ <input style="width: 60px; border: 1px solid black;" type="text"/> .00</p> <p><sup>1</sup> <input type="radio"/> No income or loss</p> <p><sup>2</sup> <input type="radio"/> Don't know</p>
<p><b>168. What was the total income of all household members from all sources during 1984?</b></p> <p>\$ <input style="width: 60px; border: 1px solid black;" type="text"/> .00</p> <p><sup>1</sup> <input type="radio"/> No income</p> <p><sup>2</sup> <input type="radio"/> Don't know</p>	<p><b>168. What was the total income of all household members from all sources during 1984?</b></p> <p>\$ <input style="width: 60px; border: 1px solid black;" type="text"/> .00</p> <p><sup>1</sup> <input type="radio"/> No income</p> <p><sup>2</sup> <input type="radio"/> Don't know</p>



Confidential when completed

# General social survey Selection control form

1:       2:

3:  4:

RECORD OF CALLS									
10	11 Date		12 Start		13 Finish		14 Result	15 Interviewer's Name	16 Comments
	Day	Month	Hr.	Min.	Hr.	Min.			
01									
02									
03									
04									
05									
06									
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14									
15									

20. Hello, I'm ..... from Statistics Canada. We are doing a survey about the health of Canadians.

21. I'd like to make sure that I've dialed the right number. Is this ..... (read number)?

Yes

No → Dial again. If still wrong, END

22. Is this number for a business, an institution or a private home?

Private home

Both home and business/institution } Go to 30

Business, institution or other non-residence (Specify) (Name of business/institution)

\_\_\_\_\_

\_\_\_\_\_

23. Does anyone use this telephone number as a home phone number?

Yes

No → Thank respondent and END

24. How many persons live or stay at this address and use this number as a home phone number?

Less than 15 → Go to 30

15 or more → Complete form GSS-1A

Empty space for handwritten notes or additional information.

30. In this health study all information we collect will be kept strictly confidential as guaranteed by the Statistics Act. While your participation is voluntary, your assistance is essential if the results of the study are to be accurate.

31. I need to select one person from your household for an interview. Starting with the oldest, what is the first name and age of each person living or staying here who has no usual place of residence elsewhere?

Enter names and ages in 42 and 44

32. Are there any persons away from this household attending school, visiting, travelling or in the hospital who USUALLY live here?	40	41	42	43	44	45	46	47	48	49
				SEL #	AGE	SEX	M	F	R	H
<input type="radio"/> Yes → Enter names and ages in 42 and 44  <input type="radio"/> No	PgLn Names of household members									
	1	Given Name								
33. Does anyone else live at this address, such as other relatives, roomers, boarders or employees?	2	Surname								
	3	Given Name								
<input type="radio"/> Yes → Enter names and ages in 42 and 44  <input type="radio"/> No	4	Surname								
	5	Given Name								
34. INTERVIEWER:  • Enter answers for 44 through 48 for each person recorded in 42.  • Then go to 50.	6	Surname								
	7	Given Name								
	8	Surname								
		Given Name								
		Surname								

50. Now I'm going to use a selection procedure to determine whom to interview. This will just take a second.

Selection Grid Label  
A = Eligible Household Members  
B = Select #

51. INTERVIEWER:  
  
• In item 43, number the persons 15 to 64 years of age in order from oldest to youngest.  
  
• Determine the selected person by referring to the Selection Grid.  
  
• In item 43, circle the number of the selected person.

52. The person I am to interview is .....  
(read name)  
  
Is he/she there?  
  
 Yes → Go to 70  
  
 No → Set up appointment and go to 70

60. Final Status	61. Number of Eligible Household Members	62. Interviewer Number

53. Best time to contact selected person.  
  
\_\_\_\_\_

63. Notes  
Item No.


70. INTERVIEWER:  
  
• If the selected person is aged 15 to 54  
  
• If the selected person is aged 55 to 64

Complete GSS-2  
  
 Complete GSS-3