

Business and Labour Market Analysis Division & Labour Statistics Division

2000 Workplace and Employee Survey

Confidential when completed

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

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Statistics Canada Statistique Canada





2000 Workplace and Employee Survey

Α	Based on our interview held a year ago, are you still working for the employer you reported last year?
	¹ ○ Yes → Go to Question B
	³ ○ No → Go to Question X1.1 of Exit Questionnaire (XL, XS)
	Note: You must be working for a NEW EMPLOYER not a NEW OWNER. If the workplace is conducting the same type of activity with a new owner, the answer should be YES.
В	Are you still working at the same location as last year?
	¹ ○ Yes
	³○ No
	Note: You must be the one who changed location. If the company or workplace changed location, the answer should be YES; if you personally changed location, the answer should be NO.
С	Has your job title changed since last year?
	¹ Yes → Go to Question 3 of Employee Questionnaire (EL)
	³ ○ No → Go to Question D
D	Have your most important activities or duties changed since last year?
	¹ ○ Yes → Go to Question 3 of Employee Questionnaire (EL)
	³ ○ No → Go to Question 3 of Employee Questionnaire (ES)

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

Reason for leaving job – Voluntary/Involuntary Exit

X1.1	Did you leave this job or did the job come to an end?
	¹ ☐ Left job → Go to Question X1.2
	² Job came to an end → Go to Question X1.3
	³ ○ Both → Go to Question X1.2
X1.2	What was your main reason for leaving this job?
	Found new job with new company (excluding self-employment)
	O2 Started business as self-employed or working owner
	03 Retirement
	O4 Attend school
	Dissatisfied with job
	Moved to a new residence
	Own illness or disability
	08 Maternity leave
	09 Caring for own children
	Caring for elder relative(s)
	Other personal or family responsibilities
	Other, specify

X1.3	What was the main reason why this job came to an end?
XII.0	
	Location moved or closed
	² Company went out of business
	³ Seasonal nature of work
	⁴ Temporary lay-off/business slowdown – recall expected (not caused by seasonal conditions)
	⁵ Permanent lay-off – no recall expected
	⁶ Cabour dispute
	⁷ Dismissal by employer
	⁸ Temporary job/contract ended
	⁹ Other, specify
X1.4	Did you receive any additional payments when you left this job or when the job came to an end?
	¹ O Yes
	³ ○ No → Go to Question X2.1
	Note: For example, severance pay, early retirement payment, signing bonus or any other payments related to you having "left the job" or the "job coming to an end".
X1.5	What was the amount received?
	\$ •
D 4	
Dete	rmine end of previous job and current labour market status
X2.1	When did you leave your previous job or when did your job come to an end?
	Month Year
	Note: Here we are talking specifically about the job you held based on our interview a year ago.

X2.2	What is your employment status: Are you currently working at a new job, run	ning a business, or looking for
	work? Check one of the following conditions	
	¹ ○ Employed at work (including self-employed) → Go to Question X3.1	
	² Absent from work for more than three months	
	³ Temporary lay-off	
	⁴ C Looking for work	If the answer to Question X2.2
	⁵ Future start	is 2 to 8, Go to Questions X5.1 (XS).
	⁶ Not in labour force, able to work	
	Not in labour force, permanently unable to work	
	8 Other, specify	
Addit	ional questions for job changers	
X3.1	In this new job, which best describes your employment status?	
	¹ Paid worker	
	1 Paid worker	
	Paid worker Unpaid family worker	
	Paid worker Unpaid family worker Volunteer, unpaid	
	Paid worker Unpaid family worker Volunteer, unpaid Self-employed with paid help Self-employed without paid help	
X3.2	Paid worker Unpaid family worker Volunteer, unpaid Self-employed with paid help	
X3.2	Paid worker Unpaid family worker Volunteer, unpaid Self-employed with paid help Self-employed without paid help	
X3.2	Paid worker Unpaid family worker Volunteer, unpaid Self-employed with paid help Self-employed without paid help When did you start working at this particular job?	
X3.2	Paid worker Unpaid family worker Volunteer, unpaid Self-employed with paid help Self-employed without paid help When did you start working at this particular job?	

- If the answer to Question X3.1 is between 2 and 5 AND the date provided in Question X3.2 is after the date provided in Question X2.1, *go to Question X5.1 (XS)*.
- If the answer to Question X3.1 is between 2 and 5 AND the date provided in Question X3.2 is the same as, or before the date provided in Question X2.1, *go to Question 45 (b) (XS)*.

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X4.1 (a)	Did you start working for this employer on the date answered in Question X3.2?
	¹ Yes → Go to Question X4.2
	³ No
X4.1 (b)	When did you start working for this employer?
	Month Year
X4.2	What is the legal name of your current employer?
	Legal name
X4.3	Would you agree or disagree that the main type of business or industry of your new employer is similar to the main type of business of your old employer?
	¹ Agree
	³ Disagree
X4.4	Considering your new employer, please describe its main business activity.
	Specify
Instruc	etion: If the answer to Question X3.1 is 1 (Paid worker) AND the date provided in Question X3.2 is the same as Question X2.1, go to Question 2 (XL).
X5.1	What was your main activity between the end of your previous job and the time you started your new job?
	Employed by another company
	2 Started business as self-employed or working owner
	Looking for work (unemployed)
	Attending school
	5 Retired
	Not in labour force, able to work
	Not in labour force, unable to work
	8 Other, specify

Instructions: • If the answer to Question X2.2 is between 2 and 8, go to Question 45 (b) (XS).

- If the answer to Question X3.1 is between 2 and 5, go to Question 45 (b) (XS).
- If the answer to Question X3.1 is 1 (Paid worker), go to Question 2 (XL).

Section 1 – Job Characteristics

Unless otherwise specified, all questions refer to the position you currently hold with your present employer.

1.	When did you start working for this employer?
	Note: You must at least give the year that you started working for the employer.
	Month Year
	Note: • This refers to the total uninterrupted tenure with the employer, regardless of location. • If you quit at one time to work for another employer, we want the most recent start date.
	If you have been on extended leave or layoff from which he/she is expected to return, we want the original start date.
2.	Did you ever work for this employer before?
	¹ O Yes
	³ ○ No → Go to Question 3
2 (a)	How many months did you work for them then?
	months months
	OR OR
	From: Month Year
	To: Vear
	Note: This is meant to include all previous terms of employment with the current employer.
3.	How many persons are employed at the location where you normally work?

Instructions: • If you answered "Yes" to Question C, go to Question 5.

- If you answered "Yes" to Question D, go to Question 6.
- If you answered "Yes" to Question B, go to Question 9.
- If you answered "No" to Question B, go to Question 7.

4 (a)	When you were first hired, how did you learn about the job opening? (Check all that apply.)
	⁰¹ O Help wanted ad
	⁰² Family or friend
	⁰³ Union posting
	04 Canada Employment Centre/other government agency
	⁰⁵ On-campus recruitment
	⁰⁶ ○ News story
	⁰⁷ ○ Job fair
	08 Recruitment agency (headhunter)
	⁰⁹ O Personal initiative
	Directly recruited by current employer
	11 O Internet
	Other, specify
4 (b)	When you were first hired, were you required to take: (Check all that apply.)
	Tests for specific skills (for example typing or manual dexterity)
	O2 Aptitude or other personality testing
	03 O Security check
	04 Medical examination
	05 O Drug test
	06 Tests administered by a recruitment agency
	Any other type of testing or screening, specify
	OB Personal interview
	⁰⁹ Test on job-related knowledge
	¹⁰ Test on general knowledge or literacy skills
	¹¹ None
5.	What is your job title?

6.	What are your most important activities or duties?
Inst	ruction: If you have answered Question X3.2, go to Question 8.
7.	When did you start working at this particular job?
	Month Year
	Note: You must at least give the year that you started working at this job
	We are talking specifically about the job duties you described above in this particular establishment. If you have moved in and out of the job several times, we want the most recent start date. If you moved to another location, give the date when the move occurred.
	western. If you is hit the and you must inscribe to still the second (FS), as to Question Q
Inst	ruction: If your job title and your most important activities or daties have not changed (ES), go to Question 9.
8.	What is the minimum level of education required for this job?
	01 C Elementary school
	O2 Some secondary school
	O3 Secondary school diploma
	O4 Some postsecondary education
	Nade certificate
	06 College diploma
	⁰⁷ University undergraduate degree
	⁰⁸ University professional accreditation (M.D., Law, Architect, Engineer, Education, etc.)
	⁰⁹ University graduate degree
	¹⁰ None

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Instru	uction: Please, answer questions 9 to 39 (ES, EL, XL).
9.	Do you supervise the work of other employees on a day-to-day basis?
	¹ O Yes
	³ ○ No → Go to Question 10
9 (a)	About how many people do you directly and indirectly supervise on a day-to-day basis?
	Note: Directly: are employees and supervisors who report to you. Indirectly: are employees reporting to supervisors who report to you.
10.	Do you normally work the same number of paid hours per week at this job excluding all overtime?
	¹ ○ Yes → Go to Question 10 (d)
	³ ○ No → Go to Question 10 (a)
10 (a)	Not counting overtime, how many paid hours on average do you work per week at this job?
	hours hours
Instru	uction: If you have been in this job for less then twelve months, please answer the following questions for the period of time since you started this job. Otherwise, answer for the past twelve months.
10 (b)	Over the past twelve months/since you started this job, not counting overtime, what was the maximum number of paid hours you worked per week at this job?
	hours
10 (c)	Over the past twelve months/since you started this job, not counting overtime, what was the minimum number of paid hours you worked per week at this job? (Exclude the hours when you were on paid vacation or paid sick leave.)
	hours → Go to Question 10 (e)

10 (d)	Excluding all overtime, how many paid hours do you usually work per week at this job?
	• hours
10 (e)	How many hours of paid overtime do you usually work per week?
	hours
	Note: If the number of overtime hours varies from week to week, please provide an average.
10 (f)	How many hours of unpaid overtime do you usually work per week?
	• L hours
	$\Diamond_{\lambda}(\bigcirc)^{\vee}$
Instru	uction: If the answer to Question 10 (e) and Question 10 (f) are both zero, please go to Question 11 (a).
10 (g)	How far in advance do you usually know your overtime schedule?
(3)	
	1 Always known
	More than one month (more than 31 days)
	One month (22 to 31 days)
	⁴ 3 weeks (15 to 21 days)
	⁵ 2 weeks (8 to 14 days)
	6 1 to 7 days
	7 Less than one day
11 (a)	How many weeks per year do you usually work at this job? Please include vacation and other paid leave.
	• weeks
11 (b)	How many months of the year do you usually work at this job?
	● months

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12.	Given your current rate of pay, would you prefer to work:
	¹ the same number of hours for the same pay? → Go to Question 13 (a)(i)
	² fewer hours for less pay?
	³ ○ more hours, for more pay? → Go to Question 12 (c)
12 (a)	By how many hours would you like to reduce your work week?
	hours
12 (b)	Why would you prefer to work fewer hours? (Check all that apply.)
	Family responsibilities
	Work-related stress
	Other health reasons Go to Question 13 (a)(i)
	⁴ More leisure time
	⁵ Other, specify
12 (c)	How many additional hours per week would you prefer to work at this job?
	hours
12 (d)	What were the reasons you did not work these additional hours? (Check all that apply.)
	Own illness or disability
	² Childcare on available
	³ Other personal or family responsibilities
	Going to school
	⁵ Additional hours not offered by employer
	⁶ Payment for additional hours not sufficient
	⁷ Transportation problems
	⁸ O No reason
	⁹ Other, specify

The ne	ext few questions cover your general work arrangements with your employer.
13 (a)(i)	In your usual workweek, do you work each day from Monday to Friday?
	¹ ○ Yes ³ ○ No
13 (a)(ii) Do you work at least 6 hours per day?
	¹ O Yes
	³○ No
13 (a)(ii	i)Do you usually work between the hours of 6 a.m. and 6 p.m.?
	¹ O Yes
	³○ No
Instru	ction: If your answer to any of questions 13 (a)(i), 13 (a)(ii) or 13(a)(iii) is "NO", go to Question 13 (b); otherwise go to Question 14.
13 (b)	How far in advance do you know your weekly hours of work?
	¹ O Always known
	² More than one month (more than 31 days)
	One month (22 to 31 days)
	⁴ 3 weeks (15 to 21 days)
	5 2 weeks (8 to 14 days)
	6 ○ 1 to 7 days
	7 Less than one day
13 (c)	Do you usually work the same hours of the day?
	¹ O Yes
	³ O No
13 (d)	Do you usually work the same days of the week?
	¹ O Yes
	³ O No

Instruction: If your answer to both question 13 (c) and 13 (d) is "YES", go to Question 13 (g).

13 (e)	Are you on a schedule of rotating shifts?
	Note: By rotating shift we mean that according to a known schedule, the hours of day or the days of week change.
	¹ O Yes
	³ ○ No → Go to Question 13 (g)
13 (f)	How many different shifts do you work in a full rotation?
13 (g)	Are you on a reduced work week by special arrangement with your employer?
	Note: By special arrangement, we mean that an agreement was reached with your employer to work fewer hours every week.
	¹ O Yes
	³ ○ No → Go to Question 13 (i)
13 (h)	Which of the following best describes that arrangement
	Job sharing – you share a full-time tob with another employee
	Work sharing – you and others are working reduced hours to avoid lay-offs
	Family responsibilities - childcare/eldercare limit your ability to work full time
	Physical problem/injury horits your ability to work full time
	Outside activities limit your ability to work full time
	6 Retirement transition schedule
	other, specify
13 (i)	Do you work a compressed work week? (This means working longer hours each day to reduce the number of days in a work week.)
	¹ Yes
	³ No
13 (j)	How many days a week do you usually work?
	└ days

13 (k)	Does your usual work week include Saturdays or Sundays?
	¹ Yes
	² Varies, depends on shift
	³ O No
14.	Do you work flexible hours? (This means you may work a certain number of core hours, but you can vary your start and stop times as long as you work the equivalent of a full work week.)
	¹ O Yes
	³○ No
15.	Which of the following best describes your terms of employment in this job?
	Regular employee with no contractual or anticipated termination date Go to Question 16
	Seasonal employee: my employment on this job is intermittent according to the season of the year Go to Question 16
	Term employee: my current term of employment with end at a specified date → Go to Question 15 (a)
	⁴ Casual or on-call employee → Go to Question 16
	Note: Casual or on-call employees are persons:
	 who may have hours of work that vary substantially from one week to the next; who are called to work as the need arises, not on a pre-arranged schedule.
	who are called to work as simp rices already, not on a pro-arranged contound.
	5 Other, specify → Go to Question 16
15 (a)	When will your current term of employment end?
	Month Year
	Month Year
16.	In your usual workweek, are:
	all of your duties carried out at your workplace?
	most of your duties carried out outside of your workplace?
	³ osme of your duties carried out outside of your workplace?
	⁴ all of your duties carried out outside of your workplace?
17.	Do you ever carry out the duties of this job at home?
	¹ O Yes
	³ ○ No → Go to Question 18 (a)

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17 (a)	Is your work at home mainly:
	¹ paid and within your normally scheduled work hours?
	² paid and in addition to your normally scheduled work hours?
	³ unpaid and in addition to your normally scheduled work hours?
17 (b)	How many hours per week do you usually work at home?
	hours
17 (c)	What is the main reason you work at home?
	Requirements of the job, finish projects, etc.
	² Care for children
	³ Care for other family members
	Other personal or family responsibilities
	⁵ Usual place of work
	⁶ O Better conditions of work
	⁷ O Save time, money
	8 Other, specify
17 (d)	Does your employer offer any type of equipment or supplies and/or reimbursement of costs for working at home?
	¹ O Yes
	² ○ No equipment or supplies required → Go to Question 18 (a)
	³ No Poto Question 18 (a)
17 (e)	For the work done at home, does the employer provide you with any of the following? (Check all that apply.)
	Computer hardware/software
	² Internet access
	³ Modem/fax
	⁴ Cellular phone, pager, beeper
	⁵ Other equipment or supplies, <i>specify</i>
	⁶ Reimbursement of costs

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

18 (a)	In the past twelve months/since you started this job, how many days of paid vacation leave have you taken?
	days
18 (b)	How many days of paid sick leave have you taken?
	LLL days
18 (c)(i)	Have you taken any maternity/paternity leave in the past twelve months/since you started this job?
	¹O Yes
	³ ○ No → Go to Question 18 (d)
18 (c)(ii	How many days have you taken?
	L days
18 (c)(ii	i) Did your employer provide supplementary maternity/paternity benefits?
	¹ O Yes
	³ O No
18 (d)	How many days of other paid leave have you taken (for example education leave, disability leave, bereavement, marriage, jury duty, union business)?
	days
18 (e)	In the past twelve months/since you started this job, have you taken any unpaid leave?
	¹ Yes
	³ ○ No → Go to Question 18 (g)
18 (f)	How many days of unpaid leave have you taken?
	└

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18 (g)	How many days of paid vacation leave are you entitled to annually?
	days
19.	In the past twelve months/since you started this job, have you been off work due to a lay-off, strike or lockout?
	¹ O Yes
	³ ○ No → Go to Question 20
19 (a)	Were you off work due to a layoff?
	¹O Yes
	³ ○ No → Go to Question 19 (b)
19 (a)(i)How many working days were you off due to lay-offs?
	days • Lagrandian days
	OR
	□□□ weeks
	Note: Either days or weeks are to be entered, not both.
19 (b)	Were you off work due to a strike?
19 (D)	1 Yes
	³ ○ No → Go to Question 19 (c)
19 (b)(i)How many working days were you off due to strikes?
	days
	OR
	weeks weeks
	Note: Either days or weeks are to be entered, not both.
19 (c)	Were you off work due to a lockout?
	¹ O Yes
	³ ○ No → Go to Question 20

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19 (c)(i	How many working days were you off due to lockouts?
	└
	OR
	weeks
	Note: Either days or weeks are to be entered, not both.
The n	ext questions refer to your total period of employment with your employer, including cations that they might operate.
20.	Have you ever been promoted while working for this employer? (By promotion, we mean a change in duties/responsibilities that lead to both an increase in pay and the complexity or responsibility of the job.)
	¹ O Yes
	³ ○ No → Go to Question 21
20 (a)	How many times have you been promoted?
20 (b)	When did your most recent promotion occur?
	Note: If you do not remember in which month you received the last promotion, enter "01" as the month.
	Month Year
20 (-)	NAME in the first transmission and and in a particular that are exacting 2 (Chapter all the standard).
20 (c)	Which of the following factors were important in earning that promotion? (Check all that apply.)
	Experience gained at previous job
	² Seniority
	³ Test or competitive process
	⁴ Training or career development programs
	⁵ Past performance evaluations
	⁶ ○ None

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21.	Is your job performance in your current position evaluated by a standard process?
	By standard process, we mean:
	Through a written report
	A private meeting with your supervisorA standard report
	¹ O Yes
	³ ○ No → Go to Question 22
21 (a)	Do the results of your job evaluation directly affect your level of pay or benefits?
- . (a)	
	'O Yes
	³ O No
	$\Diamond_{\mathcal{A}}(\bigcirc)$
	\Rightarrow (\bigcirc)

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Section 2 – Computers and Other Technologies

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

22.	Do you use a computer in your job? Please exclude sales terminals, scanners, machine monitors, etc. – these are covered in another question.
	Note: By a computer, we mean a microcomputer, mini-computer, personal computer, mainframe computer or laptop that can be programmed to perform a variety of operations.
	¹ ○ Yes
	3 ○ No → Go to Question 22 (m)
22 (a)	How many hours a week do you normally spend using a computer at your job? (By this we mean using or developing computer applications, rather than just having the computer turned on)
	hours • L
22 (b)	When you first started this job, how many hours a week did you normally spend using a computer?
	hours
22 (c)	What types of applications do you use? (Check all that apply.)
	Note: Here we are interested in what the application does, not its name. If you are not sure about the applications, please refer to the list provided at the end of the questionnaire.
	applications, please refer to the list provided at the end of the questionnaire. On the list provided at the end of the questionnaire.
	applications, please refer to the list provided at the end of the questionnaire. On the list provided at the end of the questionnaire. On the list provided at the end of the questionnaire.
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	applications, please refer to the list provided at the end of the questionnaire. O1 Word processors O2 Spreadsheets O3 Databases O4 Desktop publishing and form design
	applications, please refer to the list provided at the end of the questionnaire. Of the list provided at the end of the questionnaire. Of the list provided at the end of the questionnaire. Of the list provided at the end of the questionnaire. Of the list provided at the end of the questionnaire. Of the list provided at the end of the questionnaire. Of the list provided at the end of the questionnaire. Of the list provided at the end of the questionnaire. Of the list provided at the end of the questionnaire. Of the list provided at the end of the questionnaire. Of the list provided at the end of the questionnaire. Of the list provided at the end of the questionnaire. Of the list provided at the end of the questionnaire.
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	applications, please refer to the list provided at the end of the questionnaire. O1 Word processors O2 Spreadsheets O3 Databases O4 Desktop publishing and form design O5 General management applications O6 Communications O7 Programming languages and development tools
	applications, please refer to the list provided at the end of the questionnaire. O1 Word processors O2 Spreadsheets O3 Databases O4 Desktop publishing and form design O5 General management applications O6 Communications O7 Programming languages and development tools O8 Specialized office applications
	applications, please refer to the list provided at the end of the questionnaire. O1 Word processors O2 Spreadsheets O3 Databases O4 Desktop publishing and form design O5 General management applications O6 Communications O7 Programming languages and development tools O8 Specialized office applications O9 Data analysis
	applications, please refer to the list provided at the end of the questionnaire. O1 Word processors O2 Spreadsheets O3 Databases O4 Desktop publishing and form design O5 General management applications O6 Communications O7 Programming languages and development tools O8 Specialized office applications O9 Data analysis O6 Graphics and presentations
	applications, please refer to the list provided at the end of the questionnaire. O1 Word processors O2 Spreadsheets O3 Databases O4 Desktop publishing and form design O5 General management applications O6 Communications O7 Programming languages and development tools O8 Specialized office applications O9 Data analysis O1 Graphics and presentations O1 Computer-aided design
	applications, please refer to the list provided at the end of the questionnaire. 10 Word processors 10 Spreadsheets 10 Databases 10 Desktop publishing and form design 10 General management applications 10 Communications 11 Computer-aided design 12 Computer-aided engineering 13 One of the questionnaire. 14 Provided at the end of the questionnaire. 15 Provided at the end of the questionnaire. 16 Provided at the end of the questionnaire. 17 Databases 18 Specialized of form design 19 Data analysis 10 Graphics and presentations 11 Computer-aided design 12 Computer-aided engineering
	applications, please refer to the list provided at the end of the questionnaire. 10 Word processors 10 Spreadsheets 10 Desktop publishing and form design 10 General management applications 11 Computer-aided design 12 Computer-aided engineering

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

22 (d)	Which of these applications do you use the most, in terms of time? Please enter the corresponding code, as printed to the left of the circle in Question 22 (c).
	Type of application code:
22 (e)	How many hours a week do you normally spend using this application?
	hours
22 (f)	How did you learn this application? (Check all that apply.)
	¹ Self-learning (manuals, books, on-line tutorials, etc.)
	² Employer-paid formal training
	³ Self-paid formal training
	On-the-job training (co-workers, supervisors, resource people, friends)
	⁵ University or community college courses
	⁶ Other, specify
22 (g)	What method was the most helpful in learning this application
	Self-learning (manuals, books, on-line tutorials, etc.)
	² Employer-paid formal training
	³ Self-paid formal training
	On-the-job training (co-workers, supervisors, resource people, friends)
	5 University or community college courses
	⁶ Other, specify
22 (h)	Did you learn more:
, ,	1 on company time?
	on your own time?
	3 About equally on company and own time
	About equally on company and own time
Instru	action: If only one application is used, go to Question 22 (m).
)
22 (i)	Which of the other applications do you use the second most, in terms of time?
	Please enter the corresponding code, as printed to the left of the circle in Question 22 (c)
	Type of application code:

22 (j)	How many hours a week do you normally spend using this second application?
	• hours
Instruc	etion: If only two applications are used, go to Question 22 (m).
22 (k)	Which of the other applications do you use the third most, in terms of time?
	Please enter the corresponding code, as printed to the left of the circle in Question 22(c)
	Type of application code:
22 (I)	How many hours a week do you normally spend using this third application?
	hours • L
22 (m)	Considering all jobs you have held, how many years have you used a computer in a work environment?
	years years
23.	Do you use a computer controlled or computer-assisted technology in the course of your normal duties? For example, industrial robots, retail scanning systems, etc.
	Yes Go to Question 23 (f)
23 (a)	What type of computer-controlled or computer-assisted technology do you use the most?
23 (a)(i)	How many hours a week do you normally spend using this technology?
	hours

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23 (b)	What method was the most helpful in learning to use that technology?
	On-the-job training (co-workers, supervisors, resource people, friends)
	² Employer-paid formal training
	³ Self-learning (manuals, books, on-line tutorials, etc.)
	⁴ Self-paid formal training
	⁵ University or community college courses
	⁶ Other, specify
23 (c)	Has there been an upgrade or change in that technology in the past twelve months?
	¹○ Yes
	³ ○ No → Go to Question 23 (f)
23 (d)	Did you receive any informal or formal training related to that change in technology?
	\Diamond_{Λ}
	¹ Yes
	³ ○ No → Go to Question 23 (f)
23 (e)	Approximately how many days did you spend on that training? Include only the time actually spent in training sessions.
	SESSIONS.
	days days
23 (f)	Do you use any other machine or technological device for at least one hour a day in the course of your normal duties? This question is nearly to be inclusive and would include, for example, cash registers, sales
	terminals, scanners, typewriters, vehicles and industrial machinery.
	¹ O Yes
	3 No Go to Question 24
	Note: Do not include the car that you drive for work unless it requires a special permit.
23 (g)	What machine(s) or technological device(s) do you use for at least one hour a day? If you use more than three, please report the three you use the most, in terms of time.
	1
	2
	3

23 (g)(i)	How many hours a week do you normally spend with the first device or machine you reported in Question 23 (g)?
	hours
Instruct	ion: If you reported only one machine or device in Question 23 (g), please go to Question 23 (h).
23 (g)(ii)	How many hours a week do you normally spend with the second machine or device you reported in Question 23 (g)?
	hours • L
Instruct	ion: If you reported only two machines or devices in Question 23 (a), please go to Question 23 (h).
23 (g)(iii)	How many hours a week do you normally spend with the third machine or device you reported in Question 23 (g)?
	hours • L
23 (h)	Thinking of the machine or technological device you use the most, what has been the most helpful learning method to use that technology?
	On-the-job training (co-workers, supervisors, resource people, friends)
	² Employer-paid formal training
	Self-learning (manuals, books, on-line tutorials, etc.)
	Self-paid formal training
	5 University or community college courses
	Other, specify
23 (i)	Has there been an upgrade or change in that technology in the past twelve months?
	¹ O Yes
	³ ○ No → Go to Question 24

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23 (j)	Did you receive any informal or formal training related to that change in technology?
	¹ O Yes
	³ ○ No → Go to Question 24
23 (k)	Approximately how many days did you spend on that training? Include only the time actually spent in training sessions.
	□□□□ days
24.	Since you started this job, has the overall technological complexity:
	1 remained about the same?
	² increased?
	³ decreased?

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Section 3 – Training and Development

The next few questions deal with job-related training provided or paid by your employer.

25.	In the past twelve months, have you received any classroom training related to your job?
	¹ Yes
	³ ○ No → Go to Question 25 (d)
	Classroom training includes: All training activities which have a predetermined format, including a pre-defined objective Specific content Progress may be monitored and/or evaluated
25 (a)	How many different training courses have you taken in the last twelve months?
25 (b)(i)	What was the main subject of the last course you completed?
	Orientation for new employees
	02 Managerial/supervisory training
	O3 Professional training
	04 Apprenticeship training
	05 Sales and marketing training
	Ocomputer hardware
	07 Computer software
	Other office or non-office equipment
	⁰⁹ Group decision-making or problem-solving
	Team building, leadership, communication
	Occupational health and safety, environmental protection
	12 C Literacy or numeracy
	Other, specify

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25 (b)(ii)	How long was the course? Include only the time actually spent in training sessions.		
	days		
	OR		
	hours		
25 (b)(iii)	Did the training take place at your workplace?		
	¹ O Yes, entirely		
	² Partly		
	No, always elsewhere		
25 (b)(iv)	25 (b)(iv) Did the training take place during your normal working hours?		
	¹ O Yes		
	² Partly		
	3 O No		
25 (b)(v)	Who provided the training sessions? (Check all that apply.)		
	1 Supervisor		
	² Fellow worker		
	³ In house trainer		
	⁴ Outside trainer		
	⁵ Supplier		
	⁶ Other, <i>specify</i>		

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

25 (c)(i)	What was the main subject of the second most recent course you completed?		
	Orientation for new employees		
	02 Managerial/supervisory training		
	O3 Professional training		
	04 O Apprenticeship training		
	⁰⁵ Sales and marketing training		
	⁰⁶ ○ Computer hardware		
	Or Computer software		
	Other office or non-office equipment		
	09 Group decision-making or problem-solving		
	Team building, leadership, communication		
	Occupational health and safety, environmental protection		
	12 C Literacy or numeracy		
	Other, specify		
25 (c)(ii)	How long was the course? Include only the time actually spent in training sessions.		
	L days		
	OR ()		
	• Liminate of the control of the con		
25 (c)(iii)	Did the training take place at your workplace?		
- (-)(-)	1 Yes, entirely		
	² Partly		
	³ No, always elsewhere		
	TNO, always elsewhere		
25 (c)(iv)	Did the training take place during your normal working hours?		
	¹ Yes		
	² Partly		
	² Partly ³ No		

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25 (c)(v) Who provided the training sessions? (Check all that apply.)		
	¹ O Supervisor	
	² Fellow worker	
	³ In-house trainer	
	⁴ Outside trainer	
	⁵ O Supplier	
	⁶ Other, specify	
25 (d)	In the past twelve months, have you received any informal training related to your job (that is on-the-job training)?	
	¹ O Yes	
	³ ○ No → Go to Question 26	
25 (d)(i)	What were the main subjects of the on-the-job training? (Check all that apply.)	
	Orientation for new employees	
	02 Managerial/supervisory training	
	O3 Professional training	
	04 O Apprenticeship training	
	05 Sales and marketing training	
	Ocomputer hardware	
	Or Computer software	
	Other office or non-office equipment	
	⁰⁹ Group decision-making or problem-solving	
	Team building, leadership, communication	
	occupational health and safety, environmental protection	
	Literacy or numeracy	
	Other, specify	
4 15 411		
25 (d)(ii)) In the past twelve months, how much time in total was spent for on-the-job training? Include only the time actually spent in training.	
	└	
	OR	
	□	

25 (d)(iii)	i) Who provided the training? (Check all that apply.)		
	Self-learning (manuals, books, on-line tutorials, etc.)		
	² Supervisor		
	³ Fellow worker		
	⁴ In-house trainer		
	⁵ Outside trainer		
	⁶ Equipment supplier		
	Other, specify		
26.	In the past twelve months, was there job-related training offered to you that you decided not to take?		
	¹ O Yes		
	³ ○ No → Go to Question 26 (b)		
26 (a)	What was the main reason you decided not to take that training?		
	Too busy with my duties on the job		
	Courses not suitable (I already have the skills, heard bad things about the course, etc.)		
	Course too difficult		
	4 Health reasons		
	⁵ Family responsibilities		
	700 old, too late in career		
	other, specify		
26 (b)	In the past twelve months, has your employer paid for or otherwise helped you to take courses, outside of your paid working hours, that were not directly job-related? (The objectives of these courses being for career development, not just interest.)		
	¹ Yes		
	³ ○ No → Go to Question 27		

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26 (c)	How many such courses has your employer helped you to take in the past twelve months?
26 (d)	Speaking of the most recent course, what was (were) the goal(s) of that course? (Check all that apply.)
	¹ Working towards a trade or vocational certificate or diploma
	² Working towards a degree or diploma
	³ Working towards a professional designation
	⁴ Increase literacy or numeracy skill
	⁵ Other, <i>specify</i>
26 (e)	Who paid for this course? (Check all that apply.)
	¹ My employer
	² Myself (the employee)
	³ Another organization
	Another organization Another organization

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Section 4 – Career-Related Training

27.	In the past twelve months, have you taken any courses that were not sponsored by your employer but were career-related?
	¹ O Yes
	³ ○ No → Go to Question 28
27 (a)	How many different courses have you taken in the last twelve months?
27 (b)(i)	What was the main subject of the last course you completed?
	O1 Managerial/supervisory training
	⁰² Professional training
	O3 Apprenticeship training
	04 Sales and marketing training
	OS Computer hardware
	Of Computer software
	Other office or non-office equipment
	OB Group decision-making or problem-solving
	⁰⁹ Team building, leadership, communication
	Occupational health and safety, environmental protection
	11 C Literacy of numeracy
	12 Other, specify
27 (b)(ii)	How long was the course? Include only the time actually spent in training sessions.
	days
	OR
	hours

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

27 (c)(i) What was the main subject of the second most recent course you completed?	
⁰¹ Managerial/supervisory training	
⁰² Professional training	
OB Apprenticeship training	
⁰⁴ Sales and marketing training	
⁰⁵ Computer hardware	
⁰⁶ Computer software	
Other office or non-office equipment	
OB Group decision-making or problem-solving	
⁰⁹ Team building, leadership, communication	
Occupational health and safety, environmental protection	
11 C Literacy or numeracy	
Other, specify	
27 (c)(ii) How long did the course last? Include only the time actually spent in training sessions.	_
L L days	
OR CONTRACTOR OF THE PROPERTY	
hours	
28. Since you began working in your current job, have the overall skill requirements of the position:	
increased?	
² remained about the same?	
3 decreased?	
	_
29. Since you began working for this company, has the amount of training available to employees:	
increased)	
remained about the same?	
decreased?	
30. Would you say that the amount of training that you take is:	
about right for the demands of the job?	
² too little for the demands of the job?	
too much for the demands of the job?	
Control to the demands of the job:	

Instruction: If the number of employees at this location is equal to or less than 10, *go to Question 32*.

Section 5 – Employee Participation

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

Please report how frequently this statement applies to you. Although a program or policy may exist somewhere in your workplace, we are only interested in those that apply directly to you.

If the answer to any of questions 31 (a) to 31 (d) is "always", answer "frequently".		
31 (a)	Are you asked to complete employee surveys?	
	¹ Never	
	² Occasionally	
	³ Frequently	
31 (b)	Do you currently participate in an employee suggestion program or regular meetings in which you offer suggestions to your superiors regarding areas of work that may need improvement?	
	¹ Never	
	² Occasionally	
	³ Frequently	
	(\$\ldot\) *	
31 (c)	Do you participate in a job rotation or cross-training program where you work or are trained on a job with different duties than your regular job?	
	¹ Never	
	2 Occasionally	
	³ Prequently	
31 (d)	Are you informed (through meetings, newsletters, e-mail or Internet) about overall workplace performance, changes to workplace organization or the implementation of new technology?	
	¹ Never	
	² Occasionally	
	³ Frequently	

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31 (e)	Do you participate in a task team or labour-management committee that is concerned with a broad range of workplace issues?	
	Note:	Task teams and labour-management committees make recommendations to line managers on such issues as safety, quality, scheduling, training and personal development programs.
		such issues as safety, quality, scrieduling, training and personal development programs.
	1 O Ne	ever
	² O	ccasionally
	³ O Fr	requently
	⁴ O AI	ways
31 (f)	Do you pa	articipate in a team or circle concerned with quality or work flow issues?
	1 O No	ever
	² O	ccasionally
	³ O Fr	requently
	⁴ O AI	ways
31 (g)	a high lev	eart of a self-directed work group (or semi-autonomous work group or mini-enterprise group) that has vel of responsibility for a particular product or service area? In such systems, part of your pay is related to group performance.
	(Salf dira	cted work groups:
	Are reg	sponsible for production of a fixed product or service, and have a high degree of autonomy in how
	7 /	ganize themselves to produce that product or service. post as "businesses within businesses".
	Often h	nave incentives related to productivity, timeliness and quality.
	While is activities.	most have a designated leader, other members also contribute to the organization of the group's es.)
	1 O No	ever
	² O	ccasionally
	³ Fr	requently
	⁴ O AI	ways

Section 6 – Personal and Family Support Programs

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

32.	Does your employer offer personal support or family services such as childcare, employee assistance, eldercare, fitness and recreation services or other types of services?				
	¹ Yes				
	³ ○ No → Go to Question 33				
32 (a)	Does your employer offer help for <u>childcare</u> either through an on-site centre or assistance with external suppliers or informal arrangements?				
	¹ O Yes				
	³ ○ No → Go to Question 32 (b)				
32 (a)(i)	Did you use this help within the past twelve months?				
	¹ O Yes				
	³ No				
32 (b)	Does your employer offer employee assistance such as counselling, substance abuse control, financial assistance, legal aid, etc.?				
	¹ O Yes				
	No Go to Question 32 (c)				
32 (h)(i)	Did you use these services within the past twelve months?				
02 (b)(i)	1 Yes				
	³ No				
32 (c)	Does your employer offer help with <u>eldercare</u> services?				
	¹ Yes				
	³ ○ No → Go to Question 32 (d)				

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32 (c)(i)	Did you use this help within the past twelve months?
	¹ Yes
	³ O No
32 (d)	Does your employer offer fitness and recreation services (on-site or off-site)?
	¹ Yes
	³ ○ No → Go to Question 32 (e)
32 (d)(i)	Did you use this service within the past twelve months?
	¹ O Yes
	³ O No
32 (e)	Does your employer offer other personal support or family services?
	¹ O Yes
	³ ○ No → Go to Question 33
32 (e)(i)	Could you please specify the type of service?
32 (e)(ii)	Did you use this service within the past twelve months?
	1 Yes
	3 No

Section 7 – Worker Representation and Industrial Relations

33.	In your current job, are you a member of a union or covered by a collective bargaining agreement?
	¹ O Yes
	³ O No
34.	Is there a dispute, complaint, or grievance system in your workplace?
	¹ ○ Yes
	³ ○ No → Go to Question 35
34 (a)	Have you had a dispute, complaint or grievance in the past twelve months?
	¹ O Yes
	³ ○ No → Go to Question 35
34 (b)	What mechanisms were used to address you dispute, complaint, or grievance? (Check all that apply.)
	1 O Informally addressed by manager supervisor
	² Management committee
	3 Labour-management committee
	4 Outside arbitrator
	Other, specify
34 (c)	Has the situation improved?
	¹ Yes
	³ No

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Section 8 – Compensation

The next few questions deal with your earnings in your current job.				
35.	In your current job, what is your usual wage or salary before taxes and other deductions?			
	\$ •			
	Is this:			
	¹ O hourly			
	² daily			
	³ O weekly			
	⁴ every two weeks			
	⁵ twice a month			
	⁶ O monthly			
	⁷ yearly			
	8 Other, specify			
Instru	uction: If you have been in this job for less than twelve months, please answer the following questions for the period of time since you started this job. Otherwise, answer for the past twelve months.			
	$\langle \langle \langle \rangle \rangle \rangle$			
36.	In the past twelve months/since you started this job, did you earn any commissions, tips, bonuses, paid overtime or any other types of variable pay such as profit sharing, productivity bonuses (gain sharing) or piecework?			
	¹ O Yes			
	³ No Acoto Question 37			
36 (a)	Were these commissions, tips, bonuses, paid overtime or other types of variable pay included in the wage or salary you just reported?			
	¹ O Yes			
	³ O No			
36 (b)	Did you receive overtime payments in the past twelve months/since you started this job?			
	¹ Yes			
	³ ○ No → Go to Question 36 (c)			

36 (b)(i)	What were your total earnings from overtime payments for that period?
	\$
36 (c)	Did you receive any shift differentials, tips, commissions or piecework payments in the past twelve months/since you started this job?
	¹ Yes
	³ ○ No → Go to Question 36 (d)
36 (c)(i)	What were your total earnings from shift differentials, tips, commissions or piecework payments for that period?
	\$
36 (d)	Did you receive any productivity-related bonuses, profit sharing or profit-related bonuses in the past twelve months/since you started this job?
	¹○ Yes
	3 ○ No → Go to Question 36 (e)
36 (d)(i)	What were your total earnings from any productivity-related bonuses, profit-sharing or profit-related bonuses for that period?
	\$
36 (e)	Did you receive any other bonuses in the past twelve months/since you started this job?
	1 Yes, specify
	³ ○ No → Go to Question 37
36 (e)(i)	What were your total earnings from other bonuses for that period?
	\$ •

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The fo	The following questions cover the non-salary benefits related to this job.			
37.	Does your employer have any non-wage benefits such as pension plan, life insurance or dental plan?			
	¹ Yes			
	³ ○ No → Go to Question 38			
37 (a)	Do you participate in an employer-sponsored pension plan? (This does not include CPP/QPP or group RRSPs.)			
	¹ ○ Yes			
	³○ No			
37 (a)(i)	In your company, is this benefit:			
	¹ Mandatory			
	² Optional			
	Not available			
37 (b)	Do you participate in a group RRSP?			
	¹ O Yes			
	3 ○ No → Go to Question 37 (b)(ii)			
37 (b)(i)	Does your employer contribute to this plan?			
	¹ Yes			
	3 O No			
37 (b)(ii)	In your company, is this plan:			
	1 Mandatory			
	² Optional			
	³ Not available			
37 (c)	In your current job, do you participate in a life and/or disability insurance plan?			
	¹ O Yes			
	³ O No			

37 (c)(i)	In your company, is this benefit:
	¹ Mandatory
	² Optional
	³ Not available
37 (d)	Do you participate in a supplemental medical insurance plan?
	¹○ Yes
	³○ No
(Note: Examples: Drug co-payment plans, hospital stay co-payment plans, hearing-impaired benefit plan, vision care and other medical benefits not covered by provincial health plans.
37 (d)(i)	In your company, is this benefit:
	¹ Mandatory
	² Optional
	Not available
37 (e)	Do you participate in a dental plan?
	¹○ Yes
	³ O No
37 (e)(i)	In your company, is this benefit:
	1 Mandatory
	² Optional
	Not available
37 (f)	Does your employer offer supplements to Employment Insurance benefits for maternity/paternity leave or lay-offs?
	¹ O Yes
	³ No
	UNU UNIO

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37 (f)(i)	Is this benefit:				
	¹ Mandatory				
	² Optional				
	³ Not available				
37 (g)	In your current job, do you participate in a stock purchase plan?				
	¹ ○ Yes				
	³○ No → Go to Question 38				
37 (g)(i)	(i) Does your employer contribute to this plan or offer discounts on stock purchases?				
	¹ O Yes				
	3 No				
38.	Considering all aspects of this job, how satisfied are you with the job? Would you say that you are:				
	1 very satisfied?				
	satisfied?				
	dissatisfied?				
	4 very dissatisfied?				
39.	Considering the duties and responsibilities of this job, how satisfied are you with the pay and benefits you receive? Would you say that you are:				
	1 very satisfied?				
	² satisfied?				
	³ dissatisfied?				
	⁴ very dissatisfied?				

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

Section X9 – Job Comparisons

X40 (a) In comparison to all the aspects of your previous job, is your new job:					
¹ better?					
² about the same?					
³ worse?					
X41 (a) Please indicate whether you think your working con job compared to the previous job you held.	ditions are	e better, abou	t the same	or worse in	n your new
)))	
General Working Conditions	Better	About the same	Worse	No opinion	Not applicable
A Availability of flavible washing a group garage					
A. Availability of flexible working arrangements (e.g. compressed work week, flexible hours, work at home, other flexible arrangements)	\bigcirc (
	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\				
B. Usual work hours	700				\bigcirc
C. Availability of overtime	\bigcirc	\bigcirc	\bigcirc		\bigcirc
C. Availability of overtime					
	\bigcap				\bigcap
D. Availability of job or work sharing arrangements					
, v					
E. Availability of personal and family support programs (e.g. childcare, employee assistance, eldercare, other types of services)	\bigcirc	\bigcirc	\bigcirc		\bigcirc
oldatorio, other types of services)					
X41 (b) Please specify any other working conditions that con	tributed to	your decision	to change	jobs.	

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X41 (c) Please indicate whether you think your job opportunities are better, about the same or worse in your new job compared to the previous job you held. **Job Opportunities Better** About the Worse No Not opinion applicable same A. Opportunity for promotions B. Access to computers and other technologies C. Access to training and development D. Opportunity for career change E. Opportunity for employee participation (participating in decisions regarding the workplace) F. Access to worker representation (e.g. member of a union, staff and professional association) G. Salary increases H. Job securit I. Bonuses/Profit sharing **X41 (d)** Please specify any other factors that contributed to your decision to change jobs.

Section 9 – Work History/Turnover

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

40.	Considering all jobs you have held, how many years of full-time working experience do you have?
	years
40 (a)	In the past five years, have you worked for any other employers, including yourself?
40 (a)	1 Yes
	³ ○ No → Go to Question 41
40 (b)	How many other employers have you worked for in the past five years, including self-employment?
40 (c)	In that period, were you ever without work for more than two weeks when you were actively looking for work
	and not attending school on a full-time basis?
	¹○ Yes
	³ ○ No → Go to Question 40 (e)
40 (d)	During the past five years how many months, in total, have you been unemployed (without having necessarily received employment benefits)?
	A A A A A A A A A A A A A A A A A A A
	• month
40 (e)	Thinking about the last job you held before coming to work for your current employer, what was the main reason you left that job?
	1 Left for better pay, hours or career opportunities at current job
	Moved, immigrated, spouse relocated
	³ Returned to school
	Quit for any other reason
	⁵ Laid off: plant closure or business failure
	⁶ Laid off: business slowdown, restructuring, other reasons
	⁷ End of contract, seasonal or temporary position
	Left self-employment (sold business, own business failed, etc.)
	Other, specify

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40 (f) What was your job title? 40 (g) In that last job, what were your most important activities or duties? **40 (h)** How many months did you work for that employer? ● ____ month About how many hours did you usually work per week in that job (including overtime)? 40 (i) hours What was your usual wage or salary before taxes and other deductions? 40 (j) ¹ O hourly ² O daily weekly every two week 5 twice a month Other, specify 40 (k) In that last job you held, did you have an employer-sponsored pension plan? ¹ Yes $^3\bigcirc$ No 40 (I) Did you use a computer in that job? ¹ Yes

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

40 (m)	In the last twelve months on that last job, did you receive any formal training sponsored by your employer?
40 (III)	the fact two vo months on that last job, and you receive any formal training openiored by your employer.
	¹○ Yes
	³ No
41.	Immediately before starting with your present employer, were you:
	¹ ○ working at another job → Go to Question 42
	² O looking for work
	³ going to school → Go to Question 42
	⁴ ○ working at home, raising family, etc. → Go to Question 42
	⁵ ○ recuperating from illness or disability → Go to Question 42
	6 ○ Other, specify Go to Question 42
41 (a)	How many weeks were you looking for work?
	□□□□ weeks
42.	Do you currently do any paid work other than your job with this employer?
	Note: This includes self-employed work.
	¹ O Yes
	³ ○ No → Go to Question 45 (a)
42 (a)	How many hours a week do you usually work at that (these) job(s)?
	Job 1 • L hours
	Job 1 • L hours
	Job 2
42 (b)	What are your approximate weekly earnings in that (these) job(s)?
	Job 1 \$ •
	Job 2 \$ •

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Section 10 – Demographics

Finally, we would like to ask some general questions about you and your family to determine if any changes have occurred since that last interview.

1115111	uction . Passez a la question 45 a) (E5, EL, AL).	
43.	In what year were you born?	
	Tear Year	
44.	SEX	
	¹ Male	
	² Female	
45 (a)	What language do you most often use at work?	
	¹ English	
	² French	
	Other, specify	
45 (b)	What language do you most often speak at home?	
43 (b)		
	English	
	Other, specify	
Instru	uction: Go to Question 49 (ES, EL, XL, XS).	
1113111	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	
46.	Were you porn in Canada?	
	¹ O Yes → Go to Question 47	
	³ No	
46 (a)	In what year did you immigrate to Canada?	
	Year	
46 (b)	From what country did you emigrate?	
	Country:	

47.	What is the highest grade of elementary or high school (secondary school) that you have completed?
	Please report the highest grade, not the year when it was completed.
48.	Did you graduate from high school (secondary school)?
	¹ Yes
	³ O No
49.	Have you received any additional education in the past twelve months?
	¹○ Yes
	³ ○ No → Go to Question 51
50.	What was that education? (Check all that apply.)
	Trade-vocational:
	⁰¹ Trade or vocational diploma or certificate
	College:
	OSome college, CEGEP, institute of technology or nursing school
	Completed college, CEGEP, institute of technology or nursing school
	University:
	04 O Some university
	05 Teachers' college
	06 University certificate or diploma below bachelor level
	⁰⁷ Bậchelor or undergraduate degree or teachers' college (e.g. B.A., B.Sc., B.A.Sc., 4-year B.Ed.)
	08 University certificate or diploma above bachelor level
	09 Master's degree (M.A., M.Sc., M.Ed., MBA, MPA and equivalent)
	Degree in medicine, dentistry, veterinary medicine, law, optometry or theology (M.D., D.D.S.,
	D.M.D., D.V.M., LL.B., O.D., M.DIV.) or 1-year B.Ed. after another bachelor's degree
	Earned doctorate
	Other:
	12 Industry certified training or certification courses
	Other, specify

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51.	What is your current legal marital status?	
31.		
	Legally married (and not separated) → Go to Question 53	
	Legally married and separated	
	³ Divorced	
	⁴ Widowed	
	⁵ Single (never married)	
52.	Are you currently living with a common-law partner?	
	¹ ○ Yes	
	$^{3}\bigcirc$ No	
53.	Do you have any dependent children?	
	¹ O Yes	
	³ ○ No → Go to Question 54 (a)	
53 (a)	Please indicate their ages, starting with the youngest. It any children are less than one year old, record age as "01".	
	5 6 7 8 1	
Inctri	untion. If all abildron's ages on proster than 12, go to Question 54 (a)	
IIISUU	action: If all children's ages are greater than 12, go to Question 54 (a).	
53 (b)	Are any of your children in childcare (in the care of someone other than you or another legal guardian)? Please do not include regular school hours.	
	$^{1}\bigcirc\widehat{\mathscr{N}_{pes}}\left(\bigcirc\right)^{\triangleright}$	
	3 NO	
14/		
We would like to ask you a few questions about your immediate family's earnings and income. We are asking these questions because the worker's well-being is related to the family's income as well as his/her own income. These questions refer only to those family members living in your household.		
54 (a)	What are the approximate annual employment earnings of all members of your immediate family (including yourself)?	
	\$ <u> </u>	

	employ	ment.
Instru	uction:	If you are not a paid worker (XS), <i>go to Question 57.</i>
		If you are not a paid worker (XS), go to Question 57. If your answer to Question 55 was among the group B choices when we held our interview a year ago, go to Question 56 (a). Otherwise, <i>go to Question 57</i> .
_	0 "	
5.		ans come from many ethnic, cultural and racial backgrounds. From which groups did your parents or arents descend? (Check all that apply.)
	Group	A
	01	Canadian
	02 🔿	British (from England, Scotland, Ireland, etc.)
	03 🔿	French
	04 🔿	Any other European groups
	Group	
	05 🔿	\bigcirc
	06 (Arab (from Egypt, Jordan, Lebanon, Iraq etc.)
	07 (Black (from Africa, Caribbean, Haiti, U.S.A., Canada, etc.)
	00 0	Chinese
	09 (East Indian (from India, Pakistan, East Africa, etc.)
		Filipino
	11 (Inuit (Eskimo)
	12 🔾	Japanese
	13 (Korean
	14	Latin American (from Mexico, Central America or South America)
	15 🔾	Mêtis
	16 🔾	North American Indian (First Nations, Aboriginal persons, Native Peoples)
		North African (from Egypt, Morocco, Algeria, etc.)
	10 🔿	South East Asian (from Burma, Cambodia, Laos, Viet Nam, etc.)
		West Asian (from Syria, Turkey, Afghanistan, Iran, etc.)
	19 🔾	Other, specify

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56 (a)	Does your employer have any recruitment or career programs for minority groups?
	¹ Yes
	³ ○ No → Go to Question 57
56 (b)	Have you ever participated in these programs?
	¹ Yes
	³ O No
57.	Are you limited in the kind of activity that you can do because of a long-term physical condition, mental condition or health problem?
	¹○ Yes
	³ ○ No → Go to Question 58
57 (-)	And you like it all at home 2
57 (a)	Are you limited at home?
	¹O Yes
	³ O No
Instru	uction: If you are not a paid worker (XS), go to Question 57 (c).
57 (b)	Are you limited at work?
	¹ O Yes
	3 No
57 (c)	Are you limited in other activities such as transportation to work or in leisure activities?
	¹ O Yes
	³ O No
58.	Do you have any long-term disabilities or handicaps?
	¹ O Yes
	3 \sim
	³○ No

	If you are with the same employer as when we held our interview a year ago (ES, EL), <i>go to Question</i> 59 if you answered "Yes" to Question 57 or to Question 58. Otherwise, <i>go to Question 60</i> .
	If you are a paid worker but have changed employer since last year (XL), go to Question 59 if you answered "Yes" to Question 57 or to Question 58. Otherwise, go to the end of the questionnaire.
59.	Does your employer have any recruitment or career programs for employees with disabilities?
	¹ O Yes
	³ ○ No → Go to Question 59 (b)
59 (a)	Have you ever participated in these programs?
	¹ O Yes
	3 0
	No No
59 (b)	Do you need altered facilities or equipment aids to help accommodate your condition?
	¹ O Yes
	³ ○ No → Go to Question 60
Instru	uction: If you are not a paid worker (XS), go to Question 60.
59 (c)	Does your employer provide these altered facilities, equipment or aids to you?
	¹ O Yes
	3 No
60.	In case we have difficulty in reaching you next year, could you please give us the name and telephone number of a relative or someone we could call to obtain your telephone number.
	Last name
	Given name
	Telephone number ()

If you are not a paid worker (XS), go to Question 59 (b) if you answered "Yes" to Question 57 or to Question 58. Otherwise, *go to the end of the questionnaire*.

Instruction:

On behalf of Statistics Canada, I'd like to thank you for taking the time to answer this survey.

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

Corel Draw Crystal Reports Data Analysis Databases DB-2 dBase (database) dBase (programming) DELPHI Desktop Publishing	3 7 1 7 7 7 7 7 7 7 6 6 11 10 4 9 3 3 7 7
Adabas (programming) Ami Pro Basic C C++ Clipper COBOL Communications Compuserve Computer Aided Design Corel Draw Crystal Reports Data Analysis Databases DB-2 dBase (database) dBase (programming) DELPHI Desktop Publishing Developer Development tool	3 7 1 7 7 7 7 6 6 11 10 4 9 3 3 7 7
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Data Analysis Databases DB-2 dBase (database) dBase (programming) DELPHI Desktop Publishing Developer Development tool	9 3 3 7 7 4
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dBase (database) dBase (programming) DELPHI Desktop Publishing Developer Development tool	3 7 7 4
dBase (programming) DELPHI Desktop Publishing Developer Development tool	7 7 4
DELPHI Desktop Publishing Developer Development tool	7
Desktop Publishing Developer Development tool	4
Developer Development tool	
Development tool	12/
	7
	6
Easycase	12
Excel	2
	12
Expert Systems	13
Extra!	6
FAME	9
Form Design	4
Fortran	7
Foxpro (database)	3
Foxpro (programming)	7
Framemaker	4
Freelance	10
GML	1
Graphics and presentation	10
Harvard Graphics	10
HTML (communications)	6
HTML (programming)	7
Internet	6
Intranet	6
JAVA (communications)	6
JAVA (programming)	7
Jetform	4
Lotus Smart Suite Integration	4

Lotus 1-2-3	2
Management applications	5
Microsoft Office	4
Microsoft Project	5
MS-QUERY	9
MS-Write	1
Net Bui	6
Oracle (database)	3
Oracle (programming)	7
Other	14
OutsideIn	6
Pagemaker	4
Paradox (database)	3
Paradox (programming)	7
PCTCP	6
PerForm Pro	4
PL/1	7
PM-Work Bench	5
Rower Builder	7
/Rower Play	9
Powerpoint	10
Programming language	7
Quattro Pro	2
SAS (data analysis)	9
SAS (programming)	7
SGML	1
SmallTalk	7
Specialized Office	8
Spreadsheets	2
SPSS	9
SQL	7
SQL Server	3
SQL Windows	7
Statgraphics	9
StatPac	9
STP	12
SUDAAN	9
Sybase	3
Systems Architect	12
Timeline	5_
Turbo Pascal	7
Ventura	4
Visual Basic	7
Word	1
Workperfect	1
Wordpro	1
Wordprocessors	1