



Division No.

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Reporting Code (if from FDI)

**FEMALE**

# Family History Survey



**CONFIDENTIAL** when completed

Authority — Statistics Act  
Statutes of Canada 1970-71-72, Chapter 15.



SECTION A:  
Step-children

THIRD STEP-CHILD	FOURTH STEP-CHILD
32. What was the date of birth of your third step-child? <div style="text-align: center;"> <input type="text"/> <input type="text"/> <input type="text"/>              Mo. Yr.           </div>	47. What was the date of birth of your fourth step-child? <div style="text-align: center;"> <input type="text"/> <input type="text"/> <input type="text"/>              Mo. Yr.           </div>
33. When did your third step-child come under your care? <div style="text-align: center;"> <input type="text"/> <input type="text"/> <input type="text"/>              Mo. Yr.           </div>	48. When did your fourth step-child come under your care? <div style="text-align: center;"> <input type="text"/> <input type="text"/> <input type="text"/>              Mo. Yr.           </div>
34. Did you adopt this child? <input type="radio"/> Yes <input type="radio"/> No → Go to Q36	49. Did you adopt this child? <input type="radio"/> Yes <input type="radio"/> No → Go to Q51
35. What was the date of adoption? <div style="text-align: center;"> <input type="text"/> <input type="text"/> <input type="text"/>              Mo. Yr.           </div>	50. What was the date of adoption? <div style="text-align: center;"> <input type="text"/> <input type="text"/> <input type="text"/>              Mo. Yr.           </div>
36. Was this child a girl or a boy? <input type="radio"/> Girl <input type="radio"/> Boy	51. Was this child a girl or a boy? <input type="radio"/> Girl <input type="radio"/> Boy
37. Does this child live in this household or somewhere else? <input type="radio"/> In this household → Go to Q40 <input type="radio"/> Somewhere else → Go to Q44 <input type="radio"/> Deceased → Go to Q38	52. Does this child live in this household or somewhere else? <input type="radio"/> In this household → Go to Q55 <input type="radio"/> Somewhere else → Go to Q59 <input type="radio"/> Deceased → Go to Q53
38. What was the date this child died? <div style="text-align: center;"> <input type="text"/> <input type="text"/> <input type="text"/>              Mo. Yr.           </div>	53. What was the date this child died? <div style="text-align: center;"> <input type="text"/> <input type="text"/> <input type="text"/>              Mo. Yr.           </div>
39. At that time, was this child ... <input type="radio"/> On his/her own? <input type="radio"/> In someone else's custody or care? <input type="radio"/> Still at home? → Go to Q46 <span style="margin-left: 150px;">} Go to Q45</span>	54. At that time, was this child ... <input type="radio"/> On his/her own? <input type="radio"/> In someone else's custody or care? <input type="radio"/> Still at home? → Go to Q61 <span style="margin-left: 150px;">} Go to Q60</span>
40. Interviewer check item: <input type="radio"/> If Question 32 is before <input type="text"/> <input type="text"/> <input type="text"/> → Go to Q41 <input type="radio"/> Otherwise → Go to Q46	55. Interviewer check item: <input type="radio"/> If Question 47 is before <input type="text"/> <input type="text"/> <input type="text"/> → Go to Q56 <input type="radio"/> Otherwise → Go to Q61
41. Has this child ever left home to live on his/her own? <input type="radio"/> Yes <input type="radio"/> No → Go to Q46	56. Has this child ever left home to live on his/her own? <input type="radio"/> Yes <input type="radio"/> No → Go to Q61
42. When did this child last leave home? <div style="text-align: center;"> <input type="text"/> <input type="text"/> <input type="text"/>              Mo. Yr.           </div>	57. When did this child last leave home? <div style="text-align: center;"> <input type="text"/> <input type="text"/> <input type="text"/>              Mo. Yr.           </div>
43. When did you start residing together again? <div style="text-align: center;"> <input type="text"/> <input type="text"/> <input type="text"/> → Go to Q46              Mo. Yr.           </div>	58. When did you start residing together again? <div style="text-align: center;"> <input type="text"/> <input type="text"/> <input type="text"/> → Go to Q61              Mo. Yr.           </div>
44. When this child stopped residing with you, was it to live on his/her own or in someone else's custody or care? <input type="radio"/> On his/her own <input type="radio"/> In someone else's custody or care	59. When this child stopped residing with you, was it to live on his/her own or in someone else's custody or care? <input type="radio"/> On his/her own <input type="radio"/> In someone else's custody or care
45. When did this child stop residing with you? <div style="text-align: center;"> <input type="text"/> <input type="text"/> <input type="text"/>              Mo. Yr.           </div>	60. When did this child stop residing with you? <div style="text-align: center;"> <input type="text"/> <input type="text"/> <input type="text"/>              Mo. Yr.           </div>
46. Have you raised a fourth step-child? <input type="radio"/> Yes → Go to Q47 <input type="radio"/> No → Go to Section B	61. Have you raised a fifth step-child? <input type="radio"/> Yes → Go to next booklet <input type="radio"/> No → Go to Section B

SECTION B: Adopted Children	
1. Have you ever adopted children? (Exclude any children mentioned in the step-children section).  <input type="radio"/> Yes <input type="radio"/> No → Go to Section C	SECOND ADOPTED CHILD
2. What was the date of birth of your first adopted child?  <div style="border: 1px solid black; width: 40px; height: 15px; margin: 0 auto; display: flex; justify-content: space-between;"> <span>Mo.</span> <span>Yr.</span> </div>	15. What was the date of birth of your second adopted child?  <div style="border: 1px solid black; width: 40px; height: 15px; margin: 0 auto; display: flex; justify-content: space-between;"> <span>Mo.</span> <span>Yr.</span> </div>
3. What was the date of adoption of this child?  <div style="border: 1px solid black; width: 40px; height: 15px; margin: 0 auto; display: flex; justify-content: space-between;"> <span>Mo.</span> <span>Yr.</span> </div>	16. What was the date of adoption of this child?  <div style="border: 1px solid black; width: 40px; height: 15px; margin: 0 auto; display: flex; justify-content: space-between;"> <span>Mo.</span> <span>Yr.</span> </div>
4. Was this child a girl or a boy?  <input type="radio"/> Girl <input type="radio"/> Boy	17. Was this child a girl or a boy?  <input type="radio"/> Girl <input type="radio"/> Boy
5. Does this child live in this household or somewhere else?  <input type="radio"/> In this household → Go to Q8 <input type="radio"/> Somewhere else → Go to Q12 <input type="radio"/> Deceased → Go to Q6	18. Does this child live in this household or somewhere else?  <input type="radio"/> In this household → Go to Q21 <input type="radio"/> Somewhere else → Go to Q25 <input type="radio"/> Deceased → Go to Q19
6. What was the date this child died?  <div style="border: 1px solid black; width: 40px; height: 15px; margin: 0 auto; display: flex; justify-content: space-between;"> <span>Mo.</span> <span>Yr.</span> </div>	19. What was the date this child died?  <div style="border: 1px solid black; width: 40px; height: 15px; margin: 0 auto; display: flex; justify-content: space-between;"> <span>Mo.</span> <span>Yr.</span> </div>
7. At that time, was this child . . . .  <input type="radio"/> On his/her own? <input type="radio"/> In someone else's custody or care? } Go to Q13 <input type="radio"/> Still at home? → Go to Q14	20. At that time, was this child . . . .  <input type="radio"/> On his/her own? <input type="radio"/> In someone else's custody or care? } Go to Q26 <input type="radio"/> Still at home? → Go to Q27
8. Interviewer check item:  <input type="radio"/> If Question 2 is before <span style="border: 1px solid black; padding: 2px;">0,2,6,8</span> → Go to Q9 <input type="radio"/> Otherwise → Go to Q14	21. Interviewer check item:  <input type="radio"/> If Question 15 is before <span style="border: 1px solid black; padding: 2px;">0,2,6,8</span> → Go to Q22 <input type="radio"/> Otherwise → Go to Q27
9. Has this child ever left home to live on his/her own?  <input type="radio"/> Yes <input type="radio"/> No → Go to Q14	22. Has this child ever left home to live on his/her own?  <input type="radio"/> Yes <input type="radio"/> No → Go to Q27
10. When did this child last leave home?  <div style="border: 1px solid black; width: 40px; height: 15px; margin: 0 auto; display: flex; justify-content: space-between;"> <span>Mo.</span> <span>Yr.</span> </div>	23. When did this child last leave home?  <div style="border: 1px solid black; width: 40px; height: 15px; margin: 0 auto; display: flex; justify-content: space-between;"> <span>Mo.</span> <span>Yr.</span> </div>
11. When did you start residing together again?  <div style="border: 1px solid black; width: 40px; height: 15px; margin: 0 auto; display: flex; justify-content: space-between;"> <span>Mo.</span> <span>Yr.</span> </div> → Go to Q14	24. When did you start residing together again?  <div style="border: 1px solid black; width: 40px; height: 15px; margin: 0 auto; display: flex; justify-content: space-between;"> <span>Mo.</span> <span>Yr.</span> </div> → Go to Q27
12. When this child stopped residing with you, was it to live on his/her own or in someone else's custody or care?  <input type="radio"/> On his/her own <input type="radio"/> In someone else's custody or care	25. When this child stopped residing with you, was it to live on his/her own or in someone else's custody or care?  <input type="radio"/> On his/her own <input type="radio"/> In someone else's custody or care
13. When did this child stop residing with you?  <div style="border: 1px solid black; width: 40px; height: 15px; margin: 0 auto; display: flex; justify-content: space-between;"> <span>Mo.</span> <span>Yr.</span> </div>	26. When did this child stop residing with you?  <div style="border: 1px solid black; width: 40px; height: 15px; margin: 0 auto; display: flex; justify-content: space-between;"> <span>Mo.</span> <span>Yr.</span> </div>
14. Did you adopt a second child?  <input type="radio"/> Yes → Go to Q15 <input type="radio"/> No → Go to Section C	27. Did you adopt a third child?  <input type="radio"/> Yes → Go to Q28 <input type="radio"/> No → Go to Section C

**SECTION B:**  
**Adopted Children**

THIRD ADOPTED CHILD	FOURTH ADOPTED CHILD
<p>28. What was the date of birth of your third adopted child?</p> <p style="text-align: center;">Mo. Yr.</p>	<p>41. What was the date of birth of your fourth adopted child?</p> <p style="text-align: center;">Mo. Yr.</p>
<p>29. What was the date of adoption of this child?</p> <p style="text-align: center;">Mo. Yr.</p>	<p>42. What was the date of adoption of this child?</p> <p style="text-align: center;">Mo. Yr.</p>
<p>30. Was this child a girl or a boy?</p> <p><sup>1</sup> <input type="radio"/> Girl</p> <p><sup>2</sup> <input type="radio"/> Boy</p>	<p>43. Was this child a girl or a boy?</p> <p><sup>1</sup> <input type="radio"/> Girl</p> <p><sup>2</sup> <input type="radio"/> Boy</p>
<p>31. Does this child live in this household or somewhere else?</p> <p><sup>3</sup> <input type="radio"/> In this household → Go to Q34</p> <p><sup>4</sup> <input type="radio"/> Somewhere else → Go to Q38</p> <p><sup>5</sup> <input type="radio"/> Deceased → Go to Q32</p>	<p>44. Does this child live in this household or somewhere else?</p> <p><sup>3</sup> <input type="radio"/> In this household → Go to Q47</p> <p><sup>4</sup> <input type="radio"/> Somewhere else → Go to Q51</p> <p><sup>5</sup> <input type="radio"/> Deceased → Go to Q45</p>
<p>32. What was the date this child died?</p> <p style="text-align: center;">Mo. Yr.</p>	<p>45. What was the date this child died?</p> <p style="text-align: center;">Mo. Yr.</p>
<p>33. At that time, was this child . . .</p> <p><sup>6</sup> <input type="radio"/> On his/her own?</p> <p><sup>7</sup> <input type="radio"/> In someone else's custody or care? } Go to Q39</p> <p><sup>8</sup> <input type="radio"/> Still at home? → Go to Q40</p>	<p>46. At that time, was this child . . .</p> <p><sup>6</sup> <input type="radio"/> On his/her own?</p> <p><sup>7</sup> <input type="radio"/> In someone else's custody or care? } Go to Q52</p> <p><sup>8</sup> <input type="radio"/> Still at home? → Go to Q53</p>
<p>34. <u>Interviewer check item:</u></p> <p><sup>1</sup> <input type="radio"/> If Question 28 is before 0,2,6,8 → Go to Q35</p> <p><sup>2</sup> <input type="radio"/> Otherwise → Go to Q40</p>	<p>47. <u>Interviewer check item:</u></p> <p><sup>1</sup> <input type="radio"/> If Question 41 is before 0,2,6,8 → Go to Q48</p> <p><sup>2</sup> <input type="radio"/> Otherwise → Go to Q53</p>
<p>35. Has this child ever left home to live on his/her own?</p> <p><sup>1</sup> <input type="radio"/> Yes</p> <p><sup>2</sup> <input type="radio"/> No → Go to Q40</p>	<p>48. Has this child ever left home to live on his/her own?</p> <p><sup>1</sup> <input type="radio"/> Yes</p> <p><sup>2</sup> <input type="radio"/> No → Go to Q53</p>
<p>36. When did this child last leave home?</p> <p style="text-align: center;">Mo. Yr.</p>	<p>49. When did this child last leave home?</p> <p style="text-align: center;">Mo. Yr.</p>
<p>37. When did you start residing together again?</p> <p style="text-align: center;">Mo. Yr. → Go to Q40</p>	<p>50. When did you start residing together again?</p> <p style="text-align: center;">Mo. Yr. → Go to Q53</p>
<p>38. When this child stopped residing with you, was it to live on his/her own or in someone else's custody or care?</p> <p><sup>3</sup> <input type="radio"/> On his/her own</p> <p><sup>4</sup> <input type="radio"/> In someone else's custody or care</p>	<p>51. When this child stopped residing with you, was it to live on his/her own or in someone else's custody or care?</p> <p><sup>3</sup> <input type="radio"/> On his/her own</p> <p><sup>4</sup> <input type="radio"/> In someone else's custody or care</p>
<p>39. When did this child stop residing with you?</p> <p style="text-align: center;">Mo. Yr.</p>	<p>52. When did this child stop residing with you?</p> <p style="text-align: center;">Mo. Yr.</p>
<p>40. Did you adopt a fourth child?</p> <p><sup>5</sup> <input type="radio"/> Yes → Go to Q41</p> <p><sup>6</sup> <input type="radio"/> No → Go to Section C</p>	<p>53. Did you adopt a fifth child?</p> <p><sup>5</sup> <input type="radio"/> Yes → Go to next booklet</p> <p><sup>6</sup> <input type="radio"/> No → Go to Section C</p>

SECTION C: Natural Children	
<p>1. Have you ever given birth to a child? (Do not count stillbirths.)</p> <p><sup>5</sup> <input type="radio"/> Yes</p> <p><sup>6</sup> <input type="radio"/> No → Go to Section D</p>	<p>SECOND NATURAL CHILD</p>
<p>2. What was the date of birth of your first child?</p> <p style="text-align: center;"> <input type="text"/> <input type="text"/> <input type="text"/>                      Mo. Yr.                 </p>	<p>14. What was the date of birth of your second child?</p> <p style="text-align: center;"> <input type="text"/> <input type="text"/> <input type="text"/>                      Mo. Yr.                 </p>
<p>3. Was this child a girl or a boy?</p> <p><sup>1</sup> <input type="radio"/> Girl</p> <p><sup>2</sup> <input type="radio"/> Boy</p>	<p>15. Was this child a girl or a boy?</p> <p><sup>1</sup> <input type="radio"/> Girl</p> <p><sup>2</sup> <input type="radio"/> Boy</p>
<p>4. Does this child live in this household or somewhere else?</p> <p><sup>3</sup> <input type="radio"/> In this household → Go to Q7</p> <p><sup>4</sup> <input type="radio"/> Somewhere else → Go to Q11</p> <p><sup>5</sup> <input type="radio"/> Deceased → Go to Q5</p>	<p>16. Does this child live in this household or somewhere else?</p> <p><sup>3</sup> <input type="radio"/> In this household → Go to Q19</p> <p><sup>4</sup> <input type="radio"/> Somewhere else → Go to Q23</p> <p><sup>5</sup> <input type="radio"/> Deceased → Go to Q17</p>
<p>5. What was the date this child died?</p> <p style="text-align: center;"> <input type="text"/> <input type="text"/> <input type="text"/>                      Mo. Yr.                 </p>	<p>17. What was the date this child died?</p> <p style="text-align: center;"> <input type="text"/> <input type="text"/> <input type="text"/>                      Mo. Yr.                 </p>
<p>6. At that time, was this child ...</p> <p><sup>6</sup> <input type="radio"/> On his/her own?</p> <p><sup>7</sup> <input type="radio"/> In someone else's custody or care? } Go to Q12</p> <p><sup>8</sup> <input type="radio"/> Still at home? → Go to Q13</p>	<p>18. At that time, was this child ...</p> <p><sup>6</sup> <input type="radio"/> On his/her own?</p> <p><sup>7</sup> <input type="radio"/> In someone else's custody or care? } Go to Q24</p> <p><sup>8</sup> <input type="radio"/> Still at home? → Go to Q25</p>
<p>7. Interviewer check item:</p> <p><sup>1</sup> <input type="radio"/> If Question 2 is before <input type="text"/> <input type="text"/> <input type="text"/> → Go to Q8</p> <p><sup>2</sup> <input type="radio"/> Otherwise → Go to Q13</p>	<p>19. Interviewer check item:</p> <p><sup>1</sup> <input type="radio"/> If Question 14 is before <input type="text"/> <input type="text"/> <input type="text"/> → Go to Q20</p> <p><sup>2</sup> <input type="radio"/> Otherwise → Go to Q25</p>
<p>8. Has this child ever left home to live on his/her own?</p> <p><sup>1</sup> <input type="radio"/> Yes</p> <p><sup>2</sup> <input type="radio"/> No → Go to Q13</p>	<p>20. Has this child ever left home to live on his/her own?</p> <p><sup>1</sup> <input type="radio"/> Yes</p> <p><sup>2</sup> <input type="radio"/> No → Go to Q25</p>
<p>9. When did this child last leave home?</p> <p style="text-align: center;"> <input type="text"/> <input type="text"/> <input type="text"/>                      Mo. Yr.                 </p>	<p>21. When did this child last leave home?</p> <p style="text-align: center;"> <input type="text"/> <input type="text"/> <input type="text"/>                      Mo. Yr.                 </p>
<p>10. When did you start residing together again?</p> <p style="text-align: center;"> <input type="text"/> <input type="text"/> <input type="text"/> → Go to Q13                      Mo. Yr.                 </p>	<p>22. When did you start residing together again?</p> <p style="text-align: center;"> <input type="text"/> <input type="text"/> <input type="text"/> → Go to Q25                      Mo. Yr.                 </p>
<p>11. When this child stopped residing with you, was it to live on his/her own or in someone else's custody or care?</p> <p><sup>3</sup> <input type="radio"/> On his/her own</p> <p><sup>4</sup> <input type="radio"/> In someone else's custody or care</p> <p><sup>5</sup> <input type="radio"/> Never resided together → Go to Q13</p>	<p>23. When this child stopped residing with you, was it to live on his/her own or in someone else's custody or care?</p> <p><sup>3</sup> <input type="radio"/> On his/her own</p> <p><sup>4</sup> <input type="radio"/> In someone else's custody or care</p> <p><sup>5</sup> <input type="radio"/> Never resided together → Go to Q25</p>
<p>12. When did this child stop residing with you?</p> <p style="text-align: center;"> <input type="text"/> <input type="text"/> <input type="text"/>                      Mo. Yr.                 </p>	<p>24. When did this child stop residing with you?</p> <p style="text-align: center;"> <input type="text"/> <input type="text"/> <input type="text"/>                      Mo. Yr.                 </p>
<p>13. Did you give birth to a second child?</p> <p><sup>6</sup> <input type="radio"/> Yes → Go to Q14</p> <p><sup>7</sup> <input type="radio"/> No → Go to Section D</p>	<p>25. Did you give birth to a third child?</p> <p><sup>6</sup> <input type="radio"/> Yes → Go to Q26</p> <p><sup>7</sup> <input type="radio"/> No → Go to Section D</p>

SECTION C: Natural Children	
THIRD NATURAL CHILD	FOURTH NATURAL CHILD
26. What was the date of birth of your third child?  <div style="display: flex; justify-content: center; gap: 10px;"> <div style="border: 1px solid black; width: 20px; height: 15px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 15px; display: inline-block;"></div> </div> <div style="display: flex; justify-content: center; gap: 10px; margin-top: 2px;"> <span>Mo.</span> <span>Yr.</span> </div>	38. What was the date of birth of your fourth child?  <div style="display: flex; justify-content: center; gap: 10px;"> <div style="border: 1px solid black; width: 20px; height: 15px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 15px; display: inline-block;"></div> </div> <div style="display: flex; justify-content: center; gap: 10px; margin-top: 2px;"> <span>Mo.</span> <span>Yr.</span> </div>
27. Was this child a girl or a boy?  <input type="radio"/> Girl <input type="radio"/> Boy	39. Was this child a girl or a boy?  <input type="radio"/> Girl <input type="radio"/> Boy
28. Does this child live in this household or somewhere else?  <input type="radio"/> In this household → Go to Q31 <input type="radio"/> Somewhere else → Go to Q35 <input type="radio"/> Deceased → Go to Q29	40. Does this child live in this household or somewhere else?  <input type="radio"/> In this household → Go to Q43 <input type="radio"/> Somewhere else → Go to Q47 <input type="radio"/> Deceased → Go to Q41
29. What was the date this child died?  <div style="display: flex; justify-content: center; gap: 10px;"> <div style="border: 1px solid black; width: 20px; height: 15px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 15px; display: inline-block;"></div> </div> <div style="display: flex; justify-content: center; gap: 10px; margin-top: 2px;"> <span>Mo.</span> <span>Yr.</span> </div>	41. What was the date this child died?  <div style="display: flex; justify-content: center; gap: 10px;"> <div style="border: 1px solid black; width: 20px; height: 15px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 15px; display: inline-block;"></div> </div> <div style="display: flex; justify-content: center; gap: 10px; margin-top: 2px;"> <span>Mo.</span> <span>Yr.</span> </div>
30. At that time, was this child ...  <input type="radio"/> On his/her own? <input type="radio"/> In someone else's custody or care? } Go to Q36 <input type="radio"/> Still at home? → Go to Q37	42. At that time, was this child ...  <input type="radio"/> On his/her own? <input type="radio"/> In someone else's custody or care? } Go to Q48 <input type="radio"/> Still at home? → Go to Q49
31. Interviewer check item:  <input type="radio"/> If Question 26 is before <div style="border: 1px solid black; padding: 2px;">0,2,6,8</div> → Go to Q32 <input type="radio"/> Otherwise → Go to Q37	43. Interviewer check item:  <input type="radio"/> If Question 38 is before <div style="border: 1px solid black; padding: 2px;">0,2,6,8</div> → Go to Q44 <input type="radio"/> Otherwise → Go to Q49
32. Has this child ever left home to live on his/her own?  <input type="radio"/> Yes <input type="radio"/> No → Go to Q37	44. Has this child ever left home to live on his/her own?  <input type="radio"/> Yes <input type="radio"/> No → Go to Q49
33. When did this child last leave home?  <div style="display: flex; justify-content: center; gap: 10px;"> <div style="border: 1px solid black; width: 20px; height: 15px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 15px; display: inline-block;"></div> </div> <div style="display: flex; justify-content: center; gap: 10px; margin-top: 2px;"> <span>Mo.</span> <span>Yr.</span> </div>	45. When did this child last leave home?  <div style="display: flex; justify-content: center; gap: 10px;"> <div style="border: 1px solid black; width: 20px; height: 15px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 15px; display: inline-block;"></div> </div> <div style="display: flex; justify-content: center; gap: 10px; margin-top: 2px;"> <span>Mo.</span> <span>Yr.</span> </div>
34. When did you start residing together again?  <div style="display: flex; justify-content: center; gap: 10px;"> <div style="border: 1px solid black; width: 20px; height: 15px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 15px; display: inline-block;"></div> </div> <div style="display: flex; justify-content: center; gap: 10px; margin-top: 2px;"> <span>Mo.</span> <span>Yr.</span> → Go to Q37         </div>	46. When did you start residing together again?  <div style="display: flex; justify-content: center; gap: 10px;"> <div style="border: 1px solid black; width: 20px; height: 15px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 15px; display: inline-block;"></div> </div> <div style="display: flex; justify-content: center; gap: 10px; margin-top: 2px;"> <span>Mo.</span> <span>Yr.</span> → Go to Q49         </div>
35. When this child stopped residing with you, was it to live on his/her own or in someone else's custody or care?  <input type="radio"/> On his/her own <input type="radio"/> In someone else's custody or care <input type="radio"/> Never resided together → Go to Q37	47. When this child stopped residing with you, was it to live on his/her own or in someone else's custody or care?  <input type="radio"/> On his/her own <input type="radio"/> In someone else's custody or care <input type="radio"/> Never resided together → Go to Q49
36. When did this child stop residing with you?  <div style="display: flex; justify-content: center; gap: 10px;"> <div style="border: 1px solid black; width: 20px; height: 15px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 15px; display: inline-block;"></div> </div> <div style="display: flex; justify-content: center; gap: 10px; margin-top: 2px;"> <span>Mo.</span> <span>Yr.</span> </div>	48. When did this child stop residing with you?  <div style="display: flex; justify-content: center; gap: 10px;"> <div style="border: 1px solid black; width: 20px; height: 15px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 15px; display: inline-block;"></div> </div> <div style="display: flex; justify-content: center; gap: 10px; margin-top: 2px;"> <span>Mo.</span> <span>Yr.</span> </div>
37. Did you give birth to a fourth child?  <input type="radio"/> Yes → Go to Q38 <input type="radio"/> No → Go to Section D	49. Did you give birth to a fifth child?  <input type="radio"/> Yes → Go to Q50 <input type="radio"/> No → Go to Section D

**SECTION C:  
Natural Children**

FIFTH NATURAL CHILD	SIXTH NATURAL CHILD
<p>50. What was the date of birth of your fifth child?</p> <p style="text-align: center;">Mo. Yr.</p>	<p>62. What was the date of birth of your sixth child?</p> <p style="text-align: center;">Mo. Yr.</p>
<p>51. Was this child a girl or a boy?</p> <p><sup>1</sup> <input type="radio"/> Girl</p> <p><sup>2</sup> <input type="radio"/> Boy</p>	<p>63. Was this child a girl or a boy?</p> <p><sup>1</sup> <input type="radio"/> Girl</p> <p><sup>2</sup> <input type="radio"/> Boy</p>
<p>52. Does this child live in this household or somewhere else?</p> <p><sup>3</sup> <input type="radio"/> In this household → Go to Q55</p> <p><sup>4</sup> <input type="radio"/> Somewhere else → Go to Q59</p> <p><sup>5</sup> <input type="radio"/> Deceased → Go to Q53</p>	<p>64. Does this child live in this household or somewhere else?</p> <p><sup>3</sup> <input type="radio"/> In this household → Go to Q67</p> <p><sup>4</sup> <input type="radio"/> Somewhere else → Go to Q71</p> <p><sup>5</sup> <input type="radio"/> Deceased → Go to Q65</p>
<p>53. What was the date this child died?</p> <p style="text-align: center;">Mo. Yr.</p>	<p>65. What was the date this child died?</p> <p style="text-align: center;">Mo. Yr.</p>
<p>54. At that time, was this child ...</p> <p><sup>6</sup> <input type="radio"/> On his/her own?</p> <p><sup>7</sup> <input type="radio"/> In someone else's custody or care? } Go to Q60</p> <p><sup>8</sup> <input type="radio"/> Still at home? → Go to Q61</p>	<p>66. At that time, was this child ...</p> <p><sup>6</sup> <input type="radio"/> On his/her own?</p> <p><sup>7</sup> <input type="radio"/> In someone else's custody or care? } Go to Q72</p> <p><sup>8</sup> <input type="radio"/> Still at home? → Go to Q73</p>
<p>55. <u>Interviewer check item:</u></p> <p><sup>1</sup> <input type="radio"/> If Question 50 is before <span style="border: 1px solid black; padding: 0 5px;">0,2 6,8</span> → Go to Q56</p> <p><sup>2</sup> <input type="radio"/> Otherwise → Go to Q61</p>	<p>67. <u>Interviewer check item:</u></p> <p><sup>1</sup> <input type="radio"/> If Question 62 is before <span style="border: 1px solid black; padding: 0 5px;">0,2 6,8</span> → Go to Q68</p> <p><sup>2</sup> <input type="radio"/> Otherwise → Go to Q73</p>
<p>56. Has this child ever left home to live on his/her own?</p> <p><sup>1</sup> <input type="radio"/> Yes</p> <p><sup>2</sup> <input type="radio"/> No → Go to Q61</p>	<p>68. Has this child ever left home to live on his/her own?</p> <p><sup>1</sup> <input type="radio"/> Yes</p> <p><sup>2</sup> <input type="radio"/> No → Go to Q73</p>
<p>57. When did this child last leave home?</p> <p style="text-align: center;">Mo. Yr.</p>	<p>69. When did this child last leave home?</p> <p style="text-align: center;">Mo. Yr.</p>
<p>58. When did you start residing together again?</p> <p style="text-align: center;">Mo. Yr. → Go to Q61</p>	<p>70. When did you start residing together again?</p> <p style="text-align: center;">Mo. Yr. → Go to Q73</p>
<p>59. When this child stopped residing with you, was it to live on his/her own or in someone else's custody or care?</p> <p><sup>3</sup> <input type="radio"/> On his/her own</p> <p><sup>4</sup> <input type="radio"/> In someone else's custody or care</p> <p><sup>5</sup> <input type="radio"/> Never resided together → Go to Q61</p>	<p>71. When this child stopped residing with you, was it to live on his/her own or in someone else's custody or care?</p> <p><sup>3</sup> <input type="radio"/> On his/her own</p> <p><sup>4</sup> <input type="radio"/> In someone else's custody or care</p> <p><sup>5</sup> <input type="radio"/> Never resided together → Go to Q73</p>
<p>60. When did this child stop residing with you?</p> <p style="text-align: center;">Mo. Yr.</p>	<p>72. When did this child stop residing with you?</p> <p style="text-align: center;">Mo. Yr.</p>
<p>61. Did you give birth to a sixth child?</p> <p><sup>6</sup> <input type="radio"/> Yes → Go to Q62</p> <p><sup>7</sup> <input type="radio"/> No → Go to Section D</p>	<p>73. Did you give birth to a seventh child?</p> <p><sup>6</sup> <input type="radio"/> Yes → Go to Q74</p> <p><sup>7</sup> <input type="radio"/> No → Go to Section D</p>



**SECTION C:  
Natural Children**

SEVENTH NATURAL CHILD

EIGHTH NATURAL CHILD

74. What was the date of birth of your seventh child?

Mo.	Yr.
-----	-----

86. What was the date of birth of your eighth child?

Mo.	Yr.
-----	-----

75. Was this child a girl or a boy?

- <sup>1</sup>  Girl  
<sup>2</sup>  Boy

87. Was this child a girl or a boy?

- <sup>1</sup>  Girl  
<sup>2</sup>  Boy

76. Does this child live in this household or somewhere else?

- <sup>3</sup>  In this household → Go to Q79  
<sup>4</sup>  Somewhere else → Go to Q83  
<sup>5</sup>  Deceased → Go to Q77

88. Does this child live in this household or somewhere else?

- <sup>3</sup>  In this household → Go to Q91  
<sup>4</sup>  Somewhere else → Go to Q95  
<sup>5</sup>  Deceased → Go to Q89

77. What was the date this child died?

Mo.	Yr.
-----	-----

89. What was the date this child died?

Mo.	Yr.
-----	-----

78. At that time, was this child ...

- <sup>6</sup>  On his/her own?  
<sup>7</sup>  In someone else's custody or care? } Go to Q84  
<sup>8</sup>  Still at home? → Go to Q85

90. At that time, was this child ...

- <sup>6</sup>  On his/her own?  
<sup>7</sup>  In someone else's custody or care? } Go to Q96  
<sup>8</sup>  Still at home? → Go to Q97

79. Interviewer check item:

- <sup>1</sup>  If Question 74 is before 

0,2,6,8
---------

 → Go to Q80  
<sup>2</sup>  Otherwise → Go to Q85

91. Interviewer check item:

- <sup>1</sup>  If Question 86 is before 

0,2,6,8
---------

 → Go to Q92  
<sup>2</sup>  Otherwise → Go to Q97

80. Has this child ever left home to live on his/her own?

- <sup>1</sup>  Yes  
<sup>2</sup>  No → Go to Q85

92. Has this child ever left home to live on his/her own?

- <sup>1</sup>  Yes  
<sup>2</sup>  No → Go to Q97

81. When did this child last leave home?

Mo.	Yr.
-----	-----

93. When did this child last leave home?

Mo.	Yr.
-----	-----

82. When did you start residing together again?

Mo.	Yr.
-----	-----

 → Go to Q85

94. When did you start residing together again?

Mo.	Yr.
-----	-----

 → Go to Q97

83. When this child stopped residing with you, was it to live on his/her own or in someone else's custody or care?

- <sup>3</sup>  On his/her own  
<sup>4</sup>  In someone else's custody or care  
<sup>5</sup>  Never resided together → Go to Q85

95. When this child stopped residing with you, was it to live on his/her own or in someone else's custody or care?

- <sup>3</sup>  On his/her own  
<sup>4</sup>  In someone else's custody or care  
<sup>5</sup>  Never resided together → Go to Q97

84. When did this child stop residing with you?

Mo.	Yr.
-----	-----

96. When did this child stop residing with you?

Mo.	Yr.
-----	-----

85. Did you give birth to an eighth child?

- <sup>6</sup>  Yes → Go to Q86  
<sup>7</sup>  No → Go to Section D

97. Did you give birth to a ninth child?

- <sup>6</sup>  Yes → Go to next booklet  
<sup>7</sup>  No → Go to Section D

**SECTION D:  
Marriages**

The next few questions are about marriages.

1. Have you ever been legally married?

<sup>1</sup>  Yes

<sup>2</sup>  No → Go to Section E

THIRD MARRIAGE

2. What was the date of your first marriage?

Mo. Yr.

10. What was the date of your third marriage?

Mo. Yr.

3. Are you still living with your first husband?

<sup>1</sup>  Yes → Go to Section E

<sup>2</sup>  No

11. Are you still living with your third husband?

<sup>1</sup>  Yes → Go to Section E

<sup>2</sup>  No

4. Did your first marriage end in (Read categories and record dates.)

<sup>3</sup>  Separation? → Mo. Yr.

<sup>4</sup>  Separation and then divorce or annulment? → S. Mo. Yr. D. or A. Mo. Yr.

<sup>5</sup>  Death of spouse? → Mo. Yr.

<sup>6</sup>  Other? → Mo. Yr.

12. Did your third marriage end in (Read categories and record dates.)

<sup>3</sup>  Separation? → Mo. Yr.

<sup>4</sup>  Separation and then divorce or annulment? → S. Mo. Yr. D. or A. Mo. Yr.

<sup>5</sup>  Death of spouse? → Mo. Yr.

<sup>6</sup>  Other? → Mo. Yr.

5. Have you been legally married a second time?

<sup>1</sup>  Yes → Go to Q6

<sup>2</sup>  No → Go to Section E

13. Have you been legally married a fourth time?

<sup>1</sup>  Yes → Go to Q14

<sup>2</sup>  No → Go to Section E

SECOND MARRIAGE

FOURTH MARRIAGE

6. What was the date of your second marriage?

Mo. Yr.

14. What was the date of your fourth marriage?

Mo. Yr.

7. Are you still living with your second husband?

<sup>1</sup>  Yes → Go to Section E

<sup>2</sup>  No

15. Are you still living with your fourth husband?

<sup>1</sup>  Yes → Go to Section E

<sup>2</sup>  No

8. Did your second marriage end in (Read categories and record dates.)

<sup>3</sup>  Separation? → Mo. Yr.

<sup>4</sup>  Separation and then divorce or annulment? → S. Mo. Yr. D. or A. Mo. Yr.

<sup>5</sup>  Death of spouse? → Mo. Yr.

<sup>6</sup>  Other? → Mo. Yr.

16. Did your fourth marriage end in (Read categories and record dates.)

<sup>3</sup>  Separation? → Mo. Yr.

<sup>4</sup>  Separation and then divorce or annulment? → S. Mo. Yr. D. or A. Mo. Yr.

<sup>5</sup>  Death of spouse? → Mo. Yr.

<sup>6</sup>  Other? → Mo. Yr.

9. Have you been legally married a third time?

<sup>1</sup>  Yes → Go to Q10

<sup>2</sup>  No → Go to Section E

17. Have you been legally married a fifth time?

<sup>1</sup>  Yes → Go to next booklet

<sup>2</sup>  No → Go to Section E

<b>SECTION E: Common-law partnerships</b> The next questions are about common-law partnerships, including those that led to marriage.	
<p>1. Have you ever been a partner in a common-law relationship? By this we mean, partners live together as husband and wife, without being legally married.</p> <p><sup>1</sup> <input type="radio"/> Yes</p> <p><sup>2</sup> <input type="radio"/> No → Go to Section F</p>	<b>SECOND PARTNERSHIP</b>
<p>2. Approximately when did you and your first common-law partner begin to live together?</p> <p style="text-align: center;">[ ] [ ] Mo. Yr.</p>	<p>8. Approximately when did you and your second common-law partner begin to live together?</p> <p style="text-align: center;">[ ] [ ] Mo. Yr.</p>
<p>3. Are you still living together as common-law partners?</p> <p><sup>3</sup> <input type="radio"/> Yes → Go to Section F</p> <p><sup>4</sup> <input type="radio"/> No</p>	<p>9. Are you still living together as common-law partners?</p> <p><sup>3</sup> <input type="radio"/> Yes → Go to Section F</p> <p><sup>4</sup> <input type="radio"/> No</p>
<p>4. Did you ever marry this partner?</p> <p><sup>5</sup> <input type="radio"/> Yes</p> <p><sup>6</sup> <input type="radio"/> No → Go to Q6</p>	<p>10. Did you ever marry this partner?</p> <p><sup>5</sup> <input type="radio"/> Yes</p> <p><sup>6</sup> <input type="radio"/> No → Go to Q12</p>
<p>5. Can you please tell me again the date of that marriage?</p> <p style="text-align: center;">[ ] [ ] → Go to Q7 Mo. Yr.</p>	<p>11. Can you please tell me again the date of that marriage?</p> <p style="text-align: center;">[ ] [ ] → Go to Q13 Mo. Yr.</p>
<p>6. Did this partnership end by separation or by the death of your partner? (Record dates)</p> <p><sup>1</sup> <input type="radio"/> Separation → [ ] [ ] Mo. Yr.</p> <p><sup>2</sup> <input type="radio"/> Death → [ ] [ ] Mo. Yr.</p>	<p>12. Did this partnership end by separation or by the death of your partner? (Record dates)</p> <p><sup>1</sup> <input type="radio"/> Separation → [ ] [ ] Mo. Yr.</p> <p><sup>2</sup> <input type="radio"/> Death → [ ] [ ] Mo. Yr.</p>
<p>7. Have you been a partner in a second common-law relationship?</p> <p><sup>3</sup> <input type="radio"/> Yes → Go to Q8</p> <p><sup>4</sup> <input type="radio"/> No → Go to Section F</p>	<p>13. Have you been a partner in a third common-law relationship?</p> <p><sup>3</sup> <input type="radio"/> Yes → Go to Q14</p> <p><sup>4</sup> <input type="radio"/> No → Go to Section F</p>

**SECTION E:****Common-law partnerships****THIRD PARTNERSHIP****FOURTH PARTNERSHIP**

14. Approximately when did you and your third common-law partner begin to live together?

Mo.	Yr.	

20. Approximately when did you and your fourth common-law partner begin to live together?

Mo.	Yr.	

15. Are you still living together as common-law partners?

<sup>3</sup>  Yes → Go to Section F

<sup>4</sup>  No

21. Are you still living together as common-law partners?

<sup>3</sup>  Yes → Go to Section F

<sup>4</sup>  No

16. Did you ever marry this partner?

<sup>5</sup>  Yes

<sup>6</sup>  No → Go to Q18

22. Did you ever marry this partner?

<sup>5</sup>  Yes

<sup>6</sup>  No → Go to Q24

17. Can you please tell me again the date of that marriage?

Mo.	Yr.	→ Go to Q19

23. Can you please tell me again the date of that marriage?

Mo.	Yr.	→ Go to Q25

18. Did this partnership end by separation or by the death of your partner? (Record dates)

<sup>1</sup>  Separation → 

Mo.	Yr.

<sup>2</sup>  Death → 

Mo.	Yr.

24. Did this partnership end by separation or by the death of your partner? (Record dates)

<sup>1</sup>  Separation → 

Mo.	Yr.

<sup>2</sup>  Death → 

Mo.	Yr.

19. Have you been a partner in a fourth common-law relationship?

<sup>3</sup>  Yes → Go to Q20

<sup>4</sup>  No → Go to Section F

25. Have you been a partner in a fifth common-law relationship?

<sup>3</sup>  Yes → Go to next booklet

<sup>4</sup>  No → Go to Section F

**SECTION F: Work History** These last few questions are about your employment history.

1. Have you ever worked at a job or business on a regular basis? By this I mean a full or part-time job which lasted six months or longer.

<sup>1</sup>  Yes

<sup>2</sup>  No → END

2. In what year did you first start working on a regular basis? Exclude part-time employment while you were attending school full-time.

Year

<sup>3</sup>  Only part-time work while full-time student → END

3. Since that time have you ever stopped working for a period of one year or longer?

<sup>3</sup>  Yes

<sup>4</sup>  No → END

I am going to ask you some questions about each time you stopped regular work for one year or longer.

**Interviewer Instruction:** Please complete one column of questions for each work interruption. We are collecting information for the first four interruptions only.

FIRST INTERRUPTION	SECOND INTERRUPTION
--------------------	---------------------

4. In what year did your first work interruption begin?

10. In what year did your second work interruption begin?

5. At that time were you working full-time or part-time?

<sup>1</sup>  Full-time

<sup>2</sup>  Part-time

11. At that time were you working full-time or part-time?

<sup>1</sup>  Full-time

<sup>2</sup>  Part-time

6. What were the reasons you stopped working? (mark all that apply)

<sup>1</sup>  Pregnancy or Child Care

<sup>2</sup>  Returned to school

<sup>3</sup>  Retired

<sup>4</sup>  Moved to be with partner

<sup>5</sup>  Laid off/job ended

<sup>6</sup>  Own illness/disability

<sup>7</sup>  Marriage

<sup>8</sup>  Other

12. What were the reasons you stopped working? (mark all that apply)

<sup>1</sup>  Pregnancy or Child Care

<sup>2</sup>  Returned to school

<sup>3</sup>  Retired

<sup>4</sup>  Moved to be with partner

<sup>5</sup>  Laid off/job ended

<sup>6</sup>  Own illness/disability

<sup>7</sup>  Marriage

<sup>8</sup>  Other

7. For how long did you stop working before you returned to work on a regular basis, either full or part-time?

Years

<sup>9</sup>  Never worked since → END

13. For how long did you stop working before you returned to work on a regular basis, either full or part-time?

Years

<sup>10</sup>  Never worked since → END

8. When you returned was it to work full-time or part-time?

<sup>1</sup>  Full-time

<sup>2</sup>  Part-time

14. When you returned was it to work full-time or part-time?

<sup>1</sup>  Full-time

<sup>2</sup>  Part-time

9. Have you taken any other breaks of one year or longer from regular employment?

<sup>3</sup>  Yes → Go to Q10

<sup>4</sup>  No → END

15. Have you taken any other breaks of one year or longer from regular employment?

<sup>3</sup>  Yes → Go to Q16

<sup>4</sup>  No → END

**SECTION F:  
Work History**

THIRD INTERRUPTION	FOURTH INTERRUPTION
<p>16. In what year did your third work interruption begin?</p> <p style="text-align: center;"> <input type="text" value="1"/> <input type="text" value="9"/> <input type="text"/> <input type="text"/> </p>	<p>22. In what year did your fourth work interruption begin?</p> <p style="text-align: center;"> <input type="text" value="1"/> <input type="text" value="9"/> <input type="text"/> <input type="text"/> </p>
<p>17. At that time were you working full-time or part-time?</p> <p><sup>1</sup> <input type="radio"/> Full-time</p> <p><sup>2</sup> <input type="radio"/> Part-time</p>	<p>23. At that time were you working full-time or part-time?</p> <p><sup>1</sup> <input type="radio"/> Full-time</p> <p><sup>2</sup> <input type="radio"/> Part-time</p>
<p>18. What were the reasons you stopped working? (mark all that apply)</p> <p><sup>1</sup> <input type="radio"/> Pregnancy or child care</p> <p><sup>2</sup> <input type="radio"/> Returned to school</p> <p><sup>3</sup> <input type="radio"/> Retired</p> <p><sup>4</sup> <input type="radio"/> Moved to be with partner</p> <p><sup>5</sup> <input type="radio"/> Laid off/job ended</p> <p><sup>6</sup> <input type="radio"/> Own illness/disability</p> <p><sup>7</sup> <input type="radio"/> Marriage</p> <p><sup>8</sup> <input type="radio"/> Other</p>	<p>24. What were the reasons you stopped working? (mark all that apply)</p> <p><sup>1</sup> <input type="radio"/> Pregnancy or child care</p> <p><sup>2</sup> <input type="radio"/> Returned to school</p> <p><sup>3</sup> <input type="radio"/> Retired</p> <p><sup>4</sup> <input type="radio"/> Moved to be with partner</p> <p><sup>5</sup> <input type="radio"/> Laid off/job ended</p> <p><sup>6</sup> <input type="radio"/> Own illness/disability</p> <p><sup>7</sup> <input type="radio"/> Marriage</p> <p><sup>8</sup> <input type="radio"/> Other</p>
<p>19. For how long did you stop working before you returned to work on a regular basis, either full or part-time?</p> <p style="text-align: center;"> <input type="text"/> <input type="text"/>         Years       </p> <p><sup>95</sup> <input type="radio"/> Never worked since → END</p>	<p>25. For how long did you stop working before you returned to work on a regular basis, either full or part-time?</p> <p style="text-align: center;"> <input type="text"/> <input type="text"/>         Years       </p> <p><sup>95</sup> <input type="radio"/> Never worked since → END</p>
<p>20. When you returned was it to work full-time or part-time?</p> <p><sup>1</sup> <input type="radio"/> Full-time</p> <p><sup>2</sup> <input type="radio"/> Part-time</p>	<p>26. When you returned was it to work full-time or part-time?</p> <p><sup>1</sup> <input type="radio"/> Full-time</p> <p><sup>2</sup> <input type="radio"/> Part-time</p>
<p>21. Have you taken any other breaks of one year or longer from regular employment?</p> <p><sup>3</sup> <input type="radio"/> Yes → Go to Q22</p> <p><sup>4</sup> <input type="radio"/> No → END</p>	<p>27. Have you taken any other breaks of one year or longer from regular employment?</p> <p><sup>3</sup> <input type="radio"/> Yes → Go to Q28</p> <p><sup>4</sup> <input type="radio"/> No → END</p>
	<p>28. How many more breaks were there?</p> <p style="text-align: center;"> <input type="text"/> <input type="text"/>         number → END       </p>



-  -  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**





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?   
 Yes   
 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,  Go to 19   
 Otherwise,  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?   
 Yes   
 No → Go to 22

21. What was the main reason for this contact?   
 Illness or health problem   
 Medical check-up   
 Shots, inoculations or vaccination   
 Pre or post-natal care   
 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?   
    
 None   
 Don't know

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

24. During the last 12 months, how many times did you see or talk to a dentist?   
    
 None   
 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?   
    
 None   
 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?   
 Yes → How many nights?     
 No

**SECTION D**   
 Now 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?   
 Yes →  Are you completely unable to do this?   
 No  Yes   
 No

28. Do you have any trouble walking up and down a flight of stairs?   
 Yes →  Are you completely unable to do this?   
 No  Yes   
 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?   
 Yes →  Are you completely unable to do this?   
 No  Yes   
 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?

- Yes → Are you completely unable to do this?  
 No  Yes  
 No

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

- Yes → Are you completely unable to do this?  
 No  Yes  
 No

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

- Yes → Are you completely unable to do this?  
 No  Yes  
 No

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

- Yes → Are you completely unable to do this?  
 No  Yes  
 No

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

- Yes → Are you completely unable to do this?  
 No  Yes  
 No

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

- Yes → Are you completely unable to do this?  
 No  Yes  
 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?

- Yes → Are you completely unable to do this?  
 No  Yes  
 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?

- Yes → How are you limited?  
 No

**SECTION E**

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

38. What is your height?

feet inches or centimetres

- Don't know

39. What is your weight?

lbs. or kilograms

- Don't know

40. Do you consider yourself to be...

- Overweight  
 Underweight  
 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?

- Yes  
 No → Go to 50

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

- Running or jogging  
 Bicycling  
 Tennis  
 Exercise in a class or at home  
 Swimming  
 Raquetball or squash  
 Other (specify) \_\_\_\_\_  
 Other (specify) \_\_\_\_\_  
 Other (specify) \_\_\_\_\_

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

- Running or jogging  
 Bicycling  
 Tennis  
 Exercise in a class or at home  
 Swimming  
 Raquetball or squash  
 Other (specify) \_\_\_\_\_

44. How frequently did you participate in this activity?

1    times per week  
OR  
2    times per month

<sup>3</sup>  Less than once a month  
<sup>4</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

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

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.?

1    times a week  
OR  
2    times a month

<sup>3</sup>  Less than once a month  
<sup>4</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

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

<sup>2</sup>  Too much  
<sup>3</sup>  Too little  
<sup>9</sup>  The right amount?

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) \_\_\_\_\_

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  
<sup>3</sup>  Not at all } Go to 57

48. How frequently did you do this activity?

1    times a week  
OR  
2    times a month

<sup>3</sup>  Less than once a month  
<sup>4</sup>  Don't know

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

<sup>99</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

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>3</sup>  Yes  
<sup>4</sup>  No

58. Have you ever smoked cigarettes daily?

- Yes
- 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?

- Yes
- No → Go to 68

64. How often did you take a drink? Was it...

- Everyday
- At least once a week
- One or more times a month
- Less often than once a month?
- 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?

- None → Go to 67

(b) On how many of these days did you have 2 or more drinks?

- None → Go to 67

(c) On how many of these days did you have 4 or more drinks?

- None → Go to 67

(d) On how many of these days did you have 8 or more drinks?

- None → Go to 67

(e) On how many of these days did you have 12 or more drinks?

- None

67. Compared to this time last year are you now drinking...

- More
- About the same } Go to 70
- Less

68. Did you ever drink alcoholic beverages?

- Yes
- No → Go to 70

69. Why did you stop?

- Health
- 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

- 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	<input type="radio"/> 01	<input type="radio"/> 02	<input type="radio"/> 03	<input type="radio"/> 04	<input type="radio"/> 05
(b) Your job or major activity	<input type="radio"/> 06	<input type="radio"/> 07	<input type="radio"/> 08	<input type="radio"/> 09	<input type="radio"/> 10
(c) Your finances	<input type="radio"/> 11	<input type="radio"/> 12	<input type="radio"/> 13	<input type="radio"/> 14	<input type="radio"/> 15
(d) Your housing	<input type="radio"/> 16	<input type="radio"/> 17	<input type="radio"/> 18	<input type="radio"/> 19	<input type="radio"/> 20
(e) Family relations	<input type="radio"/> 21	<input type="radio"/> 22	<input type="radio"/> 23	<input type="radio"/> 24	<input type="radio"/> 25
(f) Friendships	<input type="radio"/> 26	<input type="radio"/> 27	<input type="radio"/> 28	<input type="radio"/> 29	<input type="radio"/> 30

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)

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

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?

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

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)

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

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)

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

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?

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

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

Are you completely unable to do light housework?

<sup>3</sup>  Yes

<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

93. Who (besides yourself) makes the meals?

For each circle marked ask:  
How often is \_\_\_\_\_ involved in making meals?

Once or more  
per week

Once or more  
per month

Less than  
once a month

<sup>01</sup>  Spouse

<sup>02</sup>

<sup>03</sup>

<sup>04</sup>

<sup>05</sup>  Daughter

<sup>06</sup>

<sup>07</sup>

<sup>08</sup>

<sup>09</sup>  Son

<sup>10</sup>

<sup>11</sup>

<sup>12</sup>

<sup>13</sup>  Other relative

<sup>14</sup>

<sup>15</sup>

<sup>16</sup>

<sup>17</sup>  Friend or neighbour

<sup>18</sup>

<sup>19</sup>

<sup>20</sup>

<sup>21</sup>  Homemaker service

<sup>22</sup>

<sup>23</sup>

<sup>24</sup>

<sup>25</sup>  Friendly visitor service

<sup>26</sup>

<sup>27</sup>

<sup>28</sup>

<sup>29</sup>  Senior centre or club

<sup>30</sup>

<sup>31</sup>

<sup>32</sup>

<sup>33</sup>  Other (specify) \_\_\_\_\_

<sup>34</sup>

<sup>35</sup>

<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

Are you completely unable to make meals?

<sup>3</sup>  Yes

<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

96. Who (besides yourself) shops for groceries?

For each circle marked ask:  
How often is \_\_\_\_\_ involved in grocery shopping?

Once or more  
per week

Once or more  
per month

Less than  
once a month

<sup>01</sup>  Spouse

<sup>02</sup>

<sup>03</sup>

<sup>04</sup>

<sup>05</sup>  Daughter

<sup>06</sup>

<sup>07</sup>

<sup>08</sup>

<sup>09</sup>  Son

<sup>10</sup>

<sup>11</sup>

<sup>12</sup>

<sup>13</sup>  Other relative

<sup>14</sup>

<sup>15</sup>

<sup>16</sup>

<sup>17</sup>  Friend or neighbour

<sup>18</sup>

<sup>19</sup>

<sup>20</sup>

<sup>21</sup>  Homemaker service

<sup>22</sup>

<sup>23</sup>

<sup>24</sup>

<sup>25</sup>  Friendly visitor service

<sup>26</sup>

<sup>27</sup>

<sup>28</sup>

<sup>29</sup>  Senior centre or club

<sup>30</sup>

<sup>31</sup>

<sup>32</sup>

<sup>33</sup>  Other (specify) \_\_\_\_\_

<sup>34</sup>

<sup>35</sup>

<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>3</sup>  Yes

<sup>4</sup>  No

Go to 101

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>  Spouse

<sup>02</sup>

<sup>03</sup>

<sup>04</sup>

<sup>05</sup>  Daughter

<sup>06</sup>

<sup>07</sup>

<sup>08</sup>

<sup>09</sup>  Son

<sup>10</sup>

<sup>11</sup>

<sup>12</sup>

<sup>13</sup>  Other relative

<sup>14</sup>

<sup>15</sup>

<sup>16</sup>

<sup>17</sup>  Friend or neighbour

<sup>18</sup>

<sup>19</sup>

<sup>20</sup>

<sup>21</sup>  Counselling service

<sup>22</sup>

<sup>23</sup>

<sup>24</sup>

<sup>25</sup>  Legal/accounting service

<sup>26</sup>

<sup>27</sup>

<sup>28</sup>

<sup>29</sup>  Senior centre or club

<sup>30</sup>

<sup>31</sup>

<sup>32</sup>

<sup>33</sup>  Other (specify) \_\_\_\_\_

<sup>34</sup>

<sup>35</sup>

<sup>36</sup>

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>3</sup>  Yes

<sup>4</sup>  No

Go to 104

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>  Spouse

<sup>02</sup>

<sup>03</sup>

<sup>04</sup>

<sup>05</sup>  Daughter

<sup>06</sup>

<sup>07</sup>

<sup>08</sup>

<sup>09</sup>  Son

<sup>10</sup>

<sup>11</sup>

<sup>12</sup>

<sup>13</sup>  Other relative

<sup>14</sup>

<sup>15</sup>

<sup>16</sup>

<sup>17</sup>  Friend or neighbour

<sup>18</sup>

<sup>19</sup>

<sup>20</sup>

<sup>21</sup>  Nursing service

<sup>22</sup>

<sup>23</sup>

<sup>24</sup>

<sup>25</sup>  Friendly visitor service

<sup>26</sup>

<sup>27</sup>

<sup>28</sup>

<sup>29</sup>  Homemaker service

<sup>30</sup>

<sup>31</sup>

<sup>32</sup>

<sup>33</sup>  Other (specify) \_\_\_\_\_

<sup>34</sup>

<sup>35</sup>

<sup>36</sup>

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

<sup>1</sup>○ Yes

<sup>2</sup>○ No →

Are you completely unable to care for yourself?

<sup>3</sup>○ Yes

<sup>4</sup>○ 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?

<sup>1</sup>○ Yes

<sup>2</sup>○ No

<sup>3</sup>○ Don't know

} Go to 109

109. Interviewer: Ask if not known:

Is your father still living?

<sup>1</sup>○ Yes

<sup>2</sup>○ No

<sup>3</sup>○ Don't know

} Go to 114

105. How old is your mother?

<sup>4</sup>○ Don't know

110. How old is your father?

<sup>4</sup>○ Don't know

106. Does she live in this household?

<sup>1</sup>○ Yes →

Go to 109

<sup>2</sup>○ No

111. Does he live in this household?

<sup>1</sup>○ Yes →

Go to 114

<sup>2</sup>○ No

107. How often do you see your mother?

<sup>1</sup>○ Daily

<sup>2</sup>○ At least once a week

<sup>3</sup>○ At least once a month

<sup>4</sup>○ Less than once a month

<sup>5</sup>○ Never

112. How often do you see your father?

<sup>1</sup>○ Daily

<sup>2</sup>○ At least once a week

<sup>3</sup>○ At least once a month

<sup>4</sup>○ Less than once a month

<sup>5</sup>○ Never

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

<sup>1</sup>○ Daily

<sup>2</sup>○ At least once a week

<sup>3</sup>○ At least once a month

<sup>4</sup>○ Less than once a month

<sup>5</sup>○ Never

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

<sup>1</sup>○ Daily

<sup>2</sup>○ At least once a week

<sup>3</sup>○ At least once a month

<sup>4</sup>○ Less than once a month

<sup>5</sup>○ Never

114. Do you have any children?

<sup>1</sup>○ Yes →

How many?

<sup>2</sup>○ No →

Go to 119

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

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

116. How often do you see them?  
<sup>1</sup>  Daily  
<sup>2</sup>  At least once a week  
<sup>3</sup>  At least once a month  
<sup>4</sup>  Less than once a month  
<sup>5</sup>  Never

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

118. Do you have any grandchildren?  
<sup>1</sup>  Yes → How many?    
<sup>2</sup>  No

119. Do you have any sisters or brothers?  
<sup>1</sup>  Yes → How many?    
<sup>2</sup>  No → Go to 123

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

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

121. How often do you see your brothers and sisters?  
<sup>1</sup>  Daily  
<sup>2</sup>  At least once a week  
<sup>3</sup>  At least once a month  
<sup>4</sup>  Less than once a month  
<sup>5</sup>  Never

122. How often do you have contact by letter or telephone with them?  
<sup>1</sup>  Daily  
<sup>2</sup>  At least once a week  
<sup>3</sup>  At least once a month  
<sup>4</sup>  Less than once a month  
<sup>5</sup>  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.  
   
<sup>1</sup>  None → Go to 126

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

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

126. Other than relatives, how many people do you consider close friends? That is, friends you feel close to and can confide in.  
   
<sup>1</sup>  None → Go to 129

127. How often do you see your close friends?  
<sup>1</sup>  Daily  
<sup>2</sup>  At least once a week  
<sup>3</sup>  At least once a month  
<sup>4</sup>  Less than once a month  
<sup>5</sup>  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

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) \_\_\_\_\_

130. Have you graduated from secondary school?

- 1 Yes
- 2 No

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

- 6 Yes
- 9 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) \_\_\_\_\_

<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>7</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><sup>8</sup> <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 } Go to 155</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									
07									
08									
09									
10									
11									
12									
13									
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

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?

Yes → Enter names and ages in 42 and 44

No

33. Does anyone else live at this address, such as other relatives, roomers, boarders or employees?

Yes → Enter names and ages in 42 and 44

No

34. INTERVIEWER:

• Enter answers for 44 through 48 for each person recorded in 42.

• Then go to 50.

40/41	42	43	44	45	46	47	48	49
Pg	Ln	SEL	AGE	S	E	M	F	R
		#		X	S	I	A	T
Names of household members								
1	Given Name							
	Surname							
2	Given Name							
	Surname							
3	Given Name							
	Surname							
4	Given Name							
	Surname							
5	Given Name							
	Surname							
6	Given Name							
	Surname							
7	Given Name							
	Surname							
8	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

63. Notes  
Item No.

53. Best time to contact selected person.

\_\_\_\_\_

\_\_\_\_\_

70. INTERVIEWER:

• If the selected person is aged 15 to 54

Complete GSS-2

• If the selected person is aged 55 to 64

Complete GSS-1



<p>30. Hello, I'm ..... from Statistics Canada. I'm calling you for a survey on family and friends. (My supervisor is working with me today and may listen to the interview to evaluate the survey.)</p>	<p>Bonjour, ici ..... de Statistique Canada. Nous vous appelons concernant une enquête sur la famille et les amis. (Mon surveillant travaille avec moi aujourd'hui. Il se peut qu'il écoute notre conversation pour évaluer l'enquête.)</p>
<p>31. I'd like to make sure that I've dialed the right number. Is this ..... (read number)?                  Yes ..... <input type="radio"/>                  No ..... <input type="radio"/> → Dial again, if still wrong, END</p>	<p>J'aimerais m'assurer que j'ai composé le bon numéro. S'agit-il du n° ..... (lire le numéro)?                  Oui ..... <input type="radio"/>                  Non ..... <input type="radio"/> → Composez de nouveau. S'il s'agit encore d'un mauvais numéro, METTEZ FIN À L'INTERVIEW.</p>
<p>32. All information we collect in this voluntary survey will be kept confidential. Your participation is essential if the survey results are to be accurate.</p>	<p>Tous les renseignements que vous fournirez pour cette enquête volontaire resteront confidentiels. Votre participation est essentielle afin que les résultats soient précis.</p>
<p>33. Is this the number for a business, an institution or a private home?                  Private home ..... <input type="radio"/> } → Go to 36                  Both home and business ..... <input type="radio"/>                  Business, institution or other non residence ..... <input type="radio"/></p>	<p>S'agit-il du numéro d'une entreprise, d'un établissement ou d'une maison privée?                  Maison privée ..... <input type="radio"/> } → Passez à 36                  Entreprise et maison privée ..... <input type="radio"/>                  Entreprise, établissement ou autre immeuble non résidentiel ..... <input type="radio"/></p>
<p>34. Does anyone use this telephone number as a home phone number?                  Yes ..... <input type="radio"/>                  No ..... <input type="radio"/> → Thank respondent and END</p>	<p>Quelqu'un utilise-t-il ce numéro de téléphone comme numéro personnel?                  Oui ..... <input type="radio"/>                  Non ..... <input type="radio"/> → Remerciez le répondant et METTEZ FIN À L'INTERVIEW.</p>
<p>35. How many persons live or stay at this address and use this number as a home phone number?                  Less than 15 .. <input type="radio"/>                  15 or more ..... <input type="radio"/> → Make appointment.</p>	<p>Combien de personnes vivent ou demeurent à cette adresse et utilisent ce numéro de téléphone comme numéro personnel?                  Moins de 15 <input type="radio"/>                  15 ou plus . <input type="radio"/> → Fixez un rendez-vous.</p>
<p>36. I need to select one person from your household for an interview. Starting with the oldest, what is the name and age of each person living or staying there who has no usual place of residence elsewhere?                   (Enter names and ages in items 42 and 44.)</p>	<p>Je dois choisir une personne de votre ménage pour une interview. En commençant par la personne la plus âgée du ménage, quel est le nom et l'âge de chaque personne qui vit ou demeure à cet endroit et qui n'a pas d'autre lieu habituel de résidence.                   (Inscrivez le nom et l'âge aux rubriques 42 et 44.)</p>
<p>37. INTERVIEWER: Complete items 45 through 51 for each person recorded in item 42.                   Refer to Interviewer Reference Card for instructions and codes.                   Then go to item 60.</p>	<p>INTERVIEWEUR: Remplissez les rubriques 45 à 51 pour chaque personne inscrite à la rubrique 42.                   Pour les instructions et les codes, voir la Fiche de référence de l'intervieweur.                   Puis, passez à la rubrique 60.</p>

1: [ ] [ ] [ ] [ ] - [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] 2: [ ] [ ]

**SELECTION GRID LABEL**  
ÉTIQUETTE GRILLE DE SÉLECTION

40.	41.	42.	43.	44.
Page	Line	Names of Household Members	Sel. No.	Age
Page	Ligne	Noms des membres du ménage	N° de Sél.	Âge
	1	_____		
	2	_____		
	3	_____		
	4	_____		
	5	_____		
	6	_____		
	7	_____		
	8	_____		

A = Eligible Household Members  
 Membres admissibles du ménage

B = Selection Number  
 Numéro de sélection

<p><b>60. INTERVIEWER:</b> Enter the Page-Line Number of person giving the preceding information ....</p> <p style="text-align: right;">Page-Line Number of household respondent</p> <p style="text-align: center;">7      </p>	<p><b>INTERVIEWEUR:</b> Inscrivez le numéro de page-ligne de la personne qui donne les renseignements précédents ...</p> <p style="text-align: right;">Numéro de page-ligne du répondant du ménage</p> <p style="text-align: center;">7      </p>
<p><b>61.</b> Are there any persons away from this household attending school, visiting, travelling or in the hospital who <b>USUALLY</b> live there?</p> <p>Yes ..... <input type="radio"/> → Enter names and complete items 44 through 51.</p> <p>No ..... <input type="radio"/></p>	<p><b>Y a-t-il d'autres personnes qui sont absentes du ménage parce qu'elles sont aux études, en visite, en voyage ou à l'hôpital mais qui demeurent HABITUELLEMENT là?</b></p> <p>Oui ..... <input type="radio"/> → Inscrivez leur nom et remplissez les rubriques 44 à 51.</p> <p>Non ..... <input type="radio"/></p>
<p><b>62.</b> Does anyone else live there, such as other relatives, roomers, boarders or employees?</p> <p>Yes ..... <input type="radio"/> → Enter names and complete items 44 through 51.</p> <p>No ..... <input type="radio"/></p>	<p><b>Y a-t-il d'autres personnes qui demeurent là, par exemple des personnes apparentées, des chambreurs, des pensionnaires ou des employés?</b></p> <p>Oui ..... <input type="radio"/> → Inscrivez leur nom et remplissez les rubriques 44 à 51.</p> <p>Non ..... <input type="radio"/></p>
<p><b>63. INTERVIEWER:</b> In item 43 number the persons 15 years of age and over in order from oldest to youngest. Enter number of eligible household members...</p> <p style="text-align: right;">Number of eligible household members</p> <p style="text-align: center;">8      </p>	<p><b>INTERVIEWEUR:</b> À la rubrique 43, attribuez un numéro aux personnes âgées de 15 ans et plus - de la plus âgée à la plus jeune. Inscrivez le nombre de personnes admissibles du ménage ...</p> <p style="text-align: right;">Nombre de personnes admissibles du ménage</p> <p style="text-align: center;">8      </p>
<p><b>64. INTERVIEWER:</b> Determine the selected respondent by referring to the Selection Grid Label. In item 43 circle the selection number of the selected respondent and enter Page-Line Number ...</p> <p style="text-align: right;">Page-Line Number of selected respondent</p> <p style="text-align: center;">9      </p>	<p><b>INTERVIEWEUR:</b> Déterminez le répondant sélectionné en utilisant l'étiquette grille de sélection. A la rubrique 43, encerclez le numéro de sélection du répondant sélectionné et inscrivez le numéro de page-ligne ...</p> <p style="text-align: right;">Numéro de page-ligne du répondant sélectionné</p> <p style="text-align: center;">9      </p>
<p><b>65.</b> The person I am to interview is ..... (read name). (Is he/she there?)</p> <p>Yes ..... <input type="radio"/> → Go to Form GSS 5-2 and begin interview.</p> <p>No ..... <input type="radio"/> → Set up appointment and enter details in item 16.</p>	<p><b>La personne que je vais interviewer est ..... (lisez le nom). (Est-il/elle là?)</b></p> <p>Oui ..... <input type="radio"/> → Passez à la formule ESG 5-2 et commencez l'interview.</p> <p>Non ..... <input type="radio"/> → Fixez un rendez-vous et inscrivez les détails à la rubrique 16.</p>

45. Sex Sexe	46. What is ...'s marital status? Quel est l'état matrimonial de ... ? Sep. Div. Single Cel.	47. Family Identifier Code-famille	48. What is ...'s relationship to ... (Head of Family)? Quel est le lien de ... avec ... (chef de famille)?	Page-Line Number of: Numéro de page-ligne de:		
				49. Spouse / Partner Conjoint / partenaire	50. Mother Mère	51. Father Père
1 2 ○ ○	3 4 5 6 ○ ○ ○ ○		<input type="checkbox"/> If "0", specify - Si "0", précisez	1       199 ○ n/a-s/o	2       299 ○ n/a-s/o	3       399 ○ n/a-s/o
4 5 ○ ○	6 7 8 9 ○ ○ ○ ○		<input type="checkbox"/> If "0", specify - Si "0", précisez	4       499 ○ n/a-s/o	5       599 ○ n/a-s/o	6       699 ○ n/a-s/o
1 2 ○ ○	3 4 5 6 ○ ○ ○ ○		<input type="checkbox"/> If "0", specify - Si "0", précisez	1       199 ○ n/a-s/o	2       299 ○ n/a-s/o	3       399 ○ n/a-s/o
4 5 ○ ○	6 7 8 9 ○ ○ ○ ○		<input type="checkbox"/> If "0", specify - Si "0", précisez	4       499 ○ n/a-s/o	5       599 ○ n/a-s/o	6       699 ○ n/a-s/o
1 2 ○ ○	3 4 5 6 ○ ○ ○ ○		<input type="checkbox"/> If "0", specify - Si "0", précisez	1       199 ○ n/a-s/o	2       299 ○ n/a-s/o	3       399 ○ n/a-s/o
4 5 ○ ○	6 7 8 9 ○ ○ ○ ○		<input type="checkbox"/> If "0", specify - Si "0", précisez	4       499 ○ n/a-s/o	5       599 ○ n/a-s/o	6       699 ○ n/a-s/o





Interviewer's Name

1: [ ] - [ ] - [ ] Telephone Number

5: [ ] Label Identification Number

[ ] Page-Line Number

1 Type

GSS 5-2

Confidential when completed

Authority:  
Statistics Act,  
Revised Statutes of Canada,  
1985, Chapter S19.

**GENERAL SOCIAL SURVEY  
FAMILY AND FRIENDS  
QUESTIONNAIRE  
AGES 15 YEARS AND OVER**



A13. During the past 12 months, how often did you have contact by letter or telephone with her? Was it ...

Daily? ..... 4

At least once a week? ..... 5

At least once a month? ..... 6

Less than once a month? .. 7

Not at all? ..... 8

A14. INTERVIEWER:  
GO TO A22

A15. During the past 12 months, what best describes your mother's MAIN activity? Was she mainly ...

Working at a job or business? ..... 1  → GO TO A18

Looking for work? ..... 2  → GO TO A17

A student? ..... 3

Keeping house? ..... 4

Retired? ..... 5  } GO TO A17

Other ..... 6  } GO TO A17

↓  
Specify

\_\_\_\_\_

\_\_\_\_\_

A16. Was she studying full-time or part-time?

Full-time ..... 7

Part-time ..... 8

A17. Did your mother have a job or was she self-employed at any time during the past 12 months?

Yes ..... 1

No ..... 2  → GO TO A22

A18. Including vacation, illness, strikes, lock-outs and maternity leave, for how many weeks during the past 12 months did she work at a job or business?

\_\_\_\_\_ weeks

A19. During those weeks, was her work mainly full-time or part-time?

Full-time ..... 3

Part-time ..... 4

A20. Did she regularly work evening or night shifts?

Yes ..... 5

No ..... 6

A21. Did she regularly work on Saturday or Sunday?

Yes ..... 7

No ..... 8

A22. In what country was your father born?

Canada 1  → In which province or territory?

Newfoundland ..... 01

Prince Edward Island .. 02

Nova Scotia ..... 03

New Brunswick ..... 04

Quebec ..... 05

Ontario ..... 06

Manitoba ..... 07

Saskatchewan ..... 08

Alberta ..... 09

British Columbia ..... 10

Yukon Territory ..... 11

Northwest Territories .. 12

Country outside Canada 2  ↓ Specify

\_\_\_\_\_

\_\_\_\_\_

A23. Is your father still living?

Yes ..... 3

No ..... 4  ↓

When did he die?

\_\_\_\_\_ year → GO TO A45

Don't know 98  → GO TO A45

Don't know 5  → GO TO A45

A24. How old is your father?

\_\_\_\_\_ years

Don't know 00

A25. Does your father live in this household?

Yes ..... 6  → GO TO A38

No ..... 7

A26. INTERVIEWER CHECK ITEM:  
Review A3.  
Is the respondent's mother still living (A3 = Yes)?

Yes ..... 1

No ..... 2  → GO TO A28

A27. Do your mother and father live together?

Yes ..... 3  → GO TO A45

No ..... 4

A28. Does your father live ...

In another household? .... 5

In an institution? ..... 6  → GO TO A31

A29. Does he live alone?

Yes ..... 7  → GO TO A31

No ..... 8

A30. Does he live ...

	Yes	No
With his spouse/partner? ..	4 <input type="radio"/>	5 <input type="radio"/>
With any of his children? ..	6 <input type="radio"/>	7 <input type="radio"/>
With others? ..	8 <input type="radio"/>	9 <input type="radio"/>

- A31. Does he live within ...
- 10 km (6 miles or 10 minutes by car)? ... 1
  - 50 km (30 miles or 30 minutes by car)? ... 2
  - 100 km (60 miles or 1 hour by car)? ... 3
  - 200 km (120 miles or 2 hours by car)? ... 4
  - 400 km (240 miles or 4 hours by car)? ... 5
  - 1000 km (600 miles or 10 hours by car)? ... 6
  - Beyond 1000 km and living in Canada or United States (more than 600 miles or 10 hours by car)? ... 7
  - Outside Canada or United States? ... 8
  - Don't know ... 9

- A36. During the past 12 months, how often did you have contact by letter or telephone with him? Was it ...
- Daily? ... 4
  - At least once a week? ... 5
  - At least once a month? ... 6
  - Less than once a month? ... 7
  - Not at all? ... 8

A37. INTERVIEWER:  
GO TO A45

- A32. During the past 12 months how often did you see your father? Did you see him ...
- Daily? ... 1
  - At least once a week? ... 2
  - At least once a month? ... 3
  - Less than once a month? ... 4
  - Not at all? ... 5  → GO TO A34

- A38. During the past 12 months, what best describes your father's MAIN activity? Was he mainly ...
- Working at a job or business? ... 3  → GO TO A41
  - Looking for work? ... 4  → GO TO A40
  - A student? ... 5
  - Keeping house? ... 6
  - Retired? ... 7
  - Other ... 8  } GO TO A40
- ↓  
Specify
- |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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- A33. Did you usually see him ...
- At your home? ... 6
  - At his usual place of residence? ... 7
  - Somewhere else? ... 8
- ↓  
Specify
- |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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- Equally at both residences ... 9

- A39. Was he studying full-time or part-time?
- Full-time ... 7
  - Part-time ... 8

- A34. Do you see your father ...
- Less often than you would like? ... 1
  - More often than you would like? ... 2
  - About the right amount? ... 3  } GO TO A36

- A40. Did your father have a job or was he self-employed at any time during the past 12 months?
- Yes ... 1
  - No ... 2  → GO TO A45

- A35. What prevents you from seeing him more often?
- (Mark all that apply)
- Distance ... 01
  - Poor relationship with him ... 02
  - Shortage of your time ... 03
  - Shortage of his time ... 04
  - Your health problems ... 05
  - His health problems ... 06
  - Financial reasons ... 07
  - Transportation problems ... 08
  - Other family responsibilities ... 09
  - Other ... 10
- ↓  
Specify
- |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
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|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
- No particular reason ... 11

- A41. Including vacation, illness, strikes, lock-outs and paternity leave, for how many weeks during the past 12 months did he do any work at a job or business?
- weeks

- A42. During those weeks, was his work mainly full-time or part-time?
- Full-time ... 3
  - Part-time ... 4

- A43. Did he regularly work evening or night shifts?
- Yes ... 5
  - No ... 6

- A44. Did he regularly work on Saturday or Sunday?
- Yes ... 7
  - No ... 8

A45. INTERVIEWER CHECK ITEM:  
Review A5 and A25.  
Does either of the respondent's mother or father live in the household (A5 = In this household or A25 = Yes)?

- Yes ... 1  → GO TO A49
- No ... 2

<p>A46. How old were you when you last lived with one or both your parents?  <input type="text"/> <input type="text"/> years</p>	<p><b>SECTION B: Brothers and sisters</b> <span style="float: right; border: 1px solid black; padding: 2px;">B</span></p>
<p>A47. What was the main reason for your move?                  Was it ...                  To get married? ..... 3 <input type="radio"/>                  To move because of a job? ..... 4 <input type="radio"/>                  To attend school? ..... 5 <input type="radio"/>                  To be independent /                  move into own place? ..... 6 <input type="radio"/>                  For some other reason? ..... 7 <input type="radio"/></p>	<p>B1. The following questions are about your brothers and sisters. Include step-, adopted and half-brothers and sisters.</p>
<p>A48. <i>INTERVIEWER:</i>                  GO TO A53</p>	<p>B2. How many brothers and sisters did you have? Include those who may have died.  <input type="text"/> <input type="text"/> <input type="text"/>                  None ..... 100 <input type="radio"/> → GO TO C1</p>
<p>A49. Have you always lived with at least one of your parents?                  Yes ..... 8 <input type="radio"/> → GO TO A53                  No ..... 9 <input type="radio"/></p>	<p>B3. How many brothers do you have still living?  <input type="text"/> <input type="text"/> <input type="text"/> brother(s) living                  None ..... 200 <input type="radio"/> → GO TO B5</p>
<p>A50. How old were you when you last left home to live on your own?  <input type="text"/> <input type="text"/> years</p>	<p>B4. How many of your (living) brothers are older than you?  <input type="text"/> <input type="text"/> <input type="text"/> brother(s) older                  None ..... 300 <input type="radio"/></p>
<p>A51. What was the main reason for this move?                  Was it ...                  To get married? ..... 1 <input type="radio"/>                  To move because of a job? ..... 2 <input type="radio"/>                  To attend school? ..... 3 <input type="radio"/>                  To be independent /                  move into own place? ..... 4 <input type="radio"/>                  For some other reason? ..... 5 <input type="radio"/></p>	<p>B5. How many sisters do you have still living?  <input type="text"/> <input type="text"/> <input type="text"/> sister(s) living                  None ..... 400 <input type="radio"/> → GO TO B7</p>
<p>A52. When did you start living with your parents again?                  19 <input type="text"/> <input type="text"/></p>	<p>B6. How many of your (living) sisters are older than you?  <input type="text"/> <input type="text"/> <input type="text"/> sister(s) older                  None ..... 500 <input type="radio"/></p>
<p>A53. Are any of your grandparents still living?                  Yes ... 1 <input type="radio"/> → Who?                  Mother's mother ..... 3 <input type="radio"/>                  Mother's father ..... 4 <input type="radio"/>                  Father's mother ..... 5 <input type="radio"/>                  Father's father ..... 6 <input type="radio"/>                  No ... 2 <input type="radio"/> → GO TO B1</p>	<p>B7. <i>INTERVIEWER CHECK ITEM:</i>                  Review B3 and B5.                  Does the respondent have any living brothers or sisters?                  Yes ..... 1 <input type="radio"/>                  No ..... 2 <input type="radio"/> → GO TO C1</p>
<p>A54. Do any of them live outside this household?                  Yes ..... 7 <input type="radio"/>                  No ..... 8 <input type="radio"/> → GO TO B1</p>	<p>B8. Do you have any brothers or sisters living outside this household?                  Yes ..... 3 <input type="radio"/>                  No ..... 4 <input type="radio"/> → GO TO C1</p>
<p>A55. The next questions concern your grandparents living outside this household.</p>	<p>B9. The next questions concern your brothers and sisters living outside this household.</p>
<p>A56. During the past 12 months, how often did you see any of your grandparents? Was it ...                  Daily? ..... 1 <input type="radio"/>                  At least once a week? ..... 2 <input type="radio"/>                  At least once a month? ..... 3 <input type="radio"/>                  Less than once a month? ... 4 <input type="radio"/>                  Not at all? ..... 5 <input type="radio"/></p>	<p>B10. During the past 12 months, how often did you see any of your brothers or sisters? Was it ...                  Daily? ..... 5 <input type="radio"/>                  At least once a week? ..... 6 <input type="radio"/>                  At least once a month? ..... 7 <input type="radio"/>                  Less than once a month? ... 8 <input type="radio"/>                  Not at all? ..... 9 <input type="radio"/></p>
<p>A57. During the past 12 months, how often did you have contact by letter or telephone with any of your grandparents? Was it ...                  Daily? ..... 5 <input type="radio"/>                  At least once a week? ..... 6 <input type="radio"/>                  At least once a month? ..... 7 <input type="radio"/>                  Less than once a month? ... 8 <input type="radio"/>                  Not at all? ..... 9 <input type="radio"/></p>	<p>B11. During the past 12 months, how often did you have contact by letter or telephone with any of your brothers or sisters? Was it ...                  Daily? ..... 1 <input type="radio"/>                  At least once a week? ..... 2 <input type="radio"/>                  At least once a month? ..... 3 <input type="radio"/>                  Less than once a month? ... 4 <input type="radio"/>                  Not at all? ..... 5 <input type="radio"/></p>



C SECTION C: Children			
C1. Now some questions about your children and grandchildren.		C7. Starting with the oldest, what is the first name and age of each child you have ever raised or (given birth to / fathered). Include those who may have died.	
C2. Have you ever raised step-children? By step-children we mean children from a former union of a spouse or common-law partner.  Yes . 1 <input type="radio"/> → How many? <input type="text"/> <input type="text"/>  No . 2 <input type="radio"/>		A. AGE	B. In what month and year was . . . (your first (second, ...) child) born?
C3. Have you ever adopted children? (Exclude any step-children mentioned in the previous question.)  Yes . 3 <input type="radio"/> → How many? <input type="text"/> <input type="text"/>  No . 4 <input type="radio"/>		IDENTIFICATION CHILD Name I.D. #	DATE OF BIRTH Month Year
C4. Have you ever (given birth to / fathered) a child of your own? (Do not count stillbirths.)  Yes . 5 <input type="radio"/> → How many? <input type="text"/> <input type="text"/>  No . 6 <input type="radio"/>		01. _____ 2 <input type="text"/> <input type="text"/> years	3 <input type="text"/> <input type="text"/> <input type="text"/>
		02. _____ 5 <input type="text"/> <input type="text"/> years	6 <input type="text"/> <input type="text"/> <input type="text"/>
		03. _____ 2 <input type="text"/> <input type="text"/> years	3 <input type="text"/> <input type="text"/> <input type="text"/>
		04. _____ 5 <input type="text"/> <input type="text"/> years	6 <input type="text"/> <input type="text"/> <input type="text"/>
		05. _____ 2 <input type="text"/> <input type="text"/> years	3 <input type="text"/> <input type="text"/> <input type="text"/>
		06. _____ 5 <input type="text"/> <input type="text"/> years	6 <input type="text"/> <input type="text"/> <input type="text"/>
		07. _____ 2 <input type="text"/> <input type="text"/> years	3 <input type="text"/> <input type="text"/> <input type="text"/>
		08. _____ 5 <input type="text"/> <input type="text"/> years	6 <input type="text"/> <input type="text"/> <input type="text"/>
C5. INTERVIEWER:  Compute total number of step-adopted, natural children. Add entries in C2, C3, C4.  <input type="text"/> <input type="text"/> Total number of children  None 00 <input type="radio"/> → GO TO D1		09. _____ 2 <input type="text"/> <input type="text"/> years	3 <input type="text"/> <input type="text"/> <input type="text"/>
		10. _____ 5 <input type="text"/> <input type="text"/> years	6 <input type="text"/> <input type="text"/> <input type="text"/>
		11. _____ 2 <input type="text"/> <input type="text"/> years	3 <input type="text"/> <input type="text"/> <input type="text"/>
		12. _____ 5 <input type="text"/> <input type="text"/> years	6 <input type="text"/> <input type="text"/> <input type="text"/>
		13. _____ 2 <input type="text"/> <input type="text"/> years	3 <input type="text"/> <input type="text"/> <input type="text"/>
C6. Do you have any grandchildren?  Yes . 7 <input type="radio"/> → How many? <input type="text"/> <input type="text"/>  No . 8 <input type="radio"/>		14. _____ 5 <input type="text"/> <input type="text"/> years	6 <input type="text"/> <input type="text"/> <input type="text"/>
		15. _____ 2 <input type="text"/> <input type="text"/> years	3 <input type="text"/> <input type="text"/> <input type="text"/>
		16. _____ 5 <input type="text"/> <input type="text"/> years	6 <input type="text"/> <input type="text"/> <input type="text"/>
		17. _____ 2 <input type="text"/> <input type="text"/> years	3 <input type="text"/> <input type="text"/> <input type="text"/>
		18. _____ 5 <input type="text"/> <input type="text"/> years	6 <input type="text"/> <input type="text"/> <input type="text"/>
		19. _____ 2 <input type="text"/> <input type="text"/> years	3 <input type="text"/> <input type="text"/> <input type="text"/>
		20. _____ 5 <input type="text"/> <input type="text"/> years	6 <input type="text"/> <input type="text"/> <input type="text"/>
		21. _____ 2 <input type="text"/> <input type="text"/> years	3 <input type="text"/> <input type="text"/> <input type="text"/>
		22. _____ 5 <input type="text"/> <input type="text"/> years	6 <input type="text"/> <input type="text"/> <input type="text"/>

C. Was . . . (your first (second, ...) child) male or female?		D. Was . . . (your first (second, ...) child) a natural, step- or adopted child?			E. Does . . . (your first (second, ...) child) live in this household?			(If No is marked ask: How old was . . . (your first (second, ...) child) when he/she last left home?)
Male	Female	Natural	Step	Adopted	Deceased	Yes	No	Age
4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>	9 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/> →	3       years
7 <input type="radio"/>	8 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/> →	7       years
4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>	9 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/> →	3       years
7 <input type="radio"/>	8 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/> →	7       years
4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>	9 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/> →	3       years
7 <input type="radio"/>	8 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/> →	7       years
4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>	9 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/> →	3       years
7 <input type="radio"/>	8 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/> →	7       years
4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>	9 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/> →	3       years
7 <input type="radio"/>	8 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/> →	7       years
4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>	9 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/> →	3       years
7 <input type="radio"/>	8 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/> →	7       years
4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>	9 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/> →	3       years
7 <input type="radio"/>	8 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/> →	7       years
4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>	9 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/> →	3       years
7 <input type="radio"/>	8 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/> →	7       years
4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>	9 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/> →	3       years
7 <input type="radio"/>	8 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/> →	7       years
4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>	9 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/> →	3       years
7 <input type="radio"/>	8 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/> →	7       years

**C8. INTERVIEWER CHECK ITEM:**  
 Review C7, columns A and E.  
 Are there any children less than 15 years old living in household?  
 Yes ..... 1   
 No ..... 2  → GO TO C16

**C9. The next questions refer to your children less than 15 years old living in the household.**

**C10. During the past 12 months, did any of your children receive childcare on a REGULAR basis? Exclude childcare provided by a family member living in this household.**  
 Yes ..... 3  → How many? [ ] children  
 No ..... 4  → GO TO C16

**C11. Did your child(ren) receive this care so that you or your spouse/partner could ...**

	Yes	No
Work at a job? .....	01 <input type="radio"/>	02 <input type="radio"/>
Study? .....	03 <input type="radio"/>	04 <input type="radio"/>
Do volunteer work? .....	05 <input type="radio"/>	06 <input type="radio"/>
Provide care to a family member or friend? .....	07 <input type="radio"/>	08 <input type="radio"/>
Do something else? .....	09 <input type="radio"/>	10 <input type="radio"/>

↓  
Specify

[ ]

[ ]

**C12. During the past 12 months, did ... (your youngest child) receive childcare OUTSIDE YOUR HOUSEHOLD on a regular basis?**  
 Yes ..... 3   
 No ..... 4  → GO TO C14

**C13. Did ... ( your youngest child) go to ...**

	Yes	No
A workplace daycare center? .....	01 <input type="radio"/>	02 <input type="radio"/>
Another daycare center? ..	03 <input type="radio"/>	04 <input type="radio"/>
A sitter or neighbour's home? .....	05 <input type="radio"/>	06 <input type="radio"/>
Grandparent's home? .....	07 <input type="radio"/>	08 <input type="radio"/>
Another relative's home? .....	09 <input type="radio"/>	10 <input type="radio"/>
Some other arrangement (outside your household)? ..	11 <input type="radio"/>	12 <input type="radio"/>

↓  
Specify

[ ]

[ ]

**C14. During the past 12 months, did ... (your youngest child) receive childcare IN YOUR HOME on a regular basis? Exclude childcare provided by a family member living in your household.**  
 Yes ..... 5   
 No ..... 6  → GO TO C16

**C15. Who provided this care to ... (your youngest child)? Was it ...**

	Yes	No
The child's grandparent? ...	1 <input type="radio"/>	2 <input type="radio"/>
Another relative? .....	3 <input type="radio"/>	4 <input type="radio"/>
A sitter or nanny? .....	5 <input type="radio"/>	6 <input type="radio"/>
Someone else? .....	7 <input type="radio"/>	8 <input type="radio"/>

↓  
Specify

[ ]

[ ]

**C16. INTERVIEWER CHECK ITEM:**  
 Review C7, columns A and E.  
 Are there any children less than 15 years old living outside household?  
 Yes ..... 3   
 No ..... 4  → GO TO C24

**C17. The next questions are about your (youngest) child living outside the household.**

**C18. Who does ... (this child) live with?**

Child's mother/father .....	5 <input type="radio"/>
A relative .....	6 <input type="radio"/>
Other .....	7 <input type="radio"/>

↓  
Specify

[ ]

[ ]

**C19. Does ... (this child) live within ...**

10 km (6 miles or 10 minutes by car)? ...	1 <input type="radio"/>
50 km (30 miles or 30 minutes by car)? ..	2 <input type="radio"/>
100 km (60 miles or 1 hour by car)? .....	3 <input type="radio"/>
200 km (120 miles or 2 hours by car)? ...	4 <input type="radio"/>
400 km (240 miles or 4 hours by car)? ...	5 <input type="radio"/>
1000 km (600 miles or 10 hours by car)? ..	6 <input type="radio"/>
Beyond 1000 km (more than 600 miles or 10 hours by car)? .....	7 <input type="radio"/>
Don't know .....	8 <input type="radio"/>

**C20. During the past 12 months, how often did you see ... (this child)? Was it ...**

Daily? .....	2 <input type="radio"/>
At least once a week? .....	3 <input type="radio"/>
At least once a month? .....	4 <input type="radio"/>
Less than once a month? ..	5 <input type="radio"/>
Not at all? .....	6 <input type="radio"/>

**C21. Do you see ... (this child) ...**

Less often than you would like? .....	7 <input type="radio"/>
More often than you would like? .....	8 <input type="radio"/>
About the right amount? ..	9 <input type="radio"/>

} GO TO C23



**C38. What prevents you from seeing . . . (this child) more often?**  
*(Mark all that apply)*

Distance . . . . . 01

Poor relationship with child . . . . . 02

Shortage of your time . . . . . 03

Shortage of his/her time . . . . . 04

Your health problems . . . . . 05

His/her health problems . . . . . 06

Financial reasons . . . . . 07

Transportation problems . . . . . 08

Other family responsibilities . . . . . 09

Other . . . . . 10

*Specify*

\_\_\_\_\_

\_\_\_\_\_

No particular reason . . . . . 11

**C39. During the past 12 months how often did you have contact by letter or telephone with . . . (this child)? Was it ...**

Daily? . . . . . 1

At least once a week? . . . . . 2

At least once a month? . . . . . 3

Less than once a month? . . . . . 4

Not at all? . . . . . 5

**SECTION D: Fertility Intentions**

**D1. INTERVIEWER CHECK ITEM:**  
*Review GSS 5-1, Item 44 for respondent only. Is age of respondent...*

45 or older? . . . . . 6  → GO TO E1

44 or younger? . . . . . 7

**D2. The next questions are about your intentions to have (more) children.**

**D3. INTERVIEWER CHECK ITEM:**  
*Review GSS 5-1, Item 49 for respondent only. If respondent is living with a spouse/partner, phrase questions D4 and D5 to include spouse/partner.*

**D4. Have you (or your spouse/partner) had an operation that makes it impossible for you to have a/another child?**

Yes . . . . . 8  → GO TO E1

No . . . . . 9

**D5. Have you ever been told that you (or your partner) cannot have any(more) children?**

Yes . . . . . 1  → GO TO E1

No . . . . . 2

**D6. Do you intend to have a/another child sometime?**

Yes . . . . . 3

No . . . . . 4

Don't know . . . . . 5  } → GO TO E1

**D7. What is the total number of children that you intend to have (including those you have now)?**

\_\_\_\_\_ child(ren)

Don't know . . . . . 98

**SECTION E: Friends** **E**

**E1. Other than your immediate family, how many people do you consider close friends?**  
*(Exclude spouse, parents, brothers, sisters and children. Include friends, aunts, uncles, cousins, nieces, nephews, in-laws, etc.)*

\_\_\_\_\_ friends

None . . . . . 00  → GO TO F1

**E2. The next few questions are about your closest friend. Your immediate family should be excluded.**

**E3. Is your closest friend male or female?**

Male . . . . . 1

Female . . . . . 2

**E4. Where did this friendship start?**

At school . . . . . 2

At work . . . . . 3

At club / organization . . . . . 4

At church . . . . . 5

At home or in the neighbourhood . . . . . 6

Through family . . . . . 7

Through a friend . . . . . 8

Other . . . . . 9

*Specify*

\_\_\_\_\_

\_\_\_\_\_

**E5. Does your friend live within ...**

10 km (6 miles or 10 minutes by car)? . . . . . 1

50 km (30 miles or 30 minutes by car)? . . . . . 2

100 km (60 miles or 1 hour by car)? . . . . . 3

200 km (120 miles or 2 hours by car)? . . . . . 4

400 km (240 miles or 4 hours by car)? . . . . . 5

1000 km (600 miles or 10 hours by car)? . . . . . 6

Beyond 1000 km (more than 600 miles or 10 hours by car)? . . . . . 7

Same household . . . . . 8

Don't know . . . . . 9

**E6. During the past 12 months, how often did you see your friend? Was it ...**

Daily? . . . . . 2

At least once a week? . . . . . 3

At least once a month? . . . . . 4

Less than once a month? . . . . . 5

Not at all? . . . . . 6

**E7. During the past 12 months, how often did you have contact by letter or telephone with your friend? Was it...**

Daily? . . . . . 5

At least once a week? . . . . . 6

At least once a month? . . . . . 7

Less than once a month? . . . . . 8

Not at all? . . . . . 9

**SECTION F: Household help**

**F**

F1. INTERVIEWER CHECK ITEM: Review GSS 5-1.

Single person household ... 1  → GO TO F7  
 Otherwise ..... 2

F2. The next questions are about people who helped with the work around your house during the past 12 months. Include only household members.

F3. a) Who helps with meal preparation in your household? b) During the past 12 months, how much of the meal preparation did ... do? Was it ... c) Who is PRIMARILY responsible for meal preparation in your household?

(Enter Page-Line Number of each household member - review GSS 5-1, Items 40 and 41)

Less than 1/4    Less than 1/2    1/2 or more    All?

(Accept multiple response only if responsibility shared equally)

<input type="text"/>	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>
<input type="text"/>	06 <input type="radio"/>	07 <input type="radio"/>	08 <input type="radio"/>	09 <input type="radio"/>	10 <input type="radio"/>
<input type="text"/>	11 <input type="radio"/>	12 <input type="radio"/>	13 <input type="radio"/>	14 <input type="radio"/>	15 <input type="radio"/>
<input type="text"/>	16 <input type="radio"/>	17 <input type="radio"/>	18 <input type="radio"/>	19 <input type="radio"/>	20 <input type="radio"/>

Not applicable / no one in household ..... 97  → GO TO F4

22  Someone from outside household

F4. a) Who helps with meal cleanup in your household? b) During the past 12 months, how much of the meal cleanup did ... do? Was it ... c) Who is PRIMARILY responsible for meal cleanup in your household?

(Enter Page-Line Number of each household member - review GSS 5-1, Items 40 and 41)

Less than 1/4    Less than 1/2    1/2 or more    All?

(Accept multiple response only if responsibility shared equally)

<input type="text"/>	23 <input type="radio"/>	24 <input type="radio"/>	25 <input type="radio"/>	26 <input type="radio"/>	27 <input type="radio"/>
<input type="text"/>	28 <input type="radio"/>	29 <input type="radio"/>	30 <input type="radio"/>	31 <input type="radio"/>	32 <input type="radio"/>
<input type="text"/>	33 <input type="radio"/>	34 <input type="radio"/>	35 <input type="radio"/>	36 <input type="radio"/>	37 <input type="radio"/>
<input type="text"/>	38 <input type="radio"/>	39 <input type="radio"/>	40 <input type="radio"/>	41 <input type="radio"/>	42 <input type="radio"/>

Not applicable / no one in household ..... 97  → GO TO F5

44  Someone from outside household

F5. a) Who helps with house cleaning and laundry in your household? b) During the past 12 months, how much of the cleaning and laundry did ... do? Was it ... c) Who is PRIMARILY responsible for house cleaning and laundry in your household?

(Enter Page-Line Number of each household member - review GSS 5-1, Items 40 and 41)

Less than 1/4    Less than 1/2    1/2 or more    All?

(Accept multiple response only if responsibility shared equally)

<input type="text"/>	45 <input type="radio"/>	46 <input type="radio"/>	47 <input type="radio"/>	48 <input type="radio"/>	49 <input type="radio"/>
<input type="text"/>	50 <input type="radio"/>	51 <input type="radio"/>	52 <input type="radio"/>	53 <input type="radio"/>	54 <input type="radio"/>
<input type="text"/>	55 <input type="radio"/>	56 <input type="radio"/>	57 <input type="radio"/>	58 <input type="radio"/>	59 <input type="radio"/>
<input type="text"/>	60 <input type="radio"/>	61 <input type="radio"/>	62 <input type="radio"/>	63 <input type="radio"/>	64 <input type="radio"/>

Not applicable / no one in household ..... 97  → GO TO F6

66  Someone from outside household

F6. a) Who helps with house maintenance and outside work such as repairs, painting, carpentry, lawn mowing, shovelling snow? b) During the past 12 months, how much of the house maintenance and outside work did ... do? Was it ... c) Who is PRIMARILY responsible for house maintenance and outside work in your household?

(Enter Page-Line Number of each household member - review GSS 5-1, Items 40 and 41)

Less than 1/4    Less than 1/2    1/2 or more    All?

(Accept multiple response only if responsibility shared equally)

<input type="text"/>	67 <input type="radio"/>	68 <input type="radio"/>	69 <input type="radio"/>	70 <input type="radio"/>	71 <input type="radio"/>
<input type="text"/>	72 <input type="radio"/>	73 <input type="radio"/>	74 <input type="radio"/>	75 <input type="radio"/>	76 <input type="radio"/>
<input type="text"/>	77 <input type="radio"/>	78 <input type="radio"/>	79 <input type="radio"/>	80 <input type="radio"/>	81 <input type="radio"/>
<input type="text"/>	82 <input type="radio"/>	83 <input type="radio"/>	84 <input type="radio"/>	85 <input type="radio"/>	86 <input type="radio"/>

Not applicable / no one in household ..... 97  → GO TO F7

88  Someone from outside household









F24. During the past 12 months, have you provided financial support to anyone outside your household?

- Yes ..... 1   
 No ..... 2  → GO TO F26

F25. For which person or organization?

(Mark all that apply)

(For each circle marked, ask:)

How often did you provide this help?

		At least once a week	At least once a month	Less than once a month
Son .....	01 <input type="radio"/> →	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>
Daughter .....	05 <input type="radio"/> →	06 <input type="radio"/>	07 <input type="radio"/>	08 <input type="radio"/>
Parent .....	09 <input type="radio"/> →	10 <input type="radio"/>	11 <input type="radio"/>	12 <input type="radio"/>
Brother / sister .....	13 <input type="radio"/> →	14 <input type="radio"/>	15 <input type="radio"/>	16 <input type="radio"/>
Other relative .....	17 <input type="radio"/> →	18 <input type="radio"/>	19 <input type="radio"/>	20 <input type="radio"/>
Friend / neighbour .....	21 <input type="radio"/> →	22 <input type="radio"/>	23 <input type="radio"/>	24 <input type="radio"/>
Organization / other .....	25 <input type="radio"/> →	26 <input type="radio"/>	27 <input type="radio"/>	28 <input type="radio"/>

Specify

\_\_\_\_\_

\_\_\_\_\_

F26. During the past 12 months, has anyone from outside your household provided you with financial support?

- Yes ..... 3   
 No ..... 4  → GO TO F28

F27. Who provided such help?

(Mark all that apply)

(For each circle marked, ask:)

How often did they provide this help?

		At least once a week	At least once a month	Less than once a month
Son .....	29 <input type="radio"/> →	30 <input type="radio"/>	31 <input type="radio"/>	32 <input type="radio"/>
Daughter .....	33 <input type="radio"/> →	34 <input type="radio"/>	35 <input type="radio"/>	36 <input type="radio"/>
Parent .....	37 <input type="radio"/> →	38 <input type="radio"/>	39 <input type="radio"/>	40 <input type="radio"/>
Brother / sister .....	41 <input type="radio"/> →	42 <input type="radio"/>	43 <input type="radio"/>	44 <input type="radio"/>
Other relative .....	45 <input type="radio"/> →	46 <input type="radio"/>	47 <input type="radio"/>	48 <input type="radio"/>
Friend / neighbour .....	49 <input type="radio"/> →	50 <input type="radio"/>	51 <input type="radio"/>	52 <input type="radio"/>
Organization / other .....	53 <input type="radio"/> →	54 <input type="radio"/>	55 <input type="radio"/>	56 <input type="radio"/>

Specify

\_\_\_\_\_

\_\_\_\_\_



**G SECTION G: Supports**

G1. In the next two questions we would like to ask you who you would turn to for help. Include spouse, relatives, friends, social services, clergy, professional counsellors, etc.

G2. Suppose you feel just a bit down or depressed, and you wanted to talk about it.

G3. Now suppose you were very upset about a problem with your husband, wife or partner and hadn't been able to work it out.

A. Whom would you turn to first for help?

A. Whom would you turn to first for help?

- Spouse/partner ..... 01
- Parent ..... 02
- Daughter ..... 03
- Son ..... 04
- Sister / brother ..... 05
- Other relative including in-laws ..... 06
- Friend ..... 07
- Neighbour ..... 08
- Someone you work with ..... 09
- Church / clergy / priest ..... 10
- God ..... 11
- Family doctor / GP ..... 12
- Psychologist / psychiatrist / marriage counsellor / other professional counsellor ..... 13
- Other ..... 14

- Parent ..... 33
- Daughter ..... 34
- Son ..... 35
- Sister / brother ..... 36
- Other relative including in-laws ..... 37
- Friend ..... 38
- Neighbour ..... 39
- Someone you work with ..... 40
- Church / clergy / priest ..... 41
- God ..... 42
- Family doctor / GP ..... 43
- Psychologist / psychiatrist / marriage counsellor / other professional counsellor ..... 44
- Other ..... 45

Specify

Specify

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- No one ..... 15
  - Don't know ..... 16
- } GO TO G3

- No one ..... 46
  - Don't know ..... 47
- } GO TO H1

B. Whom would you turn to second for help?

B. Whom would you turn to second for help?

- Spouse/partner ..... 17
- Parent ..... 18
- Daughter ..... 19
- Son ..... 20
- Sister / brother ..... 21
- Other relative including in-laws ..... 22
- Friend ..... 23
- Neighbour ..... 24
- Someone you work with ..... 25
- Church / clergy / priest ..... 26
- God ..... 27
- Family doctor / GP ..... 28
- Psychologist / psychiatrist / marriage counsellor / other professional counsellor ..... 29
- Other ..... 30

- Parent ..... 48
- Daughter ..... 49
- Son ..... 50
- Sister / brother ..... 51
- Other relative including in-laws ..... 52
- Friend ..... 53
- Neighbour ..... 54
- Someone you work with ..... 55
- Church / clergy / priest ..... 56
- God ..... 57
- Family doctor / GP ..... 58
- Psychologist / psychiatrist / marriage counsellor / other professional counsellor ..... 59
- Other ..... 60

Specify

Specify

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- No one ..... 31
- Don't know ..... 32

- No one ..... 61
- Don't know ..... 62

H SECTION H: Marriages	H14. Is this your first marriage?
H1. The next questions are about marriages and common-law partnerships. Your answers will help us better measure how family relationships are changing.	Yes ..... 5 <input type="radio"/> No ..... 6 <input type="radio"/> → GO TO H16
H2. Have you ever been a partner in a common-law relationship? By this we mean partners living together as husband and wife without being legally married. Yes ..... 1 <input type="radio"/> No ..... 2 <input type="radio"/>	<b>H15. INTERVIEWER CHECK ITEM:</b> Review H6. Is the respondent currently separated (H6 = Yes)? Yes ..... 7 <input type="radio"/> → GO TO J1 No ..... 8 <input type="radio"/> → GO TO J3
H3. Are you now legally married? Yes ..... 3 <input type="radio"/> → GO TO H5 No ..... 4 <input type="radio"/>	<b>H16. What was the date of your first marriage?</b> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> </div> Month Year
H4. Have you ever been legally married? Yes ..... 5 <input type="radio"/> → GO TO H16 No ..... 6 <input type="radio"/> → GO TO H37	<b>H17. What was your first husband/wife's marital status before entering into that marriage? Was it ...</b> Widowed? ..... 1 <input type="radio"/> Divorced? ..... 2 <input type="radio"/> Single? ..... 3 <input type="radio"/>
H5. Are you living with your spouse? Yes ..... 7 <input type="radio"/> → GO TO H8 No ..... 8 <input type="radio"/>	<b>H18. What was his/her date of birth?</b> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> </div> Month Year
H6. Are you separated? Yes ..... 1 <input type="radio"/> No ..... 2 <input type="radio"/> → GO TO H8	<b>H19. INTERVIEWER CHECK ITEM:</b> Review H2. Has the respondent ever been a partner in a common-law relationship (H2 = Yes)? Yes ..... 4 <input type="radio"/> No ..... 5 <input type="radio"/> → GO TO H22
H7. When did you separate? <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;">3</div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;">4</div> </div> Month Year	<b>H20. Did you and your first spouse live common-law before entering into this marriage?</b> Yes ..... 6 <input type="radio"/> No ..... 7 <input type="radio"/> → GO TO H22
H8. What was the date of your current marriage? <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;">5</div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;">6</div> </div> Month Year	<b>H21. Approximately when did you and your first husband/wife begin to live together?</b> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> </div> Month Year
H9. What was your spouse's marital status before entering into this marriage? Was it ... Widowed? ..... 7 <input type="radio"/> Divorced? ..... 8 <input type="radio"/> Single? ..... 9 <input type="radio"/>	<b>H22. Did your first marriage end in ...</b> <i>(Read categories and record month and year)</i> <div style="text-align: right; margin-right: 50px;">When?</div> <div style="text-align: right; margin-right: 50px;">Month Year</div> Separation and then divorce or annulment? ... 1 <input type="radio"/> <div style="display: inline-block; vertical-align: middle; margin-left: 10px;">             {             <div style="display: inline-block; vertical-align: middle; margin-right: 5px;">sep.</div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;">2</div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;">3</div> <div style="display: inline-block; vertical-align: middle; margin-right: 5px;">}           </div> <div style="display: inline-block; vertical-align: middle; margin-left: 10px;">             {             <div style="display: inline-block; vertical-align: middle; margin-right: 5px;">div./ann.</div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;">4</div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;">5</div> <div style="display: inline-block; vertical-align: middle; margin-right: 5px;">}           </div>           Separation only? ..... 6 <input type="radio"/> → <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>           Death of spouse? ..... 7 <input type="radio"/> → <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>           Other ..... 8 <input type="radio"/> → <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> </div></div>
H10. What is your spouse's date of birth? <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> </div> Month Year	<b>H23. INTERVIEWER CHECK ITEM:</b> Review H3. Is respondent currently married (H3 = Yes)? Yes ..... 1 <input type="radio"/> No ..... 2 <input type="radio"/> → GO TO H26
<b>H11. INTERVIEWER CHECK ITEM:</b> Review H2. Has the respondent ever been a partner in a common-law relationship (H2 = Yes)? Yes ..... 1 <input type="radio"/> No ..... 2 <input type="radio"/> → GO TO H14	
H12. Did you and your spouse live common-law before entering into this marriage? Yes ..... 3 <input type="radio"/> No ..... 4 <input type="radio"/> → GO TO H14	
H13: Approximately when did you and your current spouse begin to live together? <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> </div> Month Year	

<p>H24. Is your current marriage your second?          Yes ..... 3 <input type="radio"/>          No ..... 4 <input type="radio"/> → GO TO H27</p>	<p>H35. INTERVIEWER CHECK ITEM:          Review H3.          Is respondent currently married (H3 = Yes)?          Yes ..... 1 <input type="radio"/>          No ..... 2 <input type="radio"/> → GO TO H38</p>
<p>H25. INTERVIEWER CHECK ITEM:          Review H6.          Is respondent currently separated (H6 = Yes)?          Yes ..... 5 <input type="radio"/> → GO TO J1          No ..... 6 <input type="radio"/> → GO TO J3</p>	<p>H36. INTERVIEWER CHECK ITEM:          Review H6.          Is respondent currently separated (H6 = Yes)?          Yes ..... 3 <input type="radio"/> → GO TO J1          No ..... 4 <input type="radio"/> → GO TO J3</p>
<p>H26. Have you been legally married a second time?          Yes ..... 7 <input type="radio"/>          No ..... 8 <input type="radio"/> → GO TO H38</p>	<p>H37. Do you think you will ever marry?          Yes ..... 7 <input type="radio"/> → GO TO H39          No ..... 8 <input type="radio"/>          Don't know 9 <input type="radio"/> } → GO TO J1</p>
<p>H27. What was the date of your second marriage?          [ ] [ ] [ ] [ ]          Month Year</p>	<p>H38. Do you think you will ever marry again?          Yes ..... 4 <input type="radio"/>          No ..... 5 <input type="radio"/>          Don't know 6 <input type="radio"/> } → GO TO J1</p>
<p>H28. What was your second husband/wife's marital status before entering into that marriage? Was it ...          Widowed? ..... 1 <input type="radio"/>          Divorced? ..... 2 <input type="radio"/>          Single? ..... 3 <input type="radio"/></p>	<p>H39. At what age would you like to get married/remarried?          [ ] years          Don't know 98 <input type="radio"/></p>
<p>H29. What was his/her date of birth?          [ ] [ ] [ ] [ ]          Month Year</p>	<p><b>SECTION J: Common-law partnerships</b> J</p>
<p>H30. INTERVIEWER CHECK ITEM:          Review H2.          Has the respondent ever been a partner in a common-law relationship (H2 = Yes)?          Yes ..... 4 <input type="radio"/>          No ..... 5 <input type="radio"/> → GO TO H33</p>	<p>J1. INTERVIEWER CHECK ITEM:          Review H2.          Has the respondent ever been a partner in a common-law relationship (H2 = Yes)?          Yes ..... 1 <input type="radio"/>          No ..... 2 <input type="radio"/> → GO TO K1</p>
<p>H31. Did you and your second spouse live common-law before entering into this marriage?          Yes ..... 6 <input type="radio"/>          No ..... 7 <input type="radio"/> → GO TO H33</p>	<p>J2. Are you now living with a common-law partner?          Yes ..... 3 <input type="radio"/> → GO TO J5          No ..... 4 <input type="radio"/> → GO TO J4</p>
<p>H32. Approximately when did you and your second husband/wife begin to live together?          [ ] [ ] [ ] [ ]          Month Year</p>	<p>J3. INTERVIEWER CHECK ITEM:          Review H2.          Has the respondent ever been a partner in a common-law relationship (H2 = Yes)?          Yes ..... 5 <input type="radio"/>          No ..... 6 <input type="radio"/> → GO TO K1</p>
<p>H33. Did your second marriage end in ...          (Read categories and record month and year)          When? Month Year</p> <p>Separation and then divorce or annulment? ... 1 <input type="radio"/> { sep. [2] [ ] [3] [ ]          div. / ann. [4] [ ] [5] [ ]</p> <p>Separation only? ..... 6 <input type="radio"/> → [ ] [ ] [ ] [ ]</p> <p>Death of spouse? ..... 7 <input type="radio"/> → [ ] [ ] [ ] [ ]</p> <p>Other ..... 8 <input type="radio"/> → [ ] [ ] [ ] [ ]</p>	<p>J4. Have you ever been a partner in a common-law relationship that was not followed by marriage?          Yes ..... 7 <input type="radio"/> → GO TO J9          No ..... 8 <input type="radio"/> → GO TO K1</p>
<p>H34. In total, how many times have you been legally married?          [ ] times</p>	<p>J5. Approximately when did you and your partner begin to live together?          [ ] [ ] [ ] [ ]          Month Year</p>
	<p>J6. What was your partner's marital status before entering into this union? Was it ...          Widowed? ..... 1 <input type="radio"/>          Separated? ..... 2 <input type="radio"/>          Divorced? ..... 3 <input type="radio"/>          Single? ..... 4 <input type="radio"/></p>

<p>J7. What is your partner's date of birth?</p> <p>    <u>  </u> <u>  </u> / <u>  </u> <u>  </u>  Month Year</p>	<p><b>SECTION K: Satisfaction</b> <span style="float: right;">K</span></p>
<p>J8. Have you had a previous common-law relationship that was not followed by marriage?</p> <p>Yes ..... 5 <input type="radio"/></p> <p>No ..... 6 <input type="radio"/> → GO TO K1</p>	<p>K1. Now, I am going to ask you to rate certain areas of your life.</p> <p>K2. Would you describe yourself as ...</p> <p>Very happy? ..... 1 <input type="radio"/></p> <p>Somewhat happy? ..... 2 <input type="radio"/></p> <p>Somewhat unhappy? ..... 3 <input type="radio"/></p> <p>Very unhappy? ..... 4 <input type="radio"/></p> <p>No opinion ..... 5 <input type="radio"/></p>
<p>J9. Approximately when did you begin your first common-law relationship that was not followed by marriage?</p> <p>    <u>  </u> <u>  </u> / <u>  </u> <u>  </u>  Month Year</p>	<p>K3. How would you describe your state of health? Compared to other persons your age, would you say it is ...</p> <p>Excellent? ..... 6 <input type="radio"/></p> <p>Good? ..... 7 <input type="radio"/></p> <p>Fair? ..... 8 <input type="radio"/></p> <p>Poor? ..... 9 <input type="radio"/></p>
<p>J10. What was that partner's marital status before entering into that union? Was it ...</p> <p>Widowed? ..... 2 <input type="radio"/></p> <p>Separated? ..... 3 <input type="radio"/></p> <p>Divorced? ..... 4 <input type="radio"/></p> <p>Single? ..... 5 <input type="radio"/></p>	
<p>J11. What was that partner's date of birth?</p> <p>    <u>  </u> <u>  </u> / <u>  </u> <u>  </u>  Month Year</p>	
<p>J12. Did this partnership end by separation or by the death of your partner?  (Record reason, month and year)</p> <p style="text-align: center;">When?  Month Year</p> <p>Separation ..... 6 <input type="radio"/> → <u>  </u> <u>  </u> / <u>  </u> <u>  </u></p> <p>Death of partner ..... 7 <input type="radio"/> → <u>  </u> <u>  </u> / <u>  </u> <u>  </u></p>	
<p>J13. Have you been a partner in any other common-law relationships that were not followed by marriage?</p> <p>Yes ..... 8 <input type="radio"/></p> <p>No ..... 9 <input type="radio"/> → GO TO K1</p>	
<p>J14. Approximately when did you begin your second common-law relationship that was not followed by marriage?</p> <p>    <u>  </u> <u>  </u> / <u>  </u> <u>  </u>  Month Year</p>	
<p>J15. What was that partner's marital status before entering into that union? Was it ...</p> <p>Widowed? ..... 1 <input type="radio"/></p> <p>Separated? ..... 2 <input type="radio"/></p> <p>Divorced? ..... 3 <input type="radio"/></p> <p>Single? ..... 4 <input type="radio"/></p>	
<p>J16. What was that partner's date of birth?</p> <p>    <u>  </u> <u>  </u> / <u>  </u> <u>  </u>  Month Year</p>	
<p>J17. Did this partnership end by separation or by the death of your partner?  (Record reason, month and year)</p> <p style="text-align: center;">When?  Month Year</p> <p>Separation ..... 5 <input type="radio"/> → <u>  </u> <u>  </u> / <u>  </u> <u>  </u></p> <p>Death of partner ..... 6 <input type="radio"/> → <u>  </u> <u>  </u> / <u>  </u> <u>  </u></p>	
<p>J18. In total, how many times have you been a partner in common-law relationships that were not followed by marriage?</p> <p>    <u>  </u> times</p>	





**L SECTION L: Classification**

L1. Now a few general questions.

L2. How many times did you move in the last 10 years, that is since January 1980?

times

None  00

L3. When did you move to your present address?

/  /

Month Year

Always lived there  10 → GO TO L6

L4. How far away did you last live before moving to your present address? Was it within ...

10 km (6 miles or 10 minutes by car)?  20

50 km (30 miles or 30 minutes by car)?  30

100 km (60 miles or 1 hour by car)?  40

200 km (120 miles or 2 hours by car)?  50

400 km (240 miles or 4 hours by car)?  60

1000 km (600 miles or 10 hours by car)?  70

Beyond 1000 km (more than 600 miles or 10 hours by car)?  80

L5. What were your reasons for this move?  
(Mark all that apply)

Your work  01

Other family member's work  02

To be closer to family  03

To take care of family member  04

Marriage  05

Separation  06

To move to own dwelling/  
independence  07

To move to a larger home  08

To move to a smaller home  09

To move to a less expensive home  10

To purchase a home  11

To move to a better neighbourhood/  
change in neighbourhood  12

To attend school  13

Financial reasons  14

Other  15

↓  
Specify

L6. In what type of dwelling are you now living?  
Is it a...

Single detached house?  10

Semi-detached or double  
(side-by-side)?  20

Garden house, town house or row house?  30

Duplex (one above the other)?  40

Low-rise apartment  
(less than 5 stories)?  50

High-rise apartment  
(5 or more stories)?  60

Mobile home?  70

Other  80

↓  
Specify

L7. Is this dwelling owned by a member of this household?

Yes  10

No  20

L8. What is your postal code?

Don't know  30

L9. How many telephones, including extensions, are there in your dwelling?

One  40 → GO TO L14

Two or more  50

L10. Do all the telephones have the same number?

Yes  60 → GO TO L14

No  70

L11. How many different numbers are there?

L12. Are any of these numbers for business use only?

Yes  80

No  90 → GO TO L14

L13. How many are for business use only?









