Statistique Canada

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CONFIDENTIAL WHEN COMPLETED

Authority — Statistics Act, Revised Statutes of Canada 1985, Chapter S19

FOOD EXPENDITURE SURVEY IN 1990

QUE	SHON	NAIRE	FRANÇAIS AU VERSO	
			Listing Address	- to residence and
			P.S.U. GROUP CLUSTER ROT LIST M MONTH	N.I.
			RECORD OF DROP-OFF AND PICK-UPS	
			Visit Date Time (Use 24 hr. clock, hh:mm) Day Month Began Ended	
			Drop-off-diaries	.C.
			Pick up first diary Off U Pick up second diary Off U	fice se
				···-1
			Record of visits:	
Household cont	act:	· · · · · · · · · · · · · · · · · · ·	Telephone No.]
Visit Number	Date	Time	Comments	
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Interviewer:		·		İ
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A. HOUSEHOLD COMPOSITION				and the second			♦ A
2.		3		4. a.	5.	6.	7.
		What is relationship to the I reference person?	household				
	24	Related Person:					
		02 Spouse 03 Son/Daughter 04 Grandchild				Marital Status:	
List given names of all members of household who could be considere here at the present time.	this d living	05 Daughter-in-law/Son-in-law 06 Foster child	1. 18 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Sex:	1 Married, spouse of	
nere at the present time.		07 Father/Mother 08 Mother-in-law/Father-in-law	and the second second	Age in	1 Male	a house- hold	
List the household reference perso	n first.	09 Brother/Sister		years at time of	2.Female	member 2.Single,	
	we will	10 Other relative (for example, r	repnew,	interview		never married	ŀ
		Non-Related Person:				3.Other	
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	11 Lodger 12 Room-mate					
		13 Other non-relative (for examp lodger's wife) Specify	ole, employee,			2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
				· Section 1			
	Enter Person No.	Enter Description	Enter code	1	Enter code	Enter code	Office use
00	1 0 1	REFERENCE PERSON	002 0 1	003	004	005	006
000	P T	THE	010	011	012	013	014
0117			018	019	020	021	022
02	<u> </u>		028	027	028	029	030
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04			042	043	044	045	046
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089			090	091	092	093	094
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ALIBAN HARRING TO THE TOTAL THE TOTAL TO AL TOTAL TO THE TOTAL TOT	·						
CHECK HOUSEHOLD MEMBER After listing members of the hou			2 at 15 At 15	REFERENCE d reference pers	and the second	er of the househo	old mainly
Does anyone else live at this	*		responsible fo	or its financial m	aintenancă (ie. :	pays the rent, m	ortoane l
 Are there any persons away w at this address? 	ho could b	e considered as living	When all men	nbers of the household	jsehold share e	qualiy, any men	nber may
	s **					÷	

		-		♦ A
	8.	9.	Ask the following questions for	reference person and spouse
·			REFERENCE PERSON	SPOUSE of Reference Person ○ No spouse ➤ Go to page 3
If age 15 or over and employed at any time in the last twelve months, report occupation of longest duration. If not employed report main activity.	Economic family code (See definition below)	Census family code (See definition below)	What is the language this person first learned and still understands? O1 English O2 French O3 German O4 Italian O5 Ukrainian O6 Other (Specify)	What is the language this person first learned and still understands? O1 English O2 French O3 German O4 Italian O5 Ukrainian O6 Other (Specify)
			201 Office use	205 Office use
	⁰⁰⁷ A	008 A	11. Where was this person born?	15. Where was this person born?
	015	016	01 Canada ►Go to Q. 13	01 Canada ► Go to Q. 17
	023	024 [7	02 United Kingdom	02 United Kingdom
			04 U.S.A.	04 U.S.A.
	031	032	05 Germany	05 Germany
	039	040	Poland	06 Poland
	047	048 []	⁰⁷ Other (Specify)	⁰⁷ Other (Specify)
				
	055	056	202 Office	206 Office
	063	064 [7]	use use	use use
	071	072	In what year did this person first immigrate to Canada?	In what year did this person first immigrate to Canada?
	079	080	203	207
	087	088	13.	17.
	095	096	What was the highest level of education completed by this member?	What was the highest level of education completed by this member?
DEFINITIONS: ECONOMIC FAMILY: A group of TWO OR MORE persons who live in tare related to each other by BLOOD, MARRI. COMMON-LAW.	ihe same dwel AGE, ADOPTI	ling and ON OR	 Less than 9 years. 9 or more years, but High School not completed. High School completed. Some Post-Secondary Non-University. Post-Secondary Non-University Diploma or Certificate completed. 	 Less than 9 years. 9 or more years, but High School not completed. High School completed. Some Post-Secondary Non-University. Post-Secondary Non-University Diploma or Certificate completed.
CENSUS FAMILY;			Some University. University Diploma or	Some University. University Diploma or
Refers to a HUSBAND and a WIFE or TWO COMMON-LAW with or without CHILDREN WHO	PERSONS HAVE NEVER	LIVING R BEEN	Certificate.	Certificate.
MARRIED regardless of age; or a LONE-PARE children who have NEVER been married, regardl THE SAME DWELLING.	NT with one oless of age, LIV	r more /ING IN	University Degree. Enter code	University Degree. Enter code
			204	208

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S flow or Terrace 9 Mobile (Appe 4 Duplex 9 Mobile (Ap	S Row or Terrace 9 Mobile Rights 4 4 Duplay 0 Other — Specify 5 Aperment, Flat The above dwelling 1 Owned without injortpage 2 Owned with mortglage 3 Rentad. 4 Occupied reni-free Cooper 4 Occupied reni-free The last 12 months did any member of this household live girls farm? The last 12 months did any member of this household operate a farm? The last 12 months did any member of this household operate a farm? Total Cooper 1 Over 2 No. COOPER 1 No. COOPER 1 Over 2 No. COOPER 1 Over 2 No. COOPER 1 No. COOPER 1 Over 2 No. COOPER 1 Over 2 No. COOPER 1 NO. COOPER		Orbanda a seconda se				
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ere any household members away	y from home overnight or longe		001	
ring the month of	7		Yes → Continue	
(Interviewer: Indicat	te previous month above)		² ○ No → Proceed to Section	on E
			-	
or each absence from home overnigh	t or longer during the previous mon	th indicate the number of persons awa	y and the number of nights per	pers
	ABSENCE #1 ABS	ENCE #2 ABSENCE #	3 ABŞENCE #4	
NUMBER OF 002	004	008	008	
PERSONS AWAY				
003	005	007	009	
NIGHTS AWAY				
			022	
			 	
hile away, how much board, if any, v	vas paid to a private household by	members of the household?	· · · · · · · · · · · · · · · · · · ·	1
en e				
ow many meals were received by me	mbers of the household while away	overnight or longer		
a) from friends or relatives?	b) on business for which expenses were reimbursed?	c) as part of the price	d) for any other reason,	
023	024	of a package trip?	e.g. while in hospital?	
w, I would like to ask you some ques	tions about food and non-alcoholic b	everages nurcheesed owey from home	or which avanages were not rain	hur
part of a package. Include tips, taxe	s and purchases made for quests.	everages purchiased away in our fluine, i	or which expenses were not rein	
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part of a package. Include tips, taxe	s and purchases made for guests. Table service	Fast food restaurant		
part of a package. Include tips, taxe	s and purchases made for guests.	Fast food restaurant	Cafeteria Other	
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part of a package. Include tips, taxe	s and purchases made for guests. Table services restaurant	Fast food restaurant Eat-in or Take-out or Drive-in Delivery	Cafeteria Other	
part of a package. Include tips, taxe BREAKFASTS	Table service restaurant	Past food restaurant Eat-in or Take-out or Delivery O29 O31	Cafeteria Other	
part of a package. Include tips, taxe	Table service restaurant No. of meals 027 028	Fast food restaurant Eat-in or Take-out or Drive-in Delivery	Cafeteria Other	
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part of a package. Include tips, taxe	No. of meals Continue	Fast food restaurant Eat-in or Take-out or Delivery 029 031 030 032 \$ \$	Cafeteria Other 033 035 034 036 \$	
part of a package. Include tips, taxe	No. of meals Expenditures No. of meals O28 Expenditures	Fast food restaurant Eat-in or Take-out or Delivery O29 O31 O30 O32 \$ \$ \$ O39 O41	Cafeteria Other 033 035 034 036 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	
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BREAKFASTS LUNCHES DINNERS BETWEEN MEALS FOOD, CONFECTIONS, NON-ALCOHOLIC	Table service restaurant No. of meals Expenditures No. of meals O37 No. of meals O38 Expenditures \$ 047 No. of meals O48 Expenditures \$ 057 Expenditures	Fast food restaurant Eat-in or Take-out or Delivery 029 031 030 032 \$ \$ \$ 040 042 \$ \$ \$ 049 051 050 052 \$ \$ 058 059	Cafeteria Other 033 035 034 036 \$ \$ 045 044 046 \$ \$ \$ 053 055 054 056 \$ \$ \$ \$ \$ 060 061	
BREAKFASTS LUNCHES DINNERS BETWEEN MEALS FOOD, CONFECTIONS, NON-ALCOHOLIC BEVERAGES	Table service restaurant No. of meals Expenditures No. of meals O37 No. of meals O38 Expenditures S O47 No. of meals O48 Expenditures \$ O57 Expenditures \$	Fast food estaurant Eat-in or Take-out or Delivery 029 031 030 032 \$ \$ \$ \$ 041 040 042 \$ \$ \$ \$ \$ 050 050 052 \$ \$ \$ \$ 059 \$ \$ \$	Cafeteria Other 033 035 034 036 \$ \$ 045 044 046 \$ \$ \$ 054 054 056 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	
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BREAKFASTS LUNCHES DINNERS BETWEEN MEALS FOOD, CONFECTIONS, NON-ALCOHOLIC BEVERAGES	Table service restaurant No. of meals Expenditures No. of meals O37 No. of meals O38 Expenditures S O47 No. of meals O48 Expenditures \$ O57 Expenditures \$ ospeciately a content of the	Fast food estaurant Eat-in or Take-out or Delivery 029 031 030 032 \$ \$ \$ \$ 041 040 042 \$ \$ \$ \$ \$ 050 050 052 \$ \$ \$ \$ 059 \$ \$ \$	Cafeteria Other 033 035 034 036 \$ \$ 045 044 046 \$ \$ \$ 054 054 056 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	
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E. PERSONAL INCOME IN THE PAST TWELVE MONTHS					♦ E
Ask each of the following questions for each member 15 years of age Transfer the person number for each member from page 1.	e or over.				
Enter person no. for each household member here	001	026	051	076	101
How many weeks did this member work in the past 12 months? (a) full-time (include holidays with pay)	002	027	052	077	102
	003	028	053	078	103
(b) part-time (include holidays with pay)	004 \$	029 \$	054 \$	079 \$	104 \$
WAGES and SALARIES before deductions	005	030	055	080	105
A. NET income from SELF-EMPLOYMENT. Show gross income minus expenses. Deduct allowance for depreciation. In partnership give own share. (a) NON-FARM unincorporated business and professional practice.	006	031	056	081	106
(include income in kind)	007	032	057	082	107
(i) Of the amount reported in 4a) how much is for income in kind? (b) FARM (include income in kind)	008	033	058	083	108
(i) Of the amount reported in 4b) how much is for income in kind?	009	034	059	084	109
5. Net income from ROOMERS and BOARDERS (exclude payments received from relatives)	010	035	060	085	110
INTEREST on bonds, deposits, savings certificates eg. interest on cou- pon bonds if coupons were cashed, etc. (exclude interest on RRSP).	011	036	061 062	086 087	111
7. DIVIDENDS (actual amount received, not taxable amount) 8. Other income from INVESTMENTS a) Gross rent from owned property = \$ NET RENT from owned property (gross rent minus expenses)	013	038	063	088	113
b) OTHER income from estate or trust funds, interest from mortgage investments, dividends from insurance companies, etc	014	039	064	089	114
FAMILY ALLOWANCE (to be reported by member who reported the non-refundable tax credit for dependant children)	015	040	065	090	115
10. OLD AGE SECURITY and GUARANTEED INCOME SUPPLEMENT from federal government only (include spouse's allowance)	016	041	066	091	116
11. CANADA/QUEBEC PENSION PLAN benefits	017	042 	067 068	092 093	118
12. UNEMPLOYMENT INSURANCE benefits. Report gross receipts before deductions for taxes, etc. (include sick and maternity benefits)	019	044	069	094	119
13. SOCIAL ASSISTANCE and PROVINCIAL INCOME SUPPLEMENTS 14. OTHER INCOME from GOVERNMENT SOURCES.	020	045	070	095	120
Specify	021	046	071	096	121
16. OTHER money income from alimony, money from other countries, or other money income not reported above (Please specify source of income in space below)	022	047	072	097	122
17. What amount was CLAIMED on 1989 income tax returns for: 17.1 Federal Child Tax Credits	023	048	073	098	123
17.2 Provincial Tax Credits and Allowances	024	049 050	074 1 1 1 1 075	099	124 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
17.3 Federal Sales Tax Credit	1 1 1 1				
Office Use Only	251	252	253	254	255

F.	DIARY FOLLOW-UP REPORT		♦ F
[To be completed by the interviewer following each diary pick-up	Week 1	Week 2
1.	Were any items entered on the diary during or after the follow-up? For example purchases recalled by respondent, or transcribed from shopping tapes.	Yes No 1 2	Yes No 1 2
2.	IF YES, what was the dollar value of these items: 2a. Food and Beverages from Stores	\$	\$
	2b. Food and Beverages from Restaurants	\$	\$
		Complete Incomplete	Complete Incomplete
3.	What is the final completion status of each section of the diary? 3a. Food and Beverages from Stores	10 20	10 20
	3b. Food and Beverages from Restaurants	¹O ²O	¹O ²O
4.	If any sections are incomplete, or any problems were encountered in completing the diarie	es please comment below:	
W	eek 1		
	·		
W	эөk 2		<u></u>
		 	
-			<u></u>
	Additional comments on page 7.	*	
	OFFICE Wk. 1 , 1 1 1 1 1 1 1 1 1		
	USE ONLY Wk. 2 1 1 1 1 1 1 1 1 1		

		- NOTES AND COMMENTS -
Page	Item	- NOTES AND COMMENTS -
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