



FOOD EXPENDITURE SURVEY IN 1990

CONFIDENTIAL WHEN COMPLETED

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

QUESTIONNAIRE

FRANÇAIS AU VERSO



Listing Address _____

PS.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			:	:
Pick up first diary			:	:
Pick up second diary			:	:

OC.
Office Use

Record of visits:

Household contact: _____

Area code

Telephone No.

 — — — — — —

Visit Number	Date	Time	Comments

Interviewer: _____

A. HOUSEHOLD COMPOSITION

◆ A

2. List given names of all members of this household who could be considered living here at the present time. List the household reference person first.	3. What is . . . relationship to the household reference person? Related Person: 02 Spouse 03 Son/Daughter 04 Grandchild 05 Daughter-in-law/Son-in-law 06 Foster child 07 Father/Mother 08 Mother-in-law/Father-in-law 09 Brother/Sister 10 Other relative (for example, nephew, cousin) Specify Non-Related Person: 11 Lodger 12 Room-mate 13 Other non-relative (for example, employee, lodger's wife) Specify	4. Age in years at time of interview	5. Sex: 1.Male 2.Female	6. Marital Status: 1.Married, spouse of a household member 2.Single, never married 3.Other	7. Office use
Enter Person No.	Enter Description	Enter code	Enter code	Enter code	Enter code
001 <input type="text" value="0"/> <input type="text" value="1"/>	REFERENCE PERSON	002 <input type="text" value="0"/> <input type="text" value="1"/>	003 <input type="text"/>	004 <input type="text"/>	005 <input type="text"/> 006 <input type="text"/>
009 <input type="text"/>		010 <input type="text"/>	011 <input type="text"/>	012 <input type="text"/>	013 <input type="text"/> 014 <input type="text"/>
017 <input type="text"/>		018 <input type="text"/>	019 <input type="text"/>	020 <input type="text"/>	021 <input type="text"/> 022 <input type="text"/>
025 <input type="text"/>		026 <input type="text"/>	027 <input type="text"/>	028 <input type="text"/>	029 <input type="text"/> 030 <input type="text"/>
033 <input type="text"/>		034 <input type="text"/>	035 <input type="text"/>	036 <input type="text"/>	037 <input type="text"/> 038 <input type="text"/>
041 <input type="text"/>		042 <input type="text"/>	043 <input type="text"/>	044 <input type="text"/>	045 <input type="text"/> 046 <input type="text"/>
049 <input type="text"/>		050 <input type="text"/>	051 <input type="text"/>	052 <input type="text"/>	053 <input type="text"/> 054 <input type="text"/>
057 <input type="text"/>		058 <input type="text"/>	059 <input type="text"/>	060 <input type="text"/>	061 <input type="text"/> 062 <input type="text"/>
065 <input type="text"/>		066 <input type="text"/>	067 <input type="text"/>	068 <input type="text"/>	069 <input type="text"/> 070 <input type="text"/>
073 <input type="text"/>		074 <input type="text"/>	075 <input type="text"/>	076 <input type="text"/>	077 <input type="text"/> 078 <input type="text"/>
081 <input type="text"/>		082 <input type="text"/>	083 <input type="text"/>	084 <input type="text"/>	085 <input type="text"/> 086 <input type="text"/>
089 <input type="text"/>		090 <input type="text"/>	091 <input type="text"/>	092 <input type="text"/>	093 <input type="text"/> 094 <input type="text"/>

CHECK HOUSEHOLD MEMBERSHIP:

After listing members of the household, ask:

- Does anyone else live at this address?
- Are there any persons away who could be considered as living at this address?

HOUSEHOLD REFERENCE PERSON

The household reference person is the member of the household mainly responsible for its financial maintenance (ie: pays the rent, mortgage, taxes or electricity, etc.). This person can be either male or female. When all members of the household share equally, any member may be shown as the household reference person.

<p>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.</p>	8.	9.	Ask the following questions for reference person and spouse	
	<p>Economic family code (See definition below)</p>	<p>Census family code (See definition below)</p>	REFERENCE PERSON	SPOUSE of Reference Person
			<p>10. What is the language this person first learned and still understands?</p> <p>01 <input type="radio"/> English 02 <input type="radio"/> French 03 <input type="radio"/> German 04 <input type="radio"/> Italian 05 <input type="radio"/> Ukrainian 06 <input type="radio"/> Other (Specify)</p>	<p>14. What is the language this person first learned and still understands?</p> <p>01 <input type="radio"/> English 02 <input type="radio"/> French 03 <input type="radio"/> German 04 <input type="radio"/> Italian 05 <input type="radio"/> Ukrainian 06 <input type="radio"/> Other (Specify)</p>
	007 <input type="checkbox"/> A	008 <input type="checkbox"/> A	<p>11. Where was this person born?</p> <p>01 <input type="radio"/> Canada ► Go to Q. 13 02 <input type="radio"/> United Kingdom 03 <input type="radio"/> Italy 04 <input type="radio"/> U.S.A. 05 <input type="radio"/> Germany 06 <input type="radio"/> Poland 07 <input type="radio"/> Other (Specify)</p>	<p>15. Where was this person born?</p> <p>01 <input type="radio"/> Canada ► Go to Q. 17 02 <input type="radio"/> United Kingdom 03 <input type="radio"/> Italy 04 <input type="radio"/> U.S.A. 05 <input type="radio"/> Germany 06 <input type="radio"/> Poland 07 <input type="radio"/> Other (Specify)</p>
	015 <input type="checkbox"/>	016 <input type="checkbox"/>	201 <input type="checkbox"/>	205 <input type="checkbox"/>
	023 <input type="checkbox"/>	024 <input type="checkbox"/>	202 <input type="checkbox"/>	206 <input type="checkbox"/>
	031 <input type="checkbox"/>	032 <input type="checkbox"/>	<p>12. In what year did this person first immigrate to Canada?</p> <p>203 <input type="checkbox"/></p>	<p>16. In what year did this person first immigrate to Canada?</p> <p>207 <input type="checkbox"/></p>
	039 <input type="checkbox"/>	040 <input type="checkbox"/>	<p>13. What was the highest level of education completed by this member?</p> <p>1. Less than 9 years. 2. 9 or more years, but High School not completed. 3. High School completed. 4. Some Post-Secondary Non-University. 5. Post-Secondary Non-University Diploma or Certificate completed. 6. Some University. 7. University Diploma or Certificate. 8. University Degree.</p> <p>Enter code</p> <p>204 <input type="checkbox"/></p>	<p>17. What was the highest level of education completed by this member?</p> <p>1. Less than 9 years. 2. 9 or more years, but High School not completed. 3. High School completed. 4. Some Post-Secondary Non-University. 5. Post-Secondary Non-University Diploma or Certificate completed. 6. Some University. 7. University Diploma or Certificate. 8. University Degree.</p> <p>Enter code</p> <p>208 <input type="checkbox"/></p>
	047 <input type="checkbox"/>	048 <input type="checkbox"/>		
	055 <input type="checkbox"/>	056 <input type="checkbox"/>		
	063 <input type="checkbox"/>	064 <input type="checkbox"/>		
	071 <input type="checkbox"/>	072 <input type="checkbox"/>		
	079 <input type="checkbox"/>	080 <input type="checkbox"/>		
	087 <input type="checkbox"/>	088 <input type="checkbox"/>		
	095 <input type="checkbox"/>	096 <input type="checkbox"/>		
<p>DEFINITIONS:</p> <p>ECONOMIC FAMILY: A group of TWO OR MORE persons who live in the same dwelling and are related to each other by BLOOD, MARRIAGE, ADOPTION OR COMMON-LAW.</p> <p>CENSUS FAMILY: Refers to a HUSBAND and a WIFE or TWO PERSONS LIVING COMMON-LAW with or without CHILDREN WHO HAVE NEVER BEEN MARRIED regardless of age; or a LONE-PARENT with one or more children who have NEVER been married, regardless of age, LIVING IN THE SAME DWELLING.</p>				

B. CHARACTERISTICS OF DWELLING OCCUPIED BY HOUSEHOLD

◆ B

1. Which type of dwelling does this household occupy
- 1 Single Detached
 - 2 Double
 - 3 Row or Terrace
 - 4 Duplex
 - 5 Apartment, Flat
 - 7 Hotel, Rooming or Lodging House
 - 8 Camp — Logging, Construction, etc.
 - 9 Mobile Home
 - 0 Other — Specify _____

001

Enter code

2. Is the above dwelling
- 1 Owned without mortgage
 - 2 Owned with mortgage
 - 3 Rented
 - 4 Occupied rent-free
- by a member of the household?

002

Enter code

3. In the last 12 months did any member of this household live on a farm?
4. In the last 12 months did any member of this household operate a farm?
5. Is your household equipped with a microwave oven?

003 1 Yes 2 No

004 1 Yes 2 No

005 1 Yes 2 No

C. HOUSEHOLD SPENDING HABITS

1. How much do you estimate this household spent on food and other groceries purchased from stores in the last 4 weeks (including farmer stalls and home delivery)? Exclude periods away from home overnight or longer. Report bulk purchases of food for canning, freezing, etc. in Q. 3.
2. About how much of this amount was for non-food items such as paper products, household supplies, pet food, alcoholic beverages, etc.?
3. In the last 4 weeks, what amount was spent for bulk purchases of food, e.g. meat in excess of 25 kg (55 lbs); bulk quantities of fruit or vegetables for canning, freezing, etc.? (Include charges for cutting, wrapping and freezing)
4. In the last 4 weeks, did this household buy any prepared food or non-alcoholic beverages from stores for parties, weddings and other occasions not reported in Q. 1 or Q. 3 above? (exclude restaurants and caterers)
- a) What amount was spent?
5. During the past twelve months has this household purchased any bulk quantities of meat in excess of 25kg (55 lbs.) e.g. sides or quarters of beef, etc.?

Total cost	
006	\$
007	\$
008	\$
009	1 <input type="radio"/> Yes Continue 2 <input type="radio"/> No Go to Question 5.
010	\$
011	1 <input type="radio"/> Yes Continue 2 <input type="radio"/> No Go to Section D.

Report quantities in either kilograms or pounds and indicate measure used.

- a) Beef
- b) Pork
- c) Other (specify)

PURCHASED	
Quantity	Cost
012 <input type="text"/> <input type="radio"/> kg. <input type="radio"/> lbs.	013 \$
014 <input type="text"/> <input type="radio"/> kg. <input type="radio"/> lbs.	015 \$
016 <input type="text"/> <input type="radio"/> kg. <input type="radio"/> lbs.	017 \$

D. FOOD AND BEVERAGES WHILE AWAY FROM HOME overnight or longer during the previous month

◆ D

1. Were any household members away from home overnight or longer during the month of _____?
(Interviewer: indicate previous month above)

001
 1 Yes → Continue
 2 No → Proceed to Section E

2. For each absence from home overnight or longer during the previous month indicate the number of persons away and the number of nights per person.

	ABSENCE #1	ABSENCE #2	ABSENCE #3	ABSENCE #4
NUMBER OF PERSONS AWAY	002 [][]	004 [][]	006 [][]	008 [][]
NIGHTS AWAY	003 [][]	005 [][]	007 [][]	009 [][]

022
\$ [][][][]

3. While away, how much board, if any, was paid to a private household by members of the household?

4. How many meals were received by members 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 of a package trip?	d) for any other reason, e.g. while in hospital?
023 [][][]	024 [][][]	025 [][][]	026 [][][]

5. Now, I would like to ask you some questions about food and non-alcoholic beverages purchased away from home, for which expenses were not reimbursed or part of a package. Include tips, taxes and purchases made for guests.

		Fast food restaurant				Cafeteria	Other
		Table service restaurant	Eat-in or Drive-in	Take-out or Delivery			
BREAKFASTS	No. of meals	027 [][][]	029 [][][]	031 [][][]	033 [][][][]	035 [][][]	
	Expenditures	028 \$ [][][][]	030 \$ [][][][]	032 \$ [][][][]	034 \$ [][][][]	036 \$ [][][][]	
LUNCHES	No. of meals	037 [][][]	039 [][][]	041 [][][]	043 [][][][]	045 [][][]	
	Expenditures	038 \$ [][][][]	040 \$ [][][][]	042 \$ [][][][]	044 \$ [][][][]	046 \$ [][][][]	
DINNERS	No. of meals	047 [][][]	049 [][][]	051 [][][]	053 [][][][]	055 [][][]	
	Expenditures	048 \$ [][][][]	050 \$ [][][][]	052 \$ [][][][]	054 \$ [][][][]	056 \$ [][][][]	
BETWEEN MEALS FOOD, CONFECTIONS, NON-ALCOHOLIC BEVERAGES	Expenditures	057 \$ [][][][]	058 \$ [][][][]	059 \$ [][][][]	060 \$ [][][][]	061 \$ [][][][]	

6. What other food expenditures, if any, were made by the household while away from home overnight or longer during the previous month, e.g. snack food purchased at gasoline stations, food purchased at grocery stores, etc.?

Specify what was purchased and the total amount spent.

062
\$ [][][][]

E. PERSONAL INCOME IN THE PAST TWELVE MONTHS



Ask each of the following questions for each member 15 years of age or over.
Transfer the person number for each member from page 1.

Enter person no. for each household member here →

1. How many weeks did this member work in the past 12 months?
 - (a) full-time (include holidays with pay)
 - (b) part-time (include holidays with pay)
- During the past 12 months what was this member's income from each of the following sources?**
2. WAGES and SALARIES before deductions
3. MILITARY PAY and ALLOWANCES
4. 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 (include income in kind)
 - (i) Of the amount reported in 4a) how much is for income in kind?
 - (b) FARM (include income in kind)
 - (i) Of the amount reported in 4b) how much is for income in kind?
5. Net income from ROOMERS and BOARDERS (exclude payments received from relatives)
6. INTEREST on bonds, deposits, savings certificates eg. interest on coupon bonds if coupons were cashed, etc. (exclude interest on RRSP).
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)
 - b) OTHER income from estate or trust funds, interest from mortgage investments, dividends from insurance companies, etc.
9. FAMILY ALLOWANCE (to be reported by member who reported the non-refundable tax credit for dependant children)
10. OLD AGE SECURITY and GUARANTEED INCOME SUPPLEMENT from federal government only (include spouse's allowance)
11. CANADA/QUEBEC PENSION PLAN benefits
12. UNEMPLOYMENT INSURANCE benefits. Report gross receipts before deductions for taxes, etc. (include sick and maternity benefits) ..
13. SOCIAL ASSISTANCE and PROVINCIAL INCOME SUPPLEMENTS
14. OTHER INCOME from GOVERNMENT SOURCES.
Specify
15. Retirement pensions, superannuations, annuities
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)
17. What amount was CLAIMED on 1989 income tax returns for:
 - 17.1 Federal Child Tax Credits
 - 17.2 Provincial Tax Credits and Allowances
 - 17.3 Federal Sales Tax Credit

001	026	051	076	101
002	027	052	077	102
003	028	053	078	103
004	029	054	079	104
005	030	055	080	105
006	031	056	081	106
007	032	057	082	107
008	033	058	083	108
009	034	059	084	109
010	035	060	085	110
011	036	061	086	111
012	037	062	087	112
013	038	063	088	113
014	039	064	089	114
015	040	065	090	115
016	041	066	091	116
017	042	067	092	117
018	043	068	093	118
019	044	069	094	119
020	045	070	095	120
021	046	071	096	121
022	047	072	097	122
023	048	073	098	123
024	049	074	099	124
025	050	075	100	125
251	252	253	254	255

Office Use Only

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
If no, go to Q.3

Yes No
1 2
If no, go to Q.3

2. IF YES, what was the dollar value of these items:

2a. Food and Beverages from Stores

\$

\$

2b. Food and Beverages from Restaurants

\$

\$

3. What is the final completion status of each section of the diary?

3a. Food and Beverages from Stores

Complete Incomplete
1 2

Complete Incomplete
1 2

3b. Food and Beverages from Restaurants

1 2

1 2

4. If any sections are incomplete, or any problems were encountered in completing the diaries please comment below:

Week 1

Week 2

Additional comments on page 7.

OFFICE USE ONLY

Wk. 1

Wk. 2

Grid for office use only with columns for Wk. 1 and Wk. 2.

