



# Food Expenditure Survey in 1996

## Questionnaire

Confidential when completed

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

Français au verso

FE2

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				
Pick up first diary				
Pick up second diary				

Interviewer's signature	Code

O.C.

Office  
Use

Record of Visits			
Visit Number	Date	Time	Comments

85100-14; 1995-08-25 STCHLD-045-60119

Statistics Canada / Statistique Canada

DETACH AND DESTROY BEFORE SHIPPING TO HEAD OFFICE

Listing address <hr/> <hr/> <hr/>	Household contact: <hr/> Telephone No. Area code <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/>
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**A. HOUSEHOLD COMPOSITION**

◆ A

1.  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.	Enter Person No.	2. 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)  Non-Related Person: 11 Lodger 12 Room-mate 13 Other non-relative (for example, employee, lodger's wife)	3.  Age in years at time of interview	4.  Sex: 1. Male 2. Female	5.  Marital Status: 1. Married or common law spouse of a household member 2. Single, never married 3. Other	6.  Office use
	001 <input type="text" value="0"/> <input type="text" value="1"/>	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"/>

**HOUSEHOLD REFERENCE PERSON**  
The household reference person is the member of the household mainly responsible for its financial maintenance (i.e.: 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.

**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?

**Notes and Comments**

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<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>	7.	8.	Ask the following questions for <b>reference person and spouse</b>	
			<b>REFERENCE PERSON</b>	<b>SPOUSE of Reference Person</b>
				<input type="radio"/> No spouse ► Go to page 3
			<p>9. What is the language this person first learned at home in childhood 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  <input type="radio"/> Other (Specify) _____</p>	<p>13. What is the language this person first learned at home in childhood 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  <input type="radio"/> Other (Specify) _____</p>
			<p>201 <input type="text"/> <input type="text"/> Office use</p>	<p>205 <input type="text"/> <input type="text"/> Office use</p>
			<p>10. Where was this person born?</p> <p>01 <input type="radio"/> Canada ► Go to Q. 12  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  <input type="radio"/> Other (Specify) _____</p>	<p>14. Where was this person born?</p> <p>01 <input type="radio"/> Canada ► Go to Q. 16  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  <input type="radio"/> Other (Specify) _____</p>
			<p>202 <input type="text"/> <input type="text"/> Office use</p>	<p>206 <input type="text"/> <input type="text"/> Office use</p>
			<p>11. In what year did this person first immigrate to Canada?</p> <p>203 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	<p>15. In what year did this person first immigrate to Canada?</p> <p>207 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>
			<p>12. 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="text"/></p>	<p>16. 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="text"/></p>

**DEFINITIONS:**

**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.

**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.

**Notes and Comments**

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**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 in a building that has less than five storeys
- 6 Apartment in a building that has five or more storeys
- 8 Hotel, Rooming or Lodging House, Camp – Logging, Construction, etc.
- 9 Mobile Home
- 0 Other – Specify \_\_\_\_\_

Enter code

001

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?

Enter code

002

3. In the last 12 months did any member of this household live on a farm?

003  
1  Yes    2  No

4. In the last 12 months did any member of this household operate a farm?

004  
1  Yes    2  No

**C. HOUSEHOLD SPENDING HABITS**

IN THE LAST FOUR WEEKS . . .

1. How much do you estimate this household spent on food and other groceries purchased from stores (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. 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. 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)

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

a) What amount was spent?

IN THE LAST 12 MONTHS . . .

5. Has this household purchased any bulk quantities of meat IN EXCESS of 25 kg (55 lbs.) e.g. sides or quarters of beef, etc.?

Report quantities in either kilograms or pounds and indicate measure used.  
Bulk meat reported in Q.3 above ('in the last four weeks') should also be reported here.

- a) Beef in excess of 25 kg. (55 lbs.)
- b) Pork in excess of 25 kg. (55 lbs.)
- c) Other (specify) \_\_\_\_\_ in excess of 25 kg. (55 lbs.)

How much was purchased?	What was the total cost?
012 <input type="text"/> <input type="radio"/> kg. <input type="text"/> <input type="radio"/> lbs.	013 \$
014 <input type="text"/> <input type="radio"/> kg. <input type="text"/> <input type="radio"/> lbs.	015 \$
016 <input type="text"/> <input type="radio"/> kg. <input type="text"/> <input type="radio"/> lbs.	017 \$

Notes and Comments

**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 ▶ Go to Section E

2. For each absence from home overnight or longer during the previous month...

	ABSENCE #1	ABSENCE #2	ABSENCE #3	ABSENCE #4
How many persons were away during this absence?	002 <input type="text"/>	004 <input type="text"/>	006 <input type="text"/>	008 <input type="text"/>
How many nights were these persons away?	003 <input type="text"/>	005 <input type="text"/>	007 <input type="text"/>	009 <input type="text"/>

Interviewer: Each meal taken by each person should be counted in question 3 and 4. For example, if two members were away for 3 nights and consumed three meals per day, then the total number of meals reported in Questions 3 and 4 should be 18 (i.e. 2 X 3 X 3).

3. How many of the meals consumed by members of the household while away overnight or longer...

a) were received free from friends or relatives?

020

b) were to be reimbursed as business expense?

021

c) were part of the price of a package trip?

022

d) were prepared from food brought from home or purchased from stores while away from home?

023

e) were part of board paid to other private households?

024

— how much board was paid?

025 \$

f) were received from any other source except restaurant?  
For example, while in hospital.

026

4. 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.

**PURCHASED FROM RESTAURANTS**

"Restaurants" include a wide variety of food service outlets.

		Fast food restaurants			Cafeterias	Other
		Table service restaurants	Eat-in or Drive-in	Take-out or Delivery		
BREAKFASTS	No. of meals	027 <input type="text"/>	028 <input type="text"/>	031 <input type="text"/>	033 <input type="text"/>	035 <input type="text"/>
	Expenditures	028 \$ <input type="text"/>	030 \$ <input type="text"/>	032 \$ <input type="text"/>	034 \$ <input type="text"/>	036 \$ <input type="text"/>
LUNCHES	No. of meals	037 <input type="text"/>	039 <input type="text"/>	041 <input type="text"/>	043 <input type="text"/>	045 <input type="text"/>
	Expenditures	038 \$ <input type="text"/>	040 \$ <input type="text"/>	042 \$ <input type="text"/>	044 \$ <input type="text"/>	046 \$ <input type="text"/>
DINNERS	No. of meals	047 <input type="text"/>	049 <input type="text"/>	051 <input type="text"/>	053 <input type="text"/>	055 <input type="text"/>
	Expenditures	048 \$ <input type="text"/>	050 \$ <input type="text"/>	052 \$ <input type="text"/>	054 \$ <input type="text"/>	056 \$ <input type="text"/>
BETWEEN-MEALS FOOD, SNACKS AND NON-ALCOHOLIC BEVERAGES	Expenditures	057 \$ <input type="text"/>	058 \$ <input type="text"/>	059 \$ <input type="text"/>	060 \$ <input type="text"/>	061 \$ <input type="text"/>

Note: "Other" restaurants include refreshment stands, snack bars, vending machines, mobile canteens, chip wagons, caterers, coffee wagons, etc.

5. How much did this household spend on food and non-alcoholic beverages PURCHASED FROM STORES while away from home overnight or longer during the previous month. For example, snack food purchased from gasoline stations, food purchased from grocery stores, etc.?

062 \$

**Notes and Comments**

**E. PERSONAL INCOME IN THE PAST TWELVE MONTHS**

◆ E

Ask each of the following questions for each member 15 years of age or over. Transfer the given name for each household member from page 1 and enter here

Enter the 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. Gross 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. CHILD TAX BENEFIT (to be reported by the person to whom the cheque is made out. Include Quebec Family Allowance and Quebec Allowance for Newborn Children.)

10. OLD AGE SECURITY, GUARANTEED INCOME SUPPLEMENT and SPOUSE'S ALLOWANCE (from federal government only)  
Report Provincial Income Supplements in Question 13 below.

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. GOODS AND SERVICES TAX CREDIT

15. OTHER INCOME from GOVERNMENT SOURCES.

Specify

16. RETIREMENT PENSIONS, SUPERANNUATIONS, ANNUITIES

17. OTHER money income from child support, non-refundable scholarships and bursaries, income from other countries, or other money income not reported above (Please specify source of income in space below)

18. What amount was CLAIMED on 1995 income tax return for PROVINCIAL TAX CREDITS including Quebec Real Estate Tax Refund

001	027	053	079	105
002	028	054	080	106
003	029	055	081	107
004	\$ 030	\$ 056	\$ 082	\$ 108
005	031	057	083	109
006	032	058	084	110
007	033	059	085	111
008	034	060	086	112
009	035	061	087	113
010	036	062	088	114
011	037	063	089	115
012	038	064	090	116
013	039	065	091	117
014	040	066	092	118
015	041	067	093	119
016	042	068	094	120
017	043	069	095	121
018	044	070	096	122
019	045	071	097	123
020	046	072	098	124
021	047	073	099	125
022	048	074	100	126
023	049	075	101	127
026	052	078	104	130
251	252	253	254	255

Office use only

**Notes and Comments**

F. DIARY FOLLOW-UP REPORT

F

To be completed by the interviewer following each diary pick-up	Week 1	Week 2
<p>1. a) Were any <b>FOOD FROM STORES</b> items entered on the diary during or after the follow-up? For example purchases recalled by respondent, or transcribed from cash register tapes.</p> <p>b) IF 'SOME' What was the dollar value of these items?</p>	<p>001</p> <p>1 <input type="radio"/> All 2 <input type="radio"/> None 3 <input type="radio"/> Some of the items</p> <p>002</p> <p>\$ _____</p>	<p>009</p> <p>1 <input type="radio"/> All 2 <input type="radio"/> None 3 <input type="radio"/> Some of the items</p> <p>010</p> <p>\$ _____</p>
<p>2. a) Were any <b>FOOD FROM RESTAURANTS</b> items entered on the diary during or after the follow-up? For example purchases recalled by the respondent, or based on restaurant receipts.</p> <p>b) IF 'SOME' What was the dollar value of these items?</p>	<p>003</p> <p>1 <input type="radio"/> All 2 <input type="radio"/> None 3 <input type="radio"/> Some of the items</p> <p>004</p> <p>\$ _____</p>	<p>011</p> <p>1 <input type="radio"/> All 2 <input type="radio"/> None 3 <input type="radio"/> Some of the items</p> <p>012</p> <p>\$ _____</p>
<p>3. What is the final completion status of each section of the diary?</p> <p>a) Food and beverages from stores</p> <p>b) Food and beverages from restaurants</p>	<p>005</p> <p>1 <input type="radio"/> Complete 2 <input type="radio"/> Incomplete</p> <p>006</p> <p>1 <input type="radio"/> Complete 2 <input type="radio"/> Incomplete</p>	<p>013</p> <p>1 <input type="radio"/> Complete 2 <input type="radio"/> Incomplete</p> <p>014</p> <p>1 <input type="radio"/> Complete 2 <input type="radio"/> Incomplete</p>

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

**Week 1**

007

Summary \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Additional comments:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Week 2**

008

Summary \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Additional comments:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

