



Statistics  
Canada

Statistique  
Canada

Canada



# 1986 Census of Canada

Please complete your questionnaire on  
Tuesday, June 3, 1986

Prov.	FED No.	EA No.	VN	<b>2B</b>	<input type="checkbox"/> TD <input type="checkbox"/> M <input type="checkbox"/> TR <input type="checkbox"/> UD <input type="checkbox"/> DC <input type="checkbox"/> FR	1.
Hhld. No.	Form type <b>3</b>	No. of persons	Quest. No. of			2.

## CONFIDENTIAL WHEN COMPLETED

Only persons sworn to secrecy under the Statistics Act will have access to your completed questionnaire. Information derived from this questionnaire will be treated in accordance with the confidentiality provisions of the Act. Persons who have been sworn to secrecy under the Act are subject to prosecution if they violate these provisions.

### Legal requirement

The information sought in this questionnaire is collected under the authority of the Statistics Act. Everyone is required to provide this information.

## Please complete address or exact location:

Street and No. or lot and concession

City, town, village, municipality, Indian reserve

Province or territory

Postal code

## Telephone number:

## To Temporary Residents

If **all** members of this household are **Temporary Residents** (that is, persons staying here temporarily who have a usual home elsewhere in Canada), enter the total number of temporary residents in this box.....   
and do **not** complete this questionnaire. Follow the **return instructions** indicated on the envelope which contained this questionnaire.

## To Foreign Residents

If **all** members of this household are **Foreign Residents** (see below), mark here..... ☐

and do **not** complete this questionnaire. Follow the **return instructions** indicated on the envelope which contained this questionnaire.

Foreign Residents are persons in any one of the following categories:

- government representatives of another country attached to the legation, embassy or other diplomatic body of that country in Canada, and their families;
- members of the Armed Forces of another country, and their families;
- students from another country attending school in Canada, and their families;
- workers from another country in Canada on Employment Visas, and their families; and
- residents of another country visiting in Canada temporarily.

**NOTE:** The **Guide** includes reasons why questions are asked and should provide the answers to any problems that may arise. If not, do not hesitate to call our Telephone Assistance Service. The numbers to dial are listed on the back cover and long-distance calls are free of charge.

### A message to all Canadians....

On June 3, 1986, something happens in Canada that is very important for you and your future. It's Census Day, the day on which Canada takes a look at its population and its social and economic life. Without your co-operation, we cannot have a successful census.

The census is important for you in many ways. With census results, better plans can be made for your health care, for improved day care facilities, for such things as roads, businesses and schools. The census means better planning for pensions, youth employment and for the needs of the disabled. Census results also help determine just what provincial grants should go to your community and what federal grants should come to your province.

**The information you give is kept secret.** It is used only to produce statistics. The Statistics Act ensures that no one will know the answers you give except for sworn employees of Statistics Canada. No other individual and no other government department is permitted access to your census form. At the same time, as defined by the Statistics Act, you have a legal responsibility to fill out this questionnaire.

For a census to work, all of us must count ourselves in. On June 3, 1986, a census happens in Canada. Do your part, by filling in this questionnaire, as accurately as possible, as of June 3.

Thank you for your co-operation.

### In 1981, census statistics told us that:

- The population of Canada was 24,343,180, an increase of 5.9% since 1976.
- Canada's population is aging. From 1971 to 1981, the proportion of people aged 65 years and over went from 8.1% to 9.7%.
- Since 1971, the number of divorced persons in Canada has almost tripled, going from 175,000 in 1971 to 500,000 in 1981. In 1971, they represented 1.2% of the adult population (15 years and over) compared to 2.7% ten years later.
- More and more Canadians are living alone. In 1981, there were close to 1.7 million people on their own. That was twice as many as in 1971.
- In 1980, the average family income in Canada was \$26,748 a year. That was an increase of about 28% from 1970, price changes considered.

### How to Fill Out This Questionnaire

Please mark ☒ or print all your answers clearly with a dark pencil or pen.

Answer the questions on pages 2 through 5. Then, starting with page 6, fill three pages for each person in your household, using the same order as you used in Question 1. For example, information for Person 2 will be entered on pages 9, 10, 11; information for Person 3 on pages 12, 13, and 14, etc.



## INSTRUCTIONS FOR QUESTION 1

### WHOM TO INCLUDE

Include all persons who **usually live here**, even if they are temporarily away (such as on business, at school, or on vacation).

Also include any persons staying or visiting here who have **no usual home elsewhere**.

#### As a further guide, include

- a husband, wife or common-law partner who stays elsewhere while working but who returns to this home periodically;
- **unmarried sons or daughters who are postsecondary students, unless** they are financially independent and living elsewhere;
- **unmarried persons** who live here while working, even if they return to another home periodically;
- persons who usually live here but are now in an **institution** (such as a hospital or correctional centre), if they have been there **less than six months**;
- infants born on or before June 2, 1986;
- persons now deceased who were still alive at midnight between June 2 and 3, 1986.

#### Do not include

- **unmarried sons or daughters who live elsewhere** most of the time while working, even if they return to this home on weekends or holidays;
- persons who are now in an **institution** and have been there for the **past six months or longer**;
- **foreign residents** (see front cover).

### ORDER OF LISTING OF HOUSEHOLD MEMBERS

To ensure that all persons in the same family group are listed together, the following order should be used when printing the names of all members of the household in Question 1:

#### (a) Person 1;

Choose one of the following as Person 1:

- either the husband or the wife of a married couple living here
- either partner in a common-law relationship
- the parent, where one parent only lives with his or her never-married son(s) or daughter(s) of any age.

If none of the above applies, choose any adult member of this household.

#### (b) husband or wife (or common-law partner) of Person 1;

#### (c) never-married children or stepchildren of Person 1;

#### (d) other children of Person 1, and their families;

#### (e) other relatives of Person 1 (whether related by blood, marriage, adoption or common-law), and their families;

#### (f) persons not related to Person 1, and their families.

### HOUSEHOLDS WITH MORE THAN SIX PERSONS

If there are more than six persons in this household, enter the first six on one questionnaire and continue with the seventh person on a second questionnaire, starting in the row marked "Person 2".

If you need additional questionnaires, see the instructions for Question 1 (second paragraph) in the Guide.



**1. NAME**

Using the instructions given on the left, **print below** the names of all persons usually living here as of Tuesday, June 3, 1986.

**01**39 ☐ A**Person 1**

Last name

Given name and initial

**02**39 ☐ A**Person 2**

Last name

Given name and initial

**03**39 ☐ A**Person 3**

Last name

Given name and initial

**04**39 ☐ A**Person 4**

Last name

Given name and initial

**05**39 ☐ A**Person 5**

Last name

Given name and initial

**06**39 ☐ A**Person 6**

Last name

Given name and initial

**2. RELATIONSHIP TO PERSON 1**

For each person in this household, mark ☒ **one box only** to describe his or her relationship to Person 1. If you mark the box "Other relative" or "Other non-relative", print in the relationship to Person 1. Some examples of the "Other" relationships are:

grandmother

room-mate's daughter

common-law partner of son or daughter

uncle

employee's husband

(See Guide)

01 ☒ Person 102 ☐ Husband or wife of Person 103 ☐ Common-law partner of Person 104 ☐ Son or daughter of Person 105 ☐ Father or mother of Person 106 ☐ Brother or sister of Person 107 ☐ Son-in-law or daughter-in-law of Person 108 ☐ Father-in-law or mother-in-law of Person 109 ☐ Brother-in-law or sister-in-law of Person 110 ☐ Grandchild of Person 111 ☐ Nephew or niece of Person 1☐ Other relative of Person 1 (print below)

17

12 ☐ Lodger13 ☐ Lodger's husband or wife14 ☐ Lodger's son or daughter15 ☐ Room-mate16 ☐ Employee☐ Other non-relative (print below)04 ☐ Son or daughter of Person 105 ☐ Father or mother of Person 106 ☐ Brother or sister of Person 107 ☐ Son-in-law or daughter-in-law of Person 108 ☐ Father-in-law or mother-in-law of Person 109 ☐ Brother-in-law or sister-in-law of Person 110 ☐ Grandchild of Person 111 ☐ Nephew or niece of Person 1☐ Other relative of Person 1 (print below)

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17

12 ☐ Lodger13 ☐ Lodger's husband or wife14 ☐ Lodger's son or daughter15 ☐ Room-mate16 ☐ Employee☐ Other non-relative (print below)



<b>3. DATE OF BIRTH</b> Print day, month and year. Example: If you were born on the 10th of February, 1945, you would enter <div style="text-align: center;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">10</div>  <small>Day</small>  <div style="display: inline-block; text-align: center;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">02</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">1945</div> </div>  <small>Month Year</small> </div> If exact date is not known, enter best estimate.	<b>4. SEX</b>  <div style="text-align: center;"> <input type="checkbox"/> Male  <input type="checkbox"/> Female         </div>	<b>5. MARITAL STATUS</b> What is your marital status? (See Guide)  Mark one box only	<b>6. What is the language you            first learned in childhood            and still understand?</b> (See Guide)	<b>7. Do you consider yourself            an aboriginal person or a            native Indian of North            America, that is, Inuit,            North American Indian or            Métis? (See Guide)</b>
<div style="text-align: center;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">Day</div>  <small>Day</small>  <div style="display: inline-block; text-align: center;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">Month</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">Year</div> </div> </div> <div style="text-align: center;"> <input type="checkbox"/> D         </div>	<div style="text-align: center;"> <input type="checkbox"/> Male  <input type="checkbox"/> Female         </div>	<div style="text-align: center;"> <input type="checkbox"/> Now married              (excluding separated)  <input type="checkbox"/> Separated  <input type="checkbox"/> Divorced  <input type="checkbox"/> Widowed  <input type="checkbox"/> Never married              (single)         </div>	<div style="text-align: center;"> <input type="checkbox"/> English  <input type="checkbox"/> French  <input type="checkbox"/> Italian  <input type="checkbox"/> German  <input type="checkbox"/> Ukrainian  <div style="border: 1px solid black; padding: 2px; display: inline-block;">Other (specify)</div> </div>	<div style="text-align: center;"> <input type="checkbox"/> No, I do not consider              myself Inuit, North              American Indian              or Métis  <input type="checkbox"/> Yes, Inuit  <input type="checkbox"/> Yes, status or              registered Indian  <input type="checkbox"/> Yes, non-status Indian  <input type="checkbox"/> Yes, Métis         </div>
<div style="text-align: center;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">Day</div>  <small>Day</small>  <div style="display: inline-block; text-align: center;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">Month</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">Year</div> </div> </div> <div style="text-align: center;"> <input type="checkbox"/> D         </div>	<div style="text-align: center;"> <input type="checkbox"/> Male  <input type="checkbox"/> Female         </div>	<div style="text-align: center;"> <input type="checkbox"/> Now married              (excluding separated)  <input type="checkbox"/> Separated  <input type="checkbox"/> Divorced  <input type="checkbox"/> Widowed  <input type="checkbox"/> Never married              (single)         </div>	<div style="text-align: center;"> <input type="checkbox"/> English  <input type="checkbox"/> French  <input type="checkbox"/> Italian  <input type="checkbox"/> German  <input type="checkbox"/> Ukrainian  <div style="border: 1px solid black; padding: 2px; display: inline-block;">Other (specify)</div> </div>	<div style="text-align: center;"> <input type="checkbox"/> No, I do not consider              myself Inuit, North              American Indian              or Métis  <input type="checkbox"/> Yes, Inuit  <input type="checkbox"/> Yes, status or              registered Indian  <input type="checkbox"/> Yes, non-status Indian  <input type="checkbox"/> Yes, Métis         </div>
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A **dwelling** is a separate set of living quarters with a **private entrance** from the outside or from a common hallway or stairway inside the building. This entrance should not be through someone else's living quarters.

8. (a) Print the name of the person (or one of the persons) who lives here and is responsible for paying the rent, or mortgage, or taxes, electricity, etc., for this dwelling.

07

01

Last name

Given name and initial

This person shall answer Questions 8 (b) to 13.

**NOTE:** If no one living here makes any such payments, mark here ☐ and answer Questions 8 (b) to 13 yourself.

- (b) How many persons usually live here (according to the WHOM TO INCLUDE item in the INSTRUCTIONS FOR QUESTION 1)?

02

Number of persons

- (c) Did you leave anyone out of Question 1 because you were not sure whether he or she should be listed? For example, a student, a lodger who also has another home, a new baby still in hospital, live-in help, or a member of this household who has become a patient in a hospital or nursing home within the past six months.

☐ Yes☐ No

If "Yes", print the name of each person left out and the reason.

Name

Reason



Name

Reason



If you require more space, please use the Comments section on the last page of this questionnaire.

- (d) How many persons who have a usual home elsewhere in Canada are staying or visiting here temporarily (as of Census Day, June 3)?

☐ None

OR

Number of persons

9. Do you (or does any other member of this household):

Mark one box only

03 ☐ own this dwelling (even if it is still being paid for)?04 ☐ rent this dwelling (even if no cash rent is paid)?

CONTINUE WITH QUESTION 10

## OFFICE USE ONLY

05

Trans.

06

Coll.

07

IR

08

ER

09

Ref.

10

Miss.

11

JIC - A

12

JIC - B



10. To the best of your knowledge, when was this dwelling or the building containing this dwelling originally built? (Mark the period in which the building was completed, not the time of any later remodelling, additions or conversions.)

Mark one box only

08

- 01 ☐ 1920 or before  
 02 ☐ 1921 - 1945  
 03 ☐ 1946 - 1960  
 04 ☐ 1961 - 1970  
 05 ☐ 1971 - 1975  
 06 ☐ 1976 - 1980  
 07 ☐ 1981 - 1985  
 08 ☐ 1986

11. How many rooms are there in this dwelling? (Include kitchen, bedrooms, finished rooms in attic or basement, etc. Do not count bathrooms, halls, vestibules and rooms used solely for business purposes.)

09  Number of rooms

12. (a) What is the **main** type of heating equipment for this dwelling?

Mark one box only

- 10 ☐ Steam or hot water furnace or boiler  
 11 ☐ Forced hot air furnace **with** heat pump  
 12 ☐ Forced hot air furnace **without** heat pump and using **one type of fuel/energy only** (e.g., natural gas, oil, or electricity)  
 13 ☐ Forced hot air furnace **without** heat pump and using **more than one type of fuel/energy** for heating (e.g., oil **and** wood, or oil **and** electricity)  
 14 ☐ Installed electric heating system, e.g., built-in baseboard  
 15 ☐ Other electric heating system (plug-in)  
 16 ☐ Heating stove, cooking stove, space heater  
 17 ☐ Other, e.g., fireplace

- (b) Which fuel or energy is used **most** for heating this dwelling?

Mark one box only

- 18 ☐ Piped gas, e.g., natural gas  
 19 ☐ Bottled gas, e.g., propane  
 20 ☐ Electricity only  
 21 ☐ Electricity as the main source where more than one fuel/energy is used, e.g., electricity and oil  
 22 ☐ Oil or kerosene  
 23 ☐ Wood  
 24 ☐ Coal or coke  
 25 ☐ Other fuel or energy

Answer Question 13 for only the dwelling that you **now** occupy, even if you own or rent more than one dwelling. If exact amount is not known, please enter your best estimate.

**NOTE:** If you are a farm operator living on the farm you operate, mark here

26 ☐ and go to the questions concerning Person 1 on page 6.

13. For this dwelling, what are the **yearly** payments (last 12 months) for:

- (a) electricity?

27 ☐ None, or included in rent or other payments,  
OR

Dollars Cents

28   00 per year

- (b) oil, gas, coal, wood or other fuels?

29 ☐ None, or included in rent or other payments,  
OR

Dollars Cents

30   00 per year

- (c) water and other municipal services?

31 ☐ None, or included in rent, municipal taxes or other payments,  
OR

Dollars Cents

32   00 per year

**RENTERS, answer part (d); OWNERS, go to part (e).**

- (d) What is the **monthly cash rent** you pay for this dwelling?

33 ☐ Rented without payment of cash rent  
OR

Dollars Cents

34   00 per month

Go to the questions concerning Person 1 on page 6

**OWNERS, answer parts (e) through (i).**

- (e) What are your total regular **monthly** mortgage (or debt) payments for this dwelling?

35 ☐ None ► Go to part (g)  
OR

Dollars Cents

36   00 per month

- (f) Are your property taxes (municipal and school) included in the amount shown in part (e)?

37 ☐ Yes ► Go to part (h)

38 ☐ No

- (g) What are your **estimated yearly** property taxes (municipal and school) for this dwelling?

39 ☐ None  
OR

Dollars Cents

40   00 per year

- (h) If you were to sell this dwelling now, for how much would you expect to sell it?

Dollars Cents

41   00

- (i) Is this dwelling part of a registered condominium?

42 ☐ Yes

43 ☐ No



## NAME OF PERSON 1

Last name

Given name and initial

14. Where were you born? (Mark or specify one only, according to present boundaries.)

## IN CANADA

- 09 ☐ Nfld.  
☐ P.E.I.  
☐ N.S.  
☐ N.B.  
☐ Que.  
☐ Ont.  
☐ Man.  
☐ Sask.  
☐ Alta.  
☐ B.C.  
☐ Yukon  
☐ N.W.T.

## OUTSIDE CANADA

- 13 ☐ United Kingdom  
☐ Italy  
☐ U.S.A.  
☐ West Germany  
☐ East Germany  
☐ Poland

Other (specify)

15. Of what country are you a citizen?

- Mark more than one box, if applicable

- 20 ☐ Canada, by birth  
☐ Canada, by naturalization  
☐ Same as country of birth (other than Canada)  
☐ Other

If you are a citizen of Canada by birth, go to Question 17.

16. In what year did you first immigrate to Canada?

24

Year

If exact year is not known, please enter best estimate.

17. To which ethnic or cultural group(s) do you or did your ancestors belong? (See Guide)

Mark or specify as many as applicable

- 25 ☐ French  
☐ English  
☐ Irish  
☐ Scottish  
☐ German  
☐ Italian  
☐ Ukrainian  
☐ Dutch (Netherlands)  
☐ Chinese  
☐ Jewish  
☐ Polish  
☐ Black  
☐ Inuit  
☐ North American Indian  
☐ Métis

Other ethnic or cultural group(s). For example, Portuguese, Greek, Indian (India), Pakistani, Filipino, Japanese, Vietnamese. (specify below)

40

Other (specify)

41

Other (specify)

42

Other (specify)

18. What language do you **yourself** speak at home now?

- Mark more than one language, which language do you speak most often? (See Guide)

- 43 ☐ English  
☐ French  
☐ Italian  
☐ Chinese  
☐ German

48

Other (specify)

19. Can you speak English or French well enough to conduct a conversation? (See Guide)

Mark one box only

- 49 ☐ English only  
☐ French only  
☐ Both English and French  
☐ Neither English nor French

20. (a) Are you limited in the kind or amount of activity that you can do because of a long-term physical condition, mental condition or health problem? (See Guide)

At home?

- 53 ☐ No, I am not limited  
☐ Yes, I am limited

At school or at work?

- 55 ☐ No, I am not limited  
☐ Yes, I am limited  
☐ Not applicable

In other activities, e.g., transportation to or from work, leisure time activities?

- 58 ☐ No, I am not limited  
☐ Yes, I am limited

- (b) Do you have any long-term disabilities or handicaps?

- 60 ☐ No  
☐ Yes

If you were born on or after June 3, 1971, mark here ☐ and do not answer Questions 21 to 32... END HERE FOR THIS PERSON

If you were born before June 3, 1971, mark here ☐ and continue with Questions 21 to 32.

21. (a) What is the **highest** grade (or year) of **secondary** (high) or **elementary** school you ever attended? (See Guide)

- 62  Enter highest grade or year (1 to 13) of secondary or elementary school

OR

- 63 ☐ Never attended school or attended kindergarten only

- (b) How many years of education have you ever completed at **university**?

- 64 ☐ None  
☐ Less than 1 year (of completed courses)  
 Enter number of completed years at university



## QUESTIONS FOR PERSON 1 — CONTINUED

21. (c) How many years of schooling have you ever completed at an institution **other than** a university, secondary (high) or elementary school? Include years of schooling at community colleges, institutes of technology, CEGEPs (general and professional), private trade schools or private business colleges, diploma schools of nursing, etc. (See Guide)

10

- 01 ☐ None  
 02 ☐ Less than 1 year (of completed courses)  
 03  Enter number of completed years

22. What degrees, certificates or diplomas have you ever obtained? (See Guide)

Mark as many boxes as applicable

- 04 ☐ None  
 05 ☐ Secondary (high) school graduation certificate  
 06 ☐ Trades certificate or diploma  
 07 ☐ Other non-university certificate or diploma (obtained at community college, CEGEP, institute of technology, etc.)  
 08 ☐ University certificate or diploma **below** bachelor level  
 09 ☐ Bachelor's degree(s) (e.g., B.A., B.Sc., B.A.Sc., LL.B.)  
 10 ☐ University certificate or diploma **above** bachelor level  
 11 ☐ Master's degree(s) (e.g., M.A., M.Sc., M.Ed.)  
 12 ☐ Degree in medicine, dentistry, veterinary medicine or optometry (M.D., D.D.S., D.M.D., D.V.M., O.D.)  
 13 ☐ Earned doctorate (e.g., Ph.D., D.Sc., D.Ed.)

23. What was the major field of study of your **highest** degree, certificate or diploma (**excluding** secondary or high school graduation certificates)? (See Guide)

(For example, accounting, civil engineering, history, legal secretary, welding.)

If you have no degree, certificate or diploma or have a secondary (high) school graduation certificate **only**, mark below.

- 14 ☐ ☐ Go to Question 24

24. Where did you live 5 years ago, that is, on June 1, 1981?

Mark one box only

**NOTE:** If your place of residence 5 years ago was a municipality within a large urban area, be careful not to confuse suburban municipalities with the largest city. For example, distinguish between Montréal-Nord and Montréal, Scarborough and Toronto, West Vancouver and Vancouver.

- 16 ☐ This dwelling  
 17 ☐ Different dwelling in this city, town, village, township, municipality or Indian reserve  
 18 ☐ Outside Canada  
 19 ☐ Different city, town, village, township, other municipality or Indian reserve in Canada (specify below)

Go to Question 25

City, town, village, township, other municipality or Indian reserve

County

Province or territory

25. (a) Last week, how many hours did you work (not including housework, maintenance or repairs for your own home)?

Include as work:

- working without pay in a family farm or business (e.g., assisting in seeding, doing accounts);
- working in your own business, farm or professional practice, alone or in partnership;
- working for wages, salary, tips or commission.

- 21  Number of hours (to the nearest hour) ☐ Go to Question 27

OR

- 22 ☐ None ☐ Continue with Questions 25 (b) to 32

- (b) Last week, were you on temporary lay-off or absent from your job or business?

Mark one box only

- 23 ☐ No  
 24 ☐ Yes, on temporary lay-off from a job to which I expect to return  
 25 ☐ Yes, on vacation, ill, on strike or locked out, or absent for other reasons

- (c) Last week, did you have definite arrangements to start a new job within the next four weeks?

- 26 ☐ No  
 27 ☐ Yes

- (d) Did you look for work during the past four weeks? For example, did you contact a Canada Employment Centre, check with employers, place or answer newspaper ads?

Mark one box only

- 28 ☐ No ☐ Go to Question 26  
 29 ☐ Yes, looked for full-time work  
 30 ☐ Yes, looked for part-time work (less than 30 hours per week)

- (e) Could you have started work last week had a job been available?

Mark one box only

- 31 ☐ Yes, could have started work  
 32 ☐ No, already had a job  
 33 ☐ No, temporary illness or disability  
 34 ☐ No, personal or family responsibilities  
 35 ☐ No, going to school  
 36 ☐ No, other reasons

26. When did you last work, even for a few days (not including housework, maintenance or repairs for your own home)?

Mark one box only

- 37 ☐ In 1986 ☐ Answer Questions 27 to 32  
 38 ☐ In 1985  
 39 ☐ Before 1985 ☐ Go to Question 32  
 40 ☐ Never worked in lifetime

27. **NOTE:** Questions 27 to 30 refer to your job or business last week. If you held no job last week, answer for your job of longest duration since January 1, 1985. If you held more than one job last week, answer for the job at which you worked the most hours.

- (a) For whom did you work?

Name of firm, government agency, etc.

Department, branch, division, section or plant

- (b) What kind of business, industry or service was this?

Give full description. For example, wheat farm, trapping, road maintenance, retail shoe store, secondary school, temporary help agency, municipal police.



## QUESTIONS FOR PERSON 1 — CONCLUDED

28. At what address did you work? If no usual place of work, see Guide.

Mark one box only

- 11 (i) ☐ Worked at home (includes living and working on the same farm)  
 (ii) ☐ Worked outside Canada  
 (iii) ☐ Worked at the address below (please specify)

If street address is not known, give the building name, shopping centre or street intersection, etc.

Number

Street

If you worked in a suburban municipality within a large urban area, specify that municipality, not the main city.

City, town, village, township, other municipality or Indian reserve

County

Province or territory

29. (a) What kind of work were you doing?

For example, accounting clerk, door-to-door salesperson, civil engineer, secondary school teacher, chief electrician, food processing labourer, fishing guide. (If in the Armed Forces, give rank.)

(b) In this work, what were your most important activities or duties?

For example, verifying invoices, selling cosmetics, managing the research department, teaching mathematics, supervising construction electricians, cleaning vegetables, guiding fishing parties.

07

30. (a) In this job were you mainly:

- 08 ☐ working for wages, salary, tips or commission?  
 09 ☐ working without pay for your spouse or another relative in a family farm or business?  
 10 ☐ self-employed without paid help (alone or in partnership)?  
 11 ☐ self-employed with paid help (alone or in partnership)?

Go to  
Question 31Continue  
with Question  
30 (b)

(b) If self-employed, was your farm or business incorporated?

- 12 ☐ No  
 13 ☐ Yes

31. (a) In how many weeks did you work during 1985 (not including housework, maintenance or repairs for your own home)?

Include those weeks in which you:

- were on vacation or sick leave with pay;
- were self-employed or an unpaid worker in a family farm or business;
- worked full time or part time.

14 ☐ None ➔ Go to Question 32

OR

15  Number of weeks

(b) During most of those weeks, did you work full time or part time?

Mark one box only

- 16 ☐ Full time  
 17 ☐ Part time

18 ☐ In.

OFFICE USE ONLY

32. During the year ending December 31, 1985, did you receive any income or suffer any loss from the sources listed below?

- If yes, please mark the "Yes" box and enter the amount; in case of a loss, also mark the "Loss" box.
- If no, please mark the "No" box and proceed to the next source.
- Do not include family allowances and child tax credits.
- Please consult the Guide for details.

AMOUNT

Dollars

Cents

(a) Total wages and salaries including commissions, bonuses, tips, etc., before any deductions

- 19 ☐ Yes ➔   
 20 ☐ No

(b) Net non-farm self-employment income (gross receipts minus expenses) from unincorporated business, professional practice, etc., on own account or in partnership

- 21 ☐ Yes ➔   
 22 ☐ Loss  
 23 ☐ No

(c) Net farm self-employment income (gross receipts minus expenses) from agricultural operations on own account or in partnership

- 24 ☐ Yes ➔   
 25 ☐ Loss  
 26 ☐ No

(d) Old age security pension and guaranteed income supplement from federal government only (provincial income supplements should be reported in (g))

- 27 ☐ Yes ➔   
 28 ☐ No

(e) Benefits from Canada or Quebec Pension Plan

- 29 ☐ Yes ➔   
 30 ☐ No

(f) Benefits from Unemployment Insurance (total benefits before tax deductions)

- 31 ☐ Yes ➔   
 32 ☐ No

(g) Other income from government sources including provincial income supplements and grants and social assistance, e.g., veterans' pensions, workers' compensation, welfare payments (do not include family allowances and child tax credits) (See Guide)

- 33 ☐ Yes ➔   
 34 ☐ No

(h) Dividends and interest on bonds, deposits and savings certificates, and other investment income, e.g., net rents from real estate, interest from mortgages

- 35 ☐ Yes ➔   
 36 ☐ Loss  
 37 ☐ No

(i) Retirement pensions, superannuation and annuities

- 38 ☐ Yes ➔   
 39 ☐ No

(j) Other money income, e.g., alimony, scholarships

- 40 ☐ Yes ➔   
 41 ☐ No

(k) Total income from all of the above sources

- 42 ☐ Yes ➔   
 43 ☐ Loss  
 44 ☐ No

END OF QUESTIONS FOR PERSON 1  
PERSON 2 — CONTINUE



## NAME OF PERSON 2

Last name

Given name and initial

14. Where were you born? (Mark or specify one only, according to present boundaries.)

## IN CANADA

- 12 ☐ Nfld.  
☐ P.E.I.  
☐ N.S.  
☐ N.B.  
☐ Que.  
☐ Ont.  
☐ Man.  
☐ Sask.  
☐ Alta.  
☐ B.C.  
☐ Yukon  
☐ N.W.T.

## OUTSIDE CANADA

- ☐ United Kingdom  
☐ Italy  
☐ U.S.A.  
☐ West Germany  
☐ East Germany  
☐ Poland

Other (specify)

15. Of what country are you a citizen?

- Mark more than one box, if applicable

- ☐ Canada, by birth  
☐ Canada, by naturalization  
☐ Same as country of birth (other than Canada)  
☐ Other

If you are a citizen of Canada by birth, go to Question 17.

16. In what year did you first immigrate to Canada?

If exact year is not known, please enter best estimate.

Year

17. To which ethnic or cultural group(s) do you or did your ancestors belong? (See Guide)

Mark or specify as many as applicable

- ☐ French  
☐ English  
☐ Irish  
☐ Scottish  
☐ German  
☐ Italian  
☐ Ukrainian  
☐ Dutch (Netherlands)  
☐ Chinese  
☐ Jewish  
☐ Polish  
☐ Black  
☐ Inuit  
☐ North American Indian  
☐ Métis

Other ethnic or cultural group(s). For example, Portuguese, Greek, Indian (India), Pakistani, Filipino, Japanese, Vietnamese. (specify below)

Other (specify)

Other (specify)

Other (specify)

18. What language do you **yourself** speak at home now?

- Mark more than one language, which language do you speak most often? (See Guide)

- ☐ English  
☐ French  
☐ Italian  
☐ Chinese  
☐ German

Other (specify)

19. Can you speak English or French well enough to conduct a conversation? (See Guide)

Mark one box only

- ☐ English only  
☐ French only  
☐ Both English and French  
☐ Neither English nor French

20. (a) Are you limited in the kind or amount of activity that you can do because of a long-term physical condition, mental condition or health problem? (See Guide)

At home?

- ☐ No, I am not limited  
☐ Yes, I am limited

At school or at work?

- ☐ No, I am not limited  
☐ Yes, I am limited  
☐ Not applicable

In other activities, e.g., transportation to or from work, leisure time activities?

- ☐ No, I am not limited  
☐ Yes, I am limited

- (b) Do you have any long-term disabilities or handicaps?

- ☐ No  
☐ Yes

If you were born on or after June 3, 1971, mark here ☐ and do not answer Questions 21 to 32... **END HERE FOR THIS PERSON**

If you were born before June 3, 1971, mark here ☐ and continue with Questions 21 to 32.

21. (a) What is the **highest** grade (or year) of **secondary** (high) or **elementary** school you ever attended? (See Guide)

- Enter highest grade or year (1 to 13) of secondary or elementary school

OR

- ☐ Never attended school or attended kindergarten only

- (b) How many years of education have you ever completed at **university**?

- ☐ None  
☐ Less than 1 year (of completed courses)

- Enter number of completed years at university



## QUESTIONS FOR PERSON 2 — CONTINUED

21. (c) How many years of schooling have you ever completed at an institution **other than** a university, secondary (high) or elementary school? Include years of schooling at community colleges, institutes of technology, CEGEPs (general and professional), private trade schools or private business colleges, diploma schools of nursing, etc. (See Guide)

13

- 01 ☐ None  
 02 ☐ Less than 1 year (of completed courses)  
 03  Enter number of completed years

22. What degrees, certificates or diplomas have you ever obtained? (See Guide)

Mark as many boxes as applicable

- 04 ☐ None  
 05 ☐ Secondary (high) school graduation certificate  
 06 ☐ Trades certificate or diploma  
 07 ☐ Other non-university certificate or diploma (obtained at community college, CEGEP, institute of technology, etc.)  
 08 ☐ University certificate or diploma **below** bachelor level  
 09 ☐ Bachelor's degree(s) (e.g., B.A., B.Sc., B.A.Sc., LL.B.)  
 10 ☐ University certificate or diploma **above** bachelor level  
 11 ☐ Master's degree(s) (e.g., M.A., M.Sc., M.Ed.)  
 12 ☐ Degree in medicine, dentistry, veterinary medicine or optometry (M.D., D.D.S., D.M.D., D.V.M., O.D.)  
 13 ☐ Earned doctorate (e.g., Ph.D., D.Sc., D.Ed.)

23. What was the major field of study of your **highest** degree, certificate or diploma (**excluding** secondary or high school graduation certificates)? (See Guide)

(For example, accounting, civil engineering, history, legal secretary, welding.)

If you have no degree, certificate or diploma or have a secondary (high) school graduation certificate **only**, mark below.

- 14 ☐ ► Go to Question 24

24. Where did you live 5 years ago, that is, on June 1, 1981?

Mark one box only

**NOTE:** If your place of residence 5 years ago was a municipality within a large urban area, be careful not to confuse suburban municipalities with the largest city. For example, distinguish between Montréal-Nord and Montréal, Scarborough and Toronto, West Vancouver and Vancouver.

- 16 ☐ This dwelling  
 17 ☐ Different dwelling in this city, town, village, township, municipality or Indian reserve  
 18 ☐ Outside Canada  
 19 ☐ Different city, town, village, township, other municipality or Indian reserve in Canada (specify below)

Go to Question 25

City, town, village, township, other municipality or Indian reserve

County

Province or territory

20

25. (a) Last week, how many hours did you work (not including housework, maintenance or repairs for your own home)?

Include as work:

- working without pay in a family farm or business (e.g., assisting in seeding, doing accounts);
- working in your own business, farm or professional practice, alone or in partnership;
- working for wages, salary, tips or commission.

- 21  Number of hours (to the nearest hour) ► Go to Question 27

OR

- 22 ☐ None ► Continue with Questions 25 (b) to 32

- (b) Last week, were you on temporary lay-off or absent from your job or business?

Mark one box only

- 23 ☐ No  
 24 ☐ Yes, on temporary lay-off from a job to which I expect to return  
 25 ☐ Yes, on vacation, ill, on strike or locked out, or absent for other reasons

- (c) Last week, did you have definite arrangements to start a new job within the next four weeks?

- 26 ☐ No  
 27 ☐ Yes

- (d) Did you look for work during the past four weeks? For example, did you contact a Canada Employment Centre, check with employers, place or answer newspaper ads?

Mark one box only

- 28 ☐ No ► Go to Question 26  
 29 ☐ Yes, looked for full-time work  
 30 ☐ Yes, looked for part-time work (less than 30 hours per week)

- (e) Could you have started work last week had a job been available?

Mark one box only

- 31 ☐ Yes, could have started work  
 32 ☐ No, already had a job  
 33 ☐ No, temporary illness or disability  
 34 ☐ No, personal or family responsibilities  
 35 ☐ No, going to school  
 36 ☐ No, other reasons

26. When did you last work, even for a few days (not including housework, maintenance or repairs for your own home)?

Mark one box only

- 37 ☐ In 1986  
 38 ☐ In 1985 ► Answer Questions 27 to 32  
 39 ☐ Before 1985  
 40 ☐ Never worked in lifetime ► Go to Question 32

27. **NOTE:** Questions 27 to 30 refer to your job or business last week. If you held no job last week, answer for your job of longest duration since January 1, 1985. If you held more than one job last week, answer for the job at which you worked the most hours.

- (a) For whom did you work?

Name of firm, government agency, etc.

Department, branch, division, section or plant

- (b) What kind of business, industry or service was this?

Give full description. For example, wheat farm, trapping, road maintenance, retail shoe store, secondary school, temporary help agency, municipal police.

41



# QUESTIONS FOR PERSON 2 — CONCLUDED

28. At what address did you work? If no usual place of work, see Guide.

Mark one box only

- 14 (i) ☐ Worked at home (includes living and working on the same farm)  
 (ii) ☐ Worked outside Canada  
 (iii) ☐ Worked at the address below (please specify)

If street address is not known, give the building name, shopping centre or street intersection, etc.

Number Street

If you worked in a suburban municipality within a large urban area, specify that municipality, not the main city.

City, town, village, township, other municipality or Indian reserve

County

Province or territory

29. (a) What kind of work were you doing?

For example, accounting clerk, door-to-door salesperson, civil engineer, secondary school teacher, chief electrician, food processing labourer, fishing guide. (If in the Armed Forces, give rank.)

(b) In this work, what were your most important activities or duties?

For example, verifying invoices, selling cosmetics, managing the research department, teaching mathematics, supervising construction electricians, cleaning vegetables, guiding fishing parties.

07

30. (a) In this job were you mainly:

- 08 ☐ working for wages, salary, tips or commission?  
 09 ☐ working without pay for your spouse or another relative in a family farm or business?  
 10 ☐ self-employed without paid help (alone or in partnership)?  
 11 ☐ self-employed with paid help (alone or in partnership)?

Go to  
Question 31

Continue  
with Question  
30 (b)

(b) If self-employed, was your farm or business incorporated?

- 12 ☐ No  
 13 ☐ Yes

31. (a) In how many weeks did you work during 1985 (not including housework, maintenance or repairs for your own home)?

Include those weeks in which you:

- were on vacation or sick leave with pay;
- were self-employed or an unpaid worker in a family farm or business;
- worked full time or part time.

14 ☐ None ➤ Go to Question 32

OR

15  Number of weeks

(b) During most of those weeks, did you work full time or part time?

Mark one box only

- 16 ☐ Full time  
 17 ☐ Part time

18 ☐ In.

OFFICE USE ONLY

32. During the year ending December 31, 1985, did you receive any income or suffer any loss from the sources listed below?

- If yes, please mark the "Yes" box and enter the amount; in case of a loss, also mark the "Loss" box.
- If no, please mark the "No" box and proceed to the next source.
- Do not include family allowances and child tax credits.
- Please consult the Guide for details.

AMOUNT

Dollars Cents

(a) Total wages and salaries including commissions, bonuses, tips, etc., before any deductions

- 19 ☐ Yes  
 20 ☐ No

(b) Net non-farm self-employment income (gross receipts minus expenses) from unincorporated business, professional practice, etc., on own account or in partnership

- 21 ☐ Yes  
 23 ☐ No

22 ☐ Loss

(c) Net farm self-employment income (gross receipts minus expenses) from agricultural operations on own account or in partnership

- 24 ☐ Yes  
 26 ☐ No

25 ☐ Loss

(d) Old age security pension and guaranteed income supplement from federal government only (provincial income supplements should be reported in (g))

- 27 ☐ Yes  
 28 ☐ No

(e) Benefits from Canada or Quebec Pension Plan

- 29 ☐ Yes  
 30 ☐ No

(f) Benefits from Unemployment Insurance (total benefits before tax deductions)

- 31 ☐ Yes  
 32 ☐ No

(g) Other income from government sources including provincial income supplements and grants and social assistance, e.g., veterans' pensions, workers' compensation, welfare payments (do not include family allowances and child tax credits) (See Guide)

- 33 ☐ Yes  
 34 ☐ No

(h) Dividends and interest on bonds, deposits and savings certificates, and other investment income, e.g., net rents from real estate, interest from mortgages

- 35 ☐ Yes  
 37 ☐ No

36 ☐ Loss

(i) Retirement pensions, superannuation and annuities

- 38 ☐ Yes  
 39 ☐ No

(j) Other money income, e.g., alimony, scholarships

- 40 ☐ Yes  
 41 ☐ No

(k) Total income from all of the above sources

- 42 ☐ Yes  
 44 ☐ No

43 ☐ Loss

END OF QUESTIONS FOR PERSON 2  
 PERSON 3 — CONTINUE



## NAME OF PERSON 3

Last name

Given name and initial

14. Where were you born? (Mark or specify one only, according to present boundaries.)

## IN CANADA

- 15
- 01 ☐ Nfld.  
 02 ☐ P.E.I.  
 03 ☐ N.S.  
 04 ☐ N.B.  
 05 ☐ Que.  
 06 ☐ Ont.  
 07 ☐ Man.  
 08 ☐ Sask.  
 09 ☐ Alta.  
 10 ☐ B.C.  
 11 ☐ Yukon  
 12 ☐ N.W.T.

## OUTSIDE CANADA

- 13 ☐ United Kingdom  
 14 ☐ Italy  
 15 ☐ U.S.A.  
 16 ☐ West Germany  
 17 ☐ East Germany  
 18 ☐ Poland

Other (specify)

15. Of what country are you a citizen?

- Mark more than one box, if applicable

- 20 ☐ Canada, by birth  
 21 ☐ Canada, by naturalization  
 22 ☐ Same as country of birth (other than Canada)  
 23 ☐ Other

If you are a citizen of Canada by birth, go to Question 17.

16. In what year did you first immigrate to Canada?

24

Year

If exact year is not known, please enter best estimate.

17. To which ethnic or cultural group(s) do you or did your ancestors belong? (See Guide)

Mark or specify as many as applicable

- 25 ☐ French  
 26 ☐ English  
 27 ☐ Irish  
 28 ☐ Scottish  
 29 ☐ German  
 30 ☐ Italian  
 31 ☐ Ukrainian  
 32 ☐ Dutch (Netherlands)  
 33 ☐ Chinese  
 34 ☐ Jewish  
 35 ☐ Polish  
 36 ☐ Black  
 37 ☐ Inuit  
 38 ☐ North American Indian  
 39 ☐ Métis

Other ethnic or cultural group(s). For example, Portuguese, Greek, Indian (India), Pakistani, Filipino, Japanese, Vietnamese. (specify below)

40

Other (specify)

41

Other (specify)

42

Other (specify)

18. What language do you **yourself** speak at home now?

- (If more than one language, which language do you speak most often?) (See Guide)

- 43 ☐ English  
 44 ☐ French  
 45 ☐ Italian  
 46 ☐ Chinese  
 47 ☐ German

Other (specify)

19. Can you speak English or French well enough to conduct a conversation? (See Guide)

Mark one box only

- 49 ☐ English only  
 50 ☐ French only  
 51 ☐ Both English and French  
 52 ☐ Neither English nor French

20. (a) Are you limited in the kind or amount of activity that you can do because of a long-term physical condition, mental condition or health problem? (See Guide)

At home?

- 53 ☐ No, I am not limited  
 54 ☐ Yes, I am limited

At school or at work?

- 55 ☐ No, I am not limited  
 56 ☐ Yes, I am limited  
 57 ☐ Not applicable

In other activities, e.g., transportation to or from work, leisure time activities?

- 58 ☐ No, I am not limited  
 59 ☐ Yes, I am limited

- (b) Do you have any long-term disabilities or handicaps?

- 60 ☐ No  
 61 ☐ Yes

If you were born on or after June 3, 1971, mark here ☐ and do not answer Questions 21 to 32... **END HERE FOR THIS PERSON**

If you were born before June 3, 1971, mark here ☐ and continue with Questions 21 to 32.

21. (a) What is the **highest** grade (or year) of **secondary** (high) or **elementary** school you ever attended? (See Guide)

- 62  Enter highest grade or year (1 to 13) of secondary or elementary school

OR

- 63 ☐ Never attended school or attended kindergarten only

- (b) How many years of education have you ever completed at **university**?

- 64 ☐ None  
 65 ☐ Less than 1 year (of completed courses)

- 66  Enter number of completed years at university



## QUESTIONS FOR PERSON 3 — CONTINUED

21. (c) How many years of schooling have you ever completed at an institution **other than** a university, secondary (high) or elementary school? Include years of schooling at community colleges, institutes of technology, CEGEPs (general and professional), private trade schools or private business colleges, diploma schools of nursing, etc. (See Guide)

16

- 01 ☐ None  
 02 ☐ Less than 1 year (of completed courses)  
 03  Enter number of completed years

22. What degrees, certificates or diplomas have you ever obtained? (See Guide)

Mark as many boxes as applicable

- 04 ☐ None  
 05 ☐ Secondary (high) school graduation certificate  
 06 ☐ Trades certificate or diploma  
 07 ☐ Other non-university certificate or diploma (obtained at community college, CEGEP, institute of technology, etc.)  
 08 ☐ University certificate or diploma **below** bachelor level  
 09 ☐ Bachelor's degree(s) (e.g., B.A., B.Sc., B.A.Sc., LL.B.)  
 10 ☐ University certificate or diploma **above** bachelor level  
 11 ☐ Master's degree(s) (e.g., M.A., M.Sc., M.Ed.)  
 12 ☐ Degree in medicine, dentistry, veterinary medicine or optometry (M.D., D.D.S., D.M.D., D.V.M., O.D.)  
 13 ☐ Earned doctorate (e.g., Ph.D., D.Sc., D.Ed.)

23. What was the major field of study of your **highest** degree, certificate or diploma (**excluding** secondary or high school graduation certificates)? (See Guide)

(For example, accounting, civil engineering, history, legal secretary, welding.)

If you have no degree, certificate or diploma or have a secondary (high) school graduation certificate **only**, mark below.

- 14 ☐ ► Go to Question 24

24. Where did you live 5 years ago, that is, on June 1, 1981?

Mark one box only

**NOTE:** If your place of residence 5 years ago was a municipality within a large urban area, be careful not to confuse suburban municipalities with the largest city. For example, distinguish between Montréal-Nord and Montréal, Scarborough and Toronto, West Vancouver and Vancouver.

- 16 ☐ This dwelling  
 17 ☐ Different dwelling in this city, town, village, township, municipality or Indian reserve  
 18 ☐ Outside Canada  
 19 ☐ Different city, town, village, township, other municipality or Indian reserve in Canada (specify below)

Go to Question 25

City, town, village, township, other municipality or Indian reserve

County

Province or territory

20

25. (a) Last week, how many hours did you work (not including housework, maintenance or repairs for your own home)?

Include as work:

- working without pay in a family farm or business (e.g., assisting in seeding, doing accounts);
- working in your own business, farm or professional practice, alone or in partnership;
- working for wages, salary, tips or commission.

- 21  Number of hours (to the nearest hour) ► Go to Question 27

OR

- 22 ☐ None ► Continue with Questions 25 (b) to 32

- (b) Last week, were you on temporary lay-off or absent from your job or business?

Mark one box only

- 23 ☐ No  
 24 ☐ Yes, on temporary lay-off from a job to which I expect to return  
 25 ☐ Yes, on vacation, ill, on strike or locked out, or absent for other reasons

- (c) Last week, did you have definite arrangements to start a new job within the next four weeks?

- 26 ☐ No  
 27 ☐ Yes

- (d) Did you look for work during the past four weeks? For example, did you contact a Canada Employment Centre, check with employers, place or answer newspaper ads?

Mark one box only

- 28 ☐ No ► Go to Question 26  
 29 ☐ Yes, looked for full-time work  
 30 ☐ Yes, looked for part-time work (less than 30 hours per week)

- (e) Could you have started work last week had a job been available?

Mark one box only

- 31 ☐ Yes, could have started work  
 32 ☐ No, already had a job  
 33 ☐ No, temporary illness or disability  
 34 ☐ No, personal or family responsibilities  
 35 ☐ No, going to school  
 36 ☐ No, other reasons

26. When did you last work, even for a few days (not including housework, maintenance or repairs for your own home)?

Mark one box only

- 37 ☐ In 1986 ► Answer Questions 27 to 32  
 38 ☐ In 1985  
 39 ☐ Before 1985  
 40 ☐ Never worked in lifetime ► Go to Question 32

27. **NOTE:** Questions 27 to 30 refer to your job or business last week. If you held no job last week, answer for your job of longest duration since January 1, 1985. If you held more than one job last week, answer for the job at which you worked the most hours.

- (a) For whom did you work?

Name of firm, government agency, etc.

Department, branch, division, section or plant

- (b) What kind of business, industry or service was this?

Give full description. For example, wheat farm, trapping, road maintenance, retail shoe store, secondary school, temporary help agency, municipal police.

41



# QUESTIONS FOR PERSON 3 — CONCLUDED

28. At what address did you work? If no usual place of work, see Guide.

Mark one box only

- 17 (i) ☐ Worked at home (includes living and working on the same farm)  
 (ii) ☐ Worked outside Canada  
 (iii) ☐ Worked at the address below (please specify)

If street address is not known, give the building name, shopping centre or street intersection, etc.

Number Street

If you worked in a suburban municipality within a large urban area, specify that municipality, not the main city.

City, town, village, township, other municipality or Indian reserve

County

Province or territory

29. (a) What kind of work were you doing?

For example, accounting clerk, door-to-door salesperson, civil engineer, secondary school teacher, chief electrician, food processing labourer, fishing guide. (If in the Armed Forces, give rank.)

(b) In this work, what were your most important activities or duties?

For example, verifying invoices, selling cosmetics, managing the research department, teaching mathematics, supervising construction electricians, cleaning vegetables, guiding fishing parties.

07

30. (a) In this job were you mainly:

- 08 ☐ working for wages, salary, tips or commission?  
 09 ☐ working without pay for your spouse or another relative in a family farm or business?  
 10 ☐ self-employed without paid help (alone or in partnership)?  
 11 ☐ self-employed with paid help (alone or in partnership)?

Go to  
Question 31

Continue  
with Question  
30 (b)

▪ (b) If self-employed, was your farm or business incorporated?

- 12 ☐ No  
 13 ☐ Yes

31. (a) In how many weeks did you work during 1985 (not including housework, maintenance or repairs for your own home)?

Include those weeks in which you:

- were on vacation or sick leave with pay;
- were self-employed or an unpaid worker in a family farm or business;
- worked full time or part time.

14 ☐ None ➤ Go to Question 32

OR

15  Number of weeks

(b) During most of those weeks, did you work full time or part time?

Mark one box only

- 16 ☐ Full time  
 17 ☐ Part time

18 ☐ In.

OFFICE USE ONLY

32. During the year ending December 31, 1985, did you receive any income or suffer any loss from the sources listed below?

- If yes, please mark the "Yes" box and enter the amount; in case of a loss, also mark the "Loss" box.
- If no, please mark the "No" box and proceed to the next source.
- Do not include family allowances and child tax credits.
- Please consult the Guide for details.

AMOUNT

Dollars Cents

(a) Total wages and salaries including commissions, bonuses, tips, etc., before any deductions

- 19 ☐ Yes  
 20 ☐ No

(b) Net non-farm self-employment income (gross receipts minus expenses) from unincorporated business, professional practice, etc., on own account or in partnership

- 21 ☐ Yes  
 22 ☐ Loss  
 23 ☐ No

(c) Net farm self-employment income (gross receipts minus expenses) from agricultural operations on own account or in partnership

- 24 ☐ Yes  
 25 ☐ Loss  
 26 ☐ No

(d) Old age security pension and guaranteed income supplement from federal government only (provincial income supplements should be reported in (g))

- 27 ☐ Yes  
 28 ☐ No

(e) Benefits from Canada or Quebec Pension Plan

- 29 ☐ Yes  
 30 ☐ No

(f) Benefits from Unemployment Insurance (total benefits before tax deductions)

- 31 ☐ Yes  
 32 ☐ No

(g) Other income from government sources including provincial income supplements and grants and social assistance, e.g., veterans' pensions, workers' compensation, welfare payments (do not include family allowances and child tax credits) (See Guide)

- 33 ☐ Yes  
 34 ☐ No

(h) Dividends and interest on bonds, deposits and savings certificates, and other investment income, e.g., net rents from real estate, interest from mortgages

- 35 ☐ Yes  
 36 ☐ Loss  
 37 ☐ No

(i) Retirement pensions, superannuation and annuities

- 38 ☐ Yes  
 39 ☐ No

(j) Other money income, e.g., alimony, scholarships

- 40 ☐ Yes  
 41 ☐ No

(k) Total income from all of the above sources

- 42 ☐ Yes  
 43 ☐ Loss  
 44 ☐ No

END OF QUESTIONS FOR PERSON 3  
 PERSON 4 — CONTINUE







## QUESTIONS FOR PERSON 4 — CONTINUED

21. (c) How many years of schooling have you ever completed at an institution **other than** a university, secondary (high) or elementary school? Include years of schooling at community colleges, institutes of technology, CEGEPs (general and professional), private trade schools or private business colleges, diploma schools of nursing, etc. (See Guide)

19

- 01 ☐ None  
 02 ☐ Less than 1 year (of completed courses)  
 03  Enter number of completed years

22. What degrees, certificates or diplomas have you ever obtained? (See Guide)

Mark as many boxes as applicable

- 04 ☐ None  
 05 ☐ Secondary (high) school graduation certificate  
 06 ☐ Trades certificate or diploma  
 07 ☐ Other non-university certificate or diploma (obtained at community college, CEGEP, institute of technology, etc.)  
 08 ☐ University certificate or diploma **below** bachelor level  
 09 ☐ Bachelor's degree(s) (e.g., B.A., B.Sc., B.A.Sc., LL.B.)  
 10 ☐ University certificate or diploma **above** bachelor level  
 11 ☐ Master's degree(s) (e.g., M.A., M.Sc., M.Ed.)  
 12 ☐ Degree in medicine, dentistry, veterinary medicine or optometry (M.D., D.D.S., D.M.D., D.V.M., O.D.)  
 13 ☐ Earned doctorate (e.g., Ph.D., D.Sc., D.Ed.)

23. What was the major field of study of your **highest** degree, certificate or diploma (**excluding** secondary or high school graduation certificates)? (See Guide)

(For example, accounting, civil engineering, history, legal secretary, welding.)

If you have no degree, certificate or diploma or have a secondary (high) school graduation certificate **only**, mark below.

- 14 ☐ ► Go to Question 24

15

24. Where did you live 5 years ago, that is, on June 1, 1981?

Mark one box only

**NOTE:** If your place of residence 5 years ago was a municipality within a large urban area, be careful not to confuse suburban municipalities with the largest city. For example, distinguish between Montréal-Nord and Montréal, Scarborough and Toronto, West Vancouver and Vancouver.

- 16 ☐ This dwelling  
 17 ☐ Different dwelling in this city, town, village, township, municipality or Indian reserve  
 18 ☐ Outside Canada  
 19 ☐ Different city, town, village, township, other municipality or Indian reserve in Canada (specify below)

Go to Question 25

City, town, village, township, other municipality or Indian reserve

County

Province or territory

20

25. (a) Last week, how many hours did you work (not including housework, maintenance or repairs for your own home)?

Include as work:

- working without pay in a family farm or business (e.g., assisting in seeding, doing accounts);
- working in your own business, farm or professional practice, alone or in partnership;
- working for wages, salary, tips or commission.

- 21  Number of hours (to the nearest hour) ► Go to Question 27

OR

- 22 ☐ None ► Continue with Questions 25 (b) to 32

- (b) Last week, were you on temporary lay-off or absent from your job or business?

Mark one box only

- 23 ☐ No  
 24 ☐ Yes, on temporary lay-off from a job to which I expect to return  
 25 ☐ Yes, on vacation, ill, on strike or locked out, or absent for other reasons

- (c) Last week, did you have definite arrangements to start a new job within the next four weeks?

- 26 ☐ No  
 27 ☐ Yes

- (d) Did you look for work during the past four weeks? For example, did you contact a Canada Employment Centre, check with employers, place or answer newspaper ads?

Mark one box only

- 28 ☐ No ► Go to Question 26  
 29 ☐ Yes, looked for full-time work  
 30 ☐ Yes, looked for part-time work (less than 30 hours per week)

- (e) Could you have started work last week had a job been available?

Mark one box only

- 31 ☐ Yes, could have started work  
 32 ☐ No, already had a job  
 33 ☐ No, temporary illness or disability  
 34 ☐ No, personal or family responsibilities  
 35 ☐ No, going to school  
 36 ☐ No, other reasons

26. When did you last work, even for a few days (not including housework, maintenance or repairs for your own home)?

Mark one box only

- 37 ☐ In 1986  
 38 ☐ In 1985  
 39 ☐ Before 1985  
 40 ☐ Never worked in lifetime

Answer Questions 27 to 32

Go to Question 32

27. **NOTE:** Questions 27 to 30 refer to your job or business last week. If you held no job last week, answer for your job of longest duration since January 1, 1985. If you held more than one job last week, answer for the job at which you worked the most hours.

- (a) For whom did you work?

Name of firm, government agency, etc.

Department, branch, division, section or plant

- (b) What kind of business, industry or service was this?

Give full description. For example, wheat farm, trapping, road maintenance, retail shoe store, secondary school, temporary help agency, municipal police.

41



## QUESTIONS FOR PERSON 4 — CONCLUDED

28. At what address did you work? If no usual place of work, see Guide.

Mark one box only

- 20 (i) ☐ Worked at home (includes living and working on the same farm)  
 (ii) ☐ Worked outside Canada  
 (iii) ☐ Worked at the address below (please specify)

If street address is not known, give the building name, shopping centre or street intersection, etc.

Number

Street

If you worked in a suburban municipality within a large urban area, specify that municipality, not the main city.

City, town, village, township, other municipality or Indian reserve

County

Province or territory

29. (a) What kind of work were you doing?

For example, accounting clerk, door-to-door salesperson, civil engineer, secondary school teacher, chief electrician, food processing labourer, fishing guide. (If in the Armed Forces, give rank.)

(b) In this work, what were your most important activities or duties?

For example, verifying invoices, selling cosmetics, managing the research department, teaching mathematics, supervising construction electricians, cleaning vegetables, guiding fishing parties.

07

30. (a) In this job were you mainly:

- 08 ☐ working for wages, salary, tips or commission?  
 09 ☐ working without pay for your spouse or another relative in a family farm or business?  
 10 ☐ self-employed without paid help (alone or in partnership)?  
 11 ☐ self-employed with paid help (alone or in partnership)?

Go to Question 31

Continue with Question 30 (b)

(b) If self-employed, was your farm or business incorporated?

- 12 ☐ No  
 13 ☐ Yes

31. (a) In how many weeks did you work during 1985 (not including housework, maintenance or repairs for your own home)?

Include those weeks in which you:

- were on vacation or sick leave with pay;
- were self-employed or an unpaid worker in a family farm or business;
- worked full time or part time.

14 ☐ None ▶ Go to Question 32

OR

15  Number of weeks

(b) During most of those weeks, did you work full time or part time?

Mark one box only

- 16 ☐ Full time  
 17 ☐ Part time

18 ☐ In.

OFFICE USE ONLY

32. During the year ending December 31, 1985, did you receive any income or suffer any loss from the sources listed below?

- If yes, please mark the "Yes" box and enter the amount; in case of a loss, also mark the "Loss" box.
- If no, please mark the "No" box and proceed to the next source.
- Do not include family allowances and child tax credits.
- Please consult the Guide for details.

AMOUNT

Dollars

Cents

(a) Total wages and salaries including commissions, bonuses, tips, etc., before any deductions

19 ☐ Yes ▶20 ☐ No

(b) Net non-farm self-employment income (gross receipts minus expenses) from unincorporated business, professional practice, etc., on own account or in partnership

21 ☐ Yes ▶23 ☐ No22 ☐ Loss

(c) Net farm self-employment income (gross receipts minus expenses) from agricultural operations on own account or in partnership

24 ☐ Yes ▶26 ☐ No25 ☐ Loss

(d) Old age security pension and guaranteed income supplement from federal government only (provincial income supplements should be reported in (g))

27 ☐ Yes ▶28 ☐ No

(e) Benefits from Canada or Quebec Pension Plan

29 ☐ Yes ▶30 ☐ No

(f) Benefits from Unemployment Insurance (total benefits before tax deductions)

31 ☐ Yes ▶32 ☐ No

(g) Other income from government sources including provincial income supplements and grants and social assistance, e.g., veterans' pensions, workers' compensation, welfare payments (do not include family allowances and child tax credits) (See Guide)

33 ☐ Yes ▶34 ☐ No

(h) Dividends and interest on bonds, deposits and savings certificates, and other investment income, e.g., net rents from real estate, interest from mortgages

35 ☐ Yes ▶37 ☐ No36 ☐ Loss

(i) Retirement pensions, superannuation and annuities

38 ☐ Yes ▶39 ☐ No

(j) Other money income, e.g., alimony, scholarships

40 ☐ Yes ▶41 ☐ No

(k) Total income from all of the above sources

42 ☐ Yes ▶44 ☐ No43 ☐ Loss
END OF QUESTIONS FOR PERSON 4  
PERSON 5 — CONTINUE



## NAME OF PERSON 5

Last name

Given name and initial

14. Where were you born? (Mark or specify one only, according to present boundaries.)

## IN CANADA

- 21
- 01 ☐ Nfld.  
 02 ☐ P.E.I.  
 03 ☐ N.S.  
 04 ☐ N.B.  
 05 ☐ Que.  
 06 ☐ Ont.  
 07 ☐ Man.  
 08 ☐ Sask.  
 09 ☐ Alta.  
 10 ☐ B.C.  
 11 ☐ Yukon  
 12 ☐ N.W.T.

## OUTSIDE CANADA

- 13 ☐ United Kingdom  
 14 ☐ Italy  
 15 ☐ U.S.A.  
 16 ☐ West Germany  
 17 ☐ East Germany  
 18 ☐ Poland

Other (specify)

15. Of what country are you a citizen?

Mark more than one box, if applicable

- 20 ☐ Canada, by birth  
 21 ☐ Canada, by naturalization  
 22 ☐ Same as country of birth (other than Canada)  
 23 ☐ Other

If you are a citizen of Canada by birth, go to Question 17.

16. In what year did you first immigrate to Canada?

24  If exact year is not known, please enter best estimate.

Year

17. To which ethnic or cultural group(s) do you or did your ancestors belong? (See Guide)

Mark or specify as many as applicable

- 25 ☐ French  
 26 ☐ English  
 27 ☐ Irish  
 28 ☐ Scottish  
 29 ☐ German  
 30 ☐ Italian  
 31 ☐ Ukrainian  
 32 ☐ Dutch (Netherlands)  
 33 ☐ Chinese  
 34 ☐ Jewish  
 35 ☐ Polish  
 36 ☐ Black  
 37 ☐ Inuit  
 38 ☐ North American Indian  
 39 ☐ Métis

Other ethnic or cultural group(s). For example, Portuguese, Greek, Indian (India), Pakistani, Filipino, Japanese, Vietnamese. (specify below)

40  Other (specify)

41  Other (specify)

42  Other (specify)

18. What language do you **yourself** speak at home now?

(If more than one language, which language do you speak most often?) (See Guide)

- 43 ☐ English  
 44 ☐ French  
 45 ☐ Italian  
 46 ☐ Chinese  
 47 ☐ German

48  Other (specify)

19. Can you speak English or French well enough to conduct a conversation? (See Guide)

Mark one box only

- 49 ☐ English only  
 50 ☐ French only  
 51 ☐ Both English and French  
 52 ☐ Neither English nor French

20. (a) Are you limited in the kind or amount of activity that you can do because of a long-term physical condition, mental condition or health problem: (See Guide)

At home?

- 53 ☐ No, I am not limited  
 54 ☐ Yes, I am limited

At school or at work?

- 55 ☐ No, I am not limited  
 56 ☐ Yes, I am limited  
 57 ☐ Not applicable

In other activities, e.g., transportation to or from work, leisure time activities?

- 58 ☐ No, I am not limited  
 59 ☐ Yes, I am limited

- (b) Do you have any long-term disabilities or handicaps?

- 60 ☐ No  
 61 ☐ Yes

If you were born on or after June 3, 1971, mark here ☐ and do not answer Questions 21 to 32... END HERE FOR THIS PERSON

If you were born before June 3, 1971, mark here ☐ and continue with Questions 21 to 32.

21. (a) What is the **highest** grade (or year) of **secondary** (high) or **elementary** school you ever attended? (See Guide)

62  Enter highest grade or year (1 to 13) of secondary or elementary school

OR

- 63 ☐ Never attended school or attended kindergarten only

- (b) How many years of education have you ever completed at **university**?

- 64 ☐ None  
 65 ☐ Less than 1 year (of completed courses)

66  Enter number of completed years at university



## QUESTIONS FOR PERSON 5 — CONTINUED

21. (c) How many years of schooling have you ever completed at an institution **other than** a university, secondary (high) or elementary school? Include years of schooling at community colleges, institutes of technology, CEGEPs (general and professional), private trade schools or private business colleges, diploma schools of nursing, etc. (See Guide)

22

- 01 ☐ None  
 02 ☐ Less than 1 year (of completed courses)  
 03  Enter number of completed years

22. What degrees, certificates or diplomas have you ever obtained? (See Guide)

Mark as many boxes as applicable

- 04 ☐ None  
 05 ☐ Secondary (high) school graduation certificate  
 06 ☐ Trades certificate or diploma  
 07 ☐ Other non-university certificate or diploma (obtained at community college, CEGEP, institute of technology, etc.)  
 08 ☐ University certificate or diploma **below** bachelor level  
 09 ☐ Bachelor's degree(s) (e.g., B.A., B.Sc., B.A.Sc., LL.B.)  
 10 ☐ University certificate or diploma **above** bachelor level  
 11 ☐ Master's degree(s) (e.g., M.A., M.Sc., M.Ed.)  
 12 ☐ Degree in medicine, dentistry, veterinary medicine or optometry (M.D., D.D.S., D.M.D., D.V.M., O.D.)  
 13 ☐ Earned doctorate (e.g., Ph.D., D.Sc., D.Ed.)

23. What was the major field of study of your **highest** degree, certificate or diploma (**excluding** secondary or high school graduation certificates)? (See Guide)

(For example, accounting, civil engineering, history, legal secretary, welding.)

If you have no degree, certificate or diploma or have a secondary (high) school graduation certificate **only**, mark below.

- 14 ☐ ► Go to Question 24

24. Where did you live 5 years ago, that is, on June 1, 1981?

Mark one box only

**NOTE:** If your place of residence 5 years ago was a municipality within a large urban area, be careful not to confuse suburban municipalities with the largest city. For example, distinguish between Montréal-Nord and Montréal, Scarborough and Toronto, West Vancouver and Vancouver.

- 16 ☐ This dwelling  
 17 ☐ Different dwelling in this city, town, village, township, municipality or Indian reserve  
 18 ☐ Outside Canada  
 19 ☐ Different city, town, village, township, other municipality or Indian reserve in Canada (specify below)

Go to Question 25

City, town, village, township, other municipality or Indian reserve

County

Province or territory

25. (a) Last week, how many hours did you work (not including housework, maintenance or repairs for your own home)?

Include as work:

- working without pay in a family farm or business (e.g., assisting in seeding, doing accounts);
- working in your own business, farm or professional practice, alone or in partnership;
- working for wages, salary, tips or commission.

- 21  Number of hours (to the nearest hour) ► Go to Question 27

OR

- 22 ☐ None ► Continue with Questions 25 (b) to 32

- (b) Last week, were you on temporary lay-off or absent from your job or business?

Mark one box only

- 23 ☐ No  
 24 ☐ Yes, on temporary lay-off from a job to which I expect to return  
 25 ☐ Yes, on vacation, ill, on strike or locked out, or absent for other reasons

- (c) Last week, did you have definite arrangements to start a new job within the next four weeks?

- 26 ☐ No  
 27 ☐ Yes

- (d) Did you look for work during the past four weeks? For example, did you contact a Canada Employment Centre, check with employers, place or answer newspaper ads?

Mark one box only

- 28 ☐ No ► Go to Question 26  
 29 ☐ Yes, looked for full-time work  
 30 ☐ Yes, looked for part-time work (less than 30 hours per week)

- (e) Could you have started work last week had a job been available?

Mark one box only

- 31 ☐ Yes, could have started work  
 32 ☐ No, already had a job  
 33 ☐ No, temporary illness or disability  
 34 ☐ No, personal or family responsibilities  
 35 ☐ No, going to school  
 36 ☐ No, other reasons

26. When did you last work, even for a few days (not including housework, maintenance or repairs for your own home)?

Mark one box only

- 37 ☐ In 1986 ► Answer Questions 27 to 32  
 38 ☐ In 1985  
 39 ☐ Before 1985  
 40 ☐ Never worked in lifetime ► Go to Question 32

27. **NOTE:** Questions 27 to 30 refer to your job or business last week. If you held no job last week, answer for your job of longest duration since January 1, 1985. If you held more than one job last week, answer for the job at which you worked the most hours.

- (a) For whom did you work?

Name of firm, government agency, etc.

Department, branch, division, section or plant

- (b) What kind of business, industry or service was this?

Give full description. For example, wheat farm, trapping, road maintenance, retail shoe store, secondary school, temporary help agency, municipal police.



# QUESTIONS FOR PERSON 5 — CONCLUDED

28. At what address did you work? If no usual place of work, see Guide.

Mark one box only

- 23 (i) ☐ Worked at home (includes living and working on the same farm)  
 (ii) ☐ Worked outside Canada  
 (iii) ☐ Worked at the address below (please specify)

If street address is not known, give the building name, shopping centre or street intersection, etc.

Number Street

If you worked in a suburban municipality within a large urban area, specify that municipality, not the main city.

City, town, village, township, other municipality or Indian reserve

County

Province or territory

29. (a) What kind of work were you doing?

For example, accounting clerk, door-to-door salesperson, civil engineer, secondary school teacher, chief electrician, food processing labourer, fishing guide. (If in the Armed Forces, give rank.)

(b) In this work, what were your most important activities or duties?

For example, verifying invoices, selling cosmetics, managing the research department, teaching mathematics, supervising construction electricians, cleaning vegetables, guiding fishing parties.

07 ☐

30. (a) In this job were you mainly:

- 08 ☐ working for wages, salary, tips or commission?  
 09 ☐ working without pay for your spouse or another relative in a family farm or business?  
 10 ☐ self-employed without paid help (alone or in partnership)?  
 11 ☐ self-employed with paid help (alone or in partnership)?

Go to  
Question 31

Continue  
with Question  
30 (b)

■ (b) If self-employed, was your farm or business incorporated?

- 12 ☐ No  
 13 ☐ Yes

31. (a) In how many weeks did you work during 1985 (not including housework, maintenance or repairs for your own home)?

Include those weeks in which you:

- were on vacation or sick leave with pay;
- were self-employed or an unpaid worker in a family farm or business;
- worked full time or part time.

14 ☐ None ➔ Go to Question 32

OR

15  Number of weeks

(b) During most of those weeks, did you work full time or part time?

Mark one box only

- 16 ☐ Full time  
 17 ☐ Part time

18 ☐ In.

OFFICE USE ONLY

32. During the year ending December 31, 1985, did you receive any income or suffer any loss from the sources listed below?

- If yes, please mark the "Yes" box and enter the amount; in case of a loss, also mark the "Loss" box.
- If no, please mark the "No" box and proceed to the next source.
- Do not include family allowances and child tax credits.
- Please consult the Guide for details.

AMOUNT

Dollars Cents

(a) Total wages and salaries including commissions, bonuses, tips, etc., before any deductions 19 ☐ Yes ➔    
 20 ☐ No

(b) Net non-farm self-employment income (gross receipts minus expenses) from unincorporated business, professional practice, etc., on own account or in partnership 21 ☐ Yes ➔    
 22 ☐ Loss  
 23 ☐ No

(c) Net farm self-employment income (gross receipts minus expenses) from agricultural operations on own account or in partnership 24 ☐ Yes ➔    
 25 ☐ Loss  
 26 ☐ No

(d) Old age security pension and guaranteed income supplement from federal government only (provincial income supplements should be reported in (g)) 27 ☐ Yes ➔    
 28 ☐ No

(e) Benefits from Canada or Quebec Pension Plan 29 ☐ Yes ➔    
 30 ☐ No

(f) Benefits from Unemployment Insurance (total benefits before tax deductions) 31 ☐ Yes ➔    
 32 ☐ No

(g) Other income from government sources including provincial income supplements and grants and social assistance, e.g., veterans' pensions, workers' compensation, welfare payments (do not include family allowances and child tax credits) (See Guide) 33 ☐ Yes ➔    
 34 ☐ No

(h) Dividends and interest on bonds, deposits and savings certificates, and other investment income, e.g., net rents from real estate, interest from mortgages 35 ☐ Yes ➔    
 36 ☐ Loss  
 37 ☐ No

(i) Retirement pensions, superannuation and annuities 38 ☐ Yes ➔    
 39 ☐ No

(j) Other money income, e.g., alimony, scholarships 40 ☐ Yes ➔    
 41 ☐ No

(k) Total income from all of the above sources 42 ☐ Yes ➔    
 43 ☐ Loss  
 44 ☐ No

END OF QUESTIONS FOR PERSON 5  
 PERSON 6 — CONTINUE



## NAME OF PERSON 6

Last name

Given name and initial

14. Where were you born? (Mark or specify one only, according to present boundaries.)

## IN CANADA

- 24 ☐ 01 ☐ Nfld.  
☐ 02 ☐ P.E.I.  
☐ 03 ☐ N.S.  
☐ 04 ☐ N.B.  
☐ 05 ☐ Que.  
☐ 06 ☐ Ont.  
☐ 07 ☐ Man.  
☐ 08 ☐ Sask.  
☐ 09 ☐ Alta.  
☐ 10 ☐ B.C.  
☐ 11 ☐ Yukon  
☐ 12 ☐ N.W.T.

## OUTSIDE CANADA

- ☐ 13 ☐ United Kingdom  
☐ 14 ☐ Italy  
☐ 15 ☐ U.S.A.  
☐ 16 ☐ West Germany  
☐ 17 ☐ East Germany  
☐ 18 ☐ Poland

Other (specify)

15. Of what country are you a citizen?

- Mark more than one box, if applicable

- ☐ 20 ☐ Canada, by birth  
☐ 21 ☐ Canada, by naturalization  
☐ 22 ☐ Same as country of birth (other than Canada)  
☐ 23 ☐ Other

If you are a citizen of Canada by birth, go to Question 17.

16. In what year did you first immigrate to Canada?

- 24  If exact year is not known, please enter best estimate.  
 Year

17. To which ethnic or cultural group(s) do you or did your ancestors belong? (See Guide)

Mark or specify as many as applicable

- ☐ 25 ☐ French  
☐ 26 ☐ English  
☐ 27 ☐ Irish  
☐ 28 ☐ Scottish  
☐ 29 ☐ German  
☐ 30 ☐ Italian  
☐ 31 ☐ Ukrainian  
☐ 32 ☐ Dutch (Netherlands)  
☐ 33 ☐ Chinese  
☐ 34 ☐ Jewish  
☐ 35 ☐ Polish  
☐ 36 ☐ Black  
☐ 37 ☐ Inuit  
☐ 38 ☐ North American Indian  
☐ 39 ☐ Métis

Other ethnic or cultural group(s). For example, Portuguese, Greek, Indian (India), Pakistani, Filipino, Japanese, Vietnamese. (specify below)

- 40  Other (specify)

- 41  Other (specify)

- 42  Other (specify)

18. What language do you **yourself** speak at home now?

- (If more than one language, which language do you speak most often?) (See Guide)

- ☐ 43 ☐ English  
☐ 44 ☐ French  
☐ 45 ☐ Italian  
☐ 46 ☐ Chinese  
☐ 47 ☐ German

- 48  Other (specify)

19. Can you speak English or French well enough to conduct a conversation? (See Guide)

Mark one box only

- ☐ 49 ☐ English only  
☐ 50 ☐ French only  
☐ 51 ☐ Both English and French  
☐ 52 ☐ Neither English nor French

20. (a) Are you limited in the kind or amount of activity that you can do because of a long-term physical condition, mental condition or health problem? (See Guide)

At home?

- ☐ 53 ☐ No, I am not limited  
☐ 54 ☐ Yes, I am limited

At school or at work?

- ☐ 55 ☐ No, I am not limited  
☐ 56 ☐ Yes, I am limited  
☐ 57 ☐ Not applicable

In other activities, e.g., transportation to or from work, leisure time activities?

- ☐ 58 ☐ No, I am not limited  
☐ 59 ☐ Yes, I am limited

- (b) Do you have any long-term disabilities or handicaps?

- ☐ 60 ☐ No  
☐ 61 ☐ Yes

If you were born on or after June 3, 1971, mark here ☐ and do not answer Questions 21 to 32... **END HERE FOR THIS PERSON**

If you were born before June 3, 1971, mark here ☐ and continue with Questions 21 to 32.

21. (a) What is the **highest** grade (or year) of **secondary** (high) or **elementary** school you ever attended? (See Guide)

- 62  Enter highest grade or year (1 to 13) of secondary or elementary school

OR

- 63 ☐ Never attended school or attended kindergarten only

- (b) How many years of education have you ever completed at **university**?

- ☐ 64 ☐ None  
☐ 65 ☐ Less than 1 year (of completed courses)

- 66  Enter number of completed years at university



## QUESTIONS FOR PERSON 6 — CONTINUED

21. (c) How many years of schooling have you ever completed at an institution **other than** a university, secondary (high) or elementary school? Include years of schooling at community colleges, institutes of technology, CEGEPs (general and professional), private trade schools or private business colleges, diploma schools of nursing, etc. (See Guide)

25

- 01 ☐ None  
 02 ☐ Less than 1 year (of completed courses)  
 03  Enter number of completed years

22. What degrees, certificates or diplomas have you ever obtained? (See Guide)

Mark as many boxes as applicable

- 04 ☐ None  
 05 ☐ Secondary (high) school graduation certificate  
 06 ☐ Trades certificate or diploma  
 07 ☐ Other non-university certificate or diploma (obtained at community college, CEGEP, institute of technology, etc.)  
 08 ☐ University certificate or diploma **below** bachelor level  
 09 ☐ Bachelor's degree(s) (e.g., B.A., B.Sc., B.A.Sc., LL.B.)  
 10 ☐ University certificate or diploma **above** bachelor level  
 11 ☐ Master's degree(s) (e.g., M.A., M.Sc., M.Ed.)  
 12 ☐ Degree in medicine, dentistry, veterinary medicine or optometry (M.D., D.D.S., D.M.D., D.V.M., O.D.)  
 13 ☐ Earned doctorate (e.g., Ph.D., D.Sc., D.Ed.)

23. What was the major field of study of your **highest** degree, certificate or diploma (**excluding** secondary or high school graduation certificates)? (See Guide)

(For example, accounting, civil engineering, history, legal secretary, welding.)

If you have no degree, certificate or diploma or have a secondary (high) school graduation certificate **only**, mark below.

- 14 ☐ Go to Question 24

☐

24. Where did you live 5 years ago, that is, on June 1, 1981?

Mark one box only

**NOTE:** If your place of residence 5 years ago was a municipality within a large urban area, be careful not to confuse suburban municipalities with the largest city. For example, distinguish between Montréal-Nord and Montréal, Scarborough and Toronto, West Vancouver and Vancouver.

- 16 ☐ This dwelling  
 17 ☐ Different dwelling in this city, town, village, township, municipality or Indian reserve  
 18 ☐ Outside Canada  
 19 ☐ Different city, town, village, township, other municipality or Indian reserve in Canada (specify below)

Go to Question 25

City, town, village, township, other municipality or Indian reserve

County

Province or territory

☐

25. (a) Last week, how many hours did you work (not including housework, maintenance or repairs for your own home)?

Include as work:

- working without pay in a family farm or business (e.g., assisting in seeding, doing accounts);
- working in your own business, farm or professional practice, alone or in partnership;
- working for wages, salary, tips or commission.

- 21  Number of hours (to the nearest hour) Go to Question 27

OR

- 22 ☐ None Continue with Questions 25 (b) to 32

- (b) Last week, were you on temporary lay-off or absent from your job or business?

Mark one box only

- 23 ☐ No  
 24 ☐ Yes, on temporary lay-off from a job to which I expect to return  
 25 ☐ Yes, on vacation, ill, on strike or locked out, or absent for other reasons

- (c) Last week, did you have definite arrangements to start a new job within the next four weeks?

- 26 ☐ No  
 27 ☐ Yes

- (d) Did you look for work during the past four weeks? For example, did you contact a Canada Employment Centre, check with employers, place or answer newspaper ads?

Mark one box only

- 28 ☐ No Go to Question 26  
 29 ☐ Yes, looked for full-time work  
 30 ☐ Yes, looked for part-time work (less than 30 hours per week)

- (e) Could you have started work last week had a job been available?

Mark one box only

- 31 ☐ Yes, could have started work  
 32 ☐ No, already had a job  
 33 ☐ No, temporary illness or disability  
 34 ☐ No, personal or family responsibilities  
 35 ☐ No, going to school  
 36 ☐ No, other reasons

26. When did you last work, even for a few days (not including housework, maintenance or repairs for your own home)?

Mark one box only

- 37 ☐ In 1986 Answer Questions 27 to 32  
 38 ☐ In 1985  
 39 ☐ Before 1985  
 40 ☐ Never worked in lifetime Go to Question 32

27. **NOTE:** Questions 27 to 30 refer to your job or business last week. If you held no job last week, answer for your job of longest duration since January 1, 1985. If you held more than one job last week, answer for the job at which you worked the most hours.

- (a) For whom did you work?

Name of firm, government agency, etc.

Department, branch, division, section or plant

- (b) What kind of business, industry or service was this?

Give full description. For example, wheat farm, trapping, road maintenance, retail shoe store, secondary school, temporary help agency, municipal police.

☐



# QUESTIONS FOR PERSON 6 — CONCLUDED

28. At what address did you work? If no usual place of work, see Guide.

Mark one box only

- 26 (i) ☐ Worked at home (includes living and working on the same farm)  
 (ii) ☐ Worked outside Canada  
 (iii) ☐ Worked at the address below (please specify)

If street address is not known, give the building name, shopping centre or street intersection, etc.

Number Street

If you worked in a suburban municipality within a large urban area, specify that municipality, not the main city.

City, town, village, township, other municipality or Indian reserve

County

Province or territory

29. (a) What kind of work were you doing?

For example, accounting clerk, door-to-door salesperson, civil engineer, secondary school teacher, chief electrician, food processing labourer, fishing guide. (If in the Armed Forces, give rank.)

(b) In this work, what were your most important activities or duties?

For example, verifying invoices, selling cosmetics, managing the research department, teaching mathematics, supervising construction electricians, cleaning vegetables, guiding fishing parties.

30. (a) In this job were you mainly:

- 08 ☐ working for wages, salary, tips or commission?  
 09 ☐ working without pay for your spouse or another relative in a family farm or business?  
 10 ☐ self-employed without paid help (alone or in partnership)?  
 11 ☐ self-employed with paid help (alone or in partnership)?

Go to  
Question 31

Continue  
with Question  
30 (b)

■ (b) If self-employed, was your farm or business incorporated?

- 12 ☐ No  
 13 ☐ Yes

31. (a) In how many weeks did you work during 1985 (not including housework, maintenance or repairs for your own home)?

Include those weeks in which you:

- were on vacation or sick leave with pay;
- were self-employed or an unpaid worker in a family farm or business;
- worked full time or part time.

14 ☐ None ➔ Go to Question 32

OR

15  Number of weeks

(b) During most of those weeks, did you work full time or part time?

Mark one box only

- 16 ☐ Full time  
 17 ☐ Part time

18 ☐ In.

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32. During the year ending December 31, 1985, did you receive any income or suffer any loss from the sources listed below?

- If yes, please mark the "Yes" box and enter the amount; in case of a loss, also mark the "Loss" box.
- If no, please mark the "No" box and proceed to the next source.
- Do not include family allowances and child tax credits.
- Please consult the Guide for details.

AMOUNT

Dollars Cents

(a) Total wages and salaries including commissions, bonuses, tips, etc., before any deductions 19 ☐ Yes    
 20 ☐ No

(b) Net non-farm self-employment income (gross receipts minus expenses) from unincorporated business, professional practice, etc., on own account or in partnership 21 ☐ Yes    
 22 ☐ Loss 23 ☐ No

(c) Net farm self-employment income (gross receipts minus expenses) from agricultural operations on own account or in partnership 24 ☐ Yes    
 25 ☐ Loss 26 ☐ No

(d) Old age security pension and guaranteed income supplement from federal government only (provincial income supplements should be reported in (g)) 27 ☐ Yes    
 28 ☐ No

(e) Benefits from Canada or Quebec Pension Plan 29 ☐ Yes    
 30 ☐ No

(f) Benefits from Unemployment Insurance (total benefits before tax deductions) 31 ☐ Yes    
 32 ☐ No

(g) Other income from government sources including provincial income supplements and grants and social assistance, e.g., veterans' pensions, workers' compensation, welfare payments (do not include family allowances and child tax credits) (See Guide) 33 ☐ Yes    
 34 ☐ No

(h) Dividends and interest on bonds, deposits and savings certificates, and other investment income, e.g., net rents from real estate, interest from mortgages 35 ☐ Yes    
 36 ☐ Loss 37 ☐ No

(i) Retirement pensions, superannuation and annuities 38 ☐ Yes    
 39 ☐ No

(j) Other money income, e.g., alimony, scholarships 40 ☐ Yes    
 41 ☐ No

(k) Total income from all of the above sources 42 ☐ Yes    
 43 ☐ Loss 44 ☐ No

END OF QUESTIONS FOR PERSON 6



## TELEPHONE ASSISTANCE SERVICE

If after reading the **Guide** you need further assistance, do not hesitate to call our Telephone Assistance Service. It is available from 9 a.m. to 9 p.m. from Thursday, May 29 through Friday, June 6 (excluding Sunday).

If you live within the local calling area of one of the places listed below, dial the number shown. In all other areas call the long-distance operator and ask for ZENITH 0-1986 (no charge).

For **TTD/TTY** (Telecommunication Devices for the Deaf/Teletype Machines only) — users call: **1-800-267-5301** (no charge).

ST. JOHN'S (NFLD.) ..... 772-2454

**HALIFAX** ..... **426-1986**

**MONCTON** ..... 857-7986

**MONTREAL** ..... 283-1986

OTTAWA ..... 990-1495

TORONTO ..... 973-1986

WINNIPEG ..... 944-1986

EDMONTON ..... 420-2150

VANCOUVER ..... 666-6655

## COMMENTS

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