

Survey of Family Expenditures in 1990

**CONFIDENTIAL
WHEN COMPLETED**

Si vous préférez ce questionnaire en français, veuillez cocher ☐

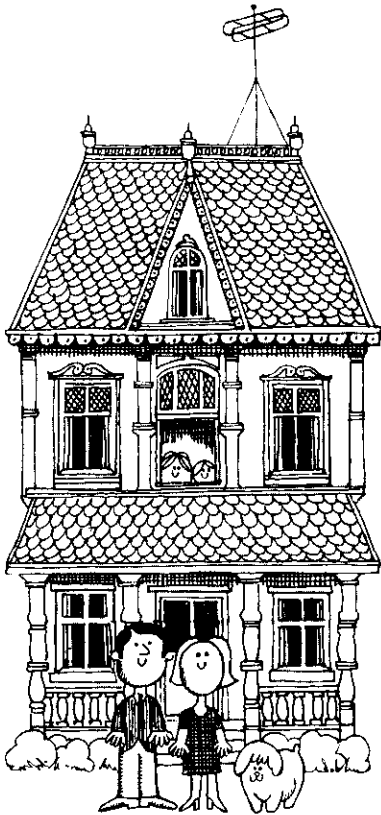
Collected under the authority of the Statistics Act, Revised Statutes of Canada, 1985, Chapter S19.

FEX 2

P.S.U.					GROUP		CLUSTER			ROT		LIST		

M

N.I.



RECORD OF INTERVIEWS				
Number of visit	Date		Time (Use 24 hr. clock, hh:mm)	
	Day	Month	Began	Ended
1	<input type="text"/>	<input type="text"/>	<input type="text"/> : <input type="text"/>	<input type="text"/> : <input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/> : <input type="text"/>	<input type="text"/> : <input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/> : <input type="text"/>	<input type="text"/> : <input type="text"/>
4	<input type="text"/>	<input type="text"/>	<input type="text"/> : <input type="text"/>	<input type="text"/> : <input type="text"/>

If more than one questionnaire, indicate: number ____ of ____.

O.C.

Office Use

Interviewer's Signature:

Record of Visits

Visit Number	Date	Time	Comments

8-5100-2.1: 1990-05-22 STC-HLD-045-60118

DETACH AND DESTROY BEFORE SHIPPING TO HEAD OFFICE

<div>Listing address</div> <div><div></div><div></div><div></div></div>	<div>Household contact:</div> <div></div> <div>Telephone No.</div> <div>Area code</div> <div><div></div><div></div><div></div> - <div></div><div></div><div></div></div>
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A. HOUSEHOLD COMPOSITION IN 1990

A01

<p>1.</p> <p>List given names of all members of this household who could be considered living here as well as persons who were part of the household for some time during 1990.</p> <p>List the household reference person first.</p> <p>HOUSEHOLD REFERENCE PERSON</p> <p>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.</p> <p>CHECK HOUSEHOLD MEMBERSHIP:</p> <ul style="list-style-type: none"> 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? <p>Enter Person No.</p>	<p>2.</p> <p>What is . . . relationship to the household reference person?</p> <p>Related Person:</p> <p>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 (nephew, cousin)</p> <p>Non-related Person:</p> <p>11 Lodger 12 Room-mate 13 Other non-relative (for example, employee, lodger's wife, etc.)</p>	<p>3.</p> <p>Age in years at Dec. 31, 1990</p>	<p>4.</p> <p>Sex</p> <p>1. Male 2. Female</p>	<p>5.</p> <p>Marital Status at Dec. 31, 1990</p> <p>1. Married, spouse of a household member 2. Single, never married 3. Other</p>	<p>6.</p> <p>If age 15 or over and employed at any time in 1990, report occupation of longest duration. If not employed report main activity.</p>	<p>7.</p> <p>Enter Economic family code at time of interview or last day person was a member of this household. (See definition)</p>
						Office Use
001 0 1	002 0 1	003	004	005		006
008	009	010	011	012		013
015	016	017	018	019		020
022	023	024	025	026		027
029	030	031	032	033		034
036	037	038	039	040		041
043	044	045	046	047		048
050	051	052	053	054		055
057	058	059	060	061		062
064	065	066	067	068		069
071	072	073	074	075		076
078	079	080	081	082		083
						084

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

8.	9.	10.	11.	12.	13.	14.	15.
Enter Cen- sus family code at time of in- terview or last day person was a member of this household (See definition)	Was this person a member of this household at time of interview?	Was this person a member of this household at Dec. 31, 1990?	Number of weeks a member of this house- hold in 1990? If this is a one person household, report weeks here and leave Q.12 blank	Number of weeks lived alone in 1990? Do not report weeks included in Q.11	How many of these weeks (Q.11 and Q.12) were away from home? Such as on holidays, in hospitals, etc. <i>If frequently away over- night on weekend, estimate in terms of weeks.</i>	IF TOTAL NUMBER OF WEEKS (Q.11 and Q.12) is less than 52. Specify reason: 1 Child born in 1990 or 1991 2 Immigrated in 1990 or 1991 3 Belonged to a household in ex- istence elsewhere 4 Other - Explain in notes	INTERVIEWER CHECK ITEM: Using questions 9, 11 and 12, determine the data collection code. 1 Report data for all weeks on FEX2 (If Q.9 = Yes and Q.11 is not equal to 00) 2 Report data only for weeks a member of this household (If Q.9 = No and Q.11 is not equal to 00) 3 Report data only for weeks liv- ed alone (If Q.9 = Yes and Q.11 = 00 and Q.12 is not equal to 00) 4 Report data for A section only (If Q.9 = Yes and Q.11 = 00 and Q.12 = 00) 5 Not a member of this household at any time (If Q.9 = No and Q.11 = 00 and Q.12 = 00)
001 <input type="checkbox"/> A	002 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	003 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	004 <input type="checkbox"/> <input type="checkbox"/>	005 <input type="checkbox"/> <input type="checkbox"/>	006 <input type="checkbox"/> <input type="checkbox"/>	007 <input type="checkbox"/>	008 <input type="checkbox"/>
009 <input type="checkbox"/>	010 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	011 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	012 <input type="checkbox"/> <input type="checkbox"/>	013 <input type="checkbox"/> <input type="checkbox"/>	014 <input type="checkbox"/> <input type="checkbox"/>	015 <input type="checkbox"/>	016 <input type="checkbox"/>
017 <input type="checkbox"/>	018 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	019 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	020 <input type="checkbox"/> <input type="checkbox"/>	021 <input type="checkbox"/> <input type="checkbox"/>	022 <input type="checkbox"/> <input type="checkbox"/>	023 <input type="checkbox"/>	024 <input type="checkbox"/>
025 <input type="checkbox"/>	026 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	027 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	028 <input type="checkbox"/> <input type="checkbox"/>	029 <input type="checkbox"/> <input type="checkbox"/>	030 <input type="checkbox"/> <input type="checkbox"/>	031 <input type="checkbox"/>	032 <input type="checkbox"/>
033 <input type="checkbox"/>	034 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	035 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	036 <input type="checkbox"/> <input type="checkbox"/>	037 <input type="checkbox"/> <input type="checkbox"/>	038 <input type="checkbox"/> <input type="checkbox"/>	039 <input type="checkbox"/>	040 <input type="checkbox"/>
041 <input type="checkbox"/>	042 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	043 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	044 <input type="checkbox"/> <input type="checkbox"/>	045 <input type="checkbox"/> <input type="checkbox"/>	046 <input type="checkbox"/> <input type="checkbox"/>	047 <input type="checkbox"/>	048 <input type="checkbox"/>
049 <input type="checkbox"/>	050 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	051 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	052 <input type="checkbox"/> <input type="checkbox"/>	053 <input type="checkbox"/> <input type="checkbox"/>	054 <input type="checkbox"/> <input type="checkbox"/>	055 <input type="checkbox"/>	056 <input type="checkbox"/>
057 <input type="checkbox"/>	058 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	059 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	060 <input type="checkbox"/> <input type="checkbox"/>	061 <input type="checkbox"/> <input type="checkbox"/>	062 <input type="checkbox"/> <input type="checkbox"/>	063 <input type="checkbox"/>	064 <input type="checkbox"/>
065 <input type="checkbox"/>	066 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	067 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	068 <input type="checkbox"/> <input type="checkbox"/>	069 <input type="checkbox"/> <input type="checkbox"/>	070 <input type="checkbox"/> <input type="checkbox"/>	071 <input type="checkbox"/>	072 <input type="checkbox"/>
073 <input type="checkbox"/>	074 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	075 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	076 <input type="checkbox"/> <input type="checkbox"/>	077 <input type="checkbox"/> <input type="checkbox"/>	078 <input type="checkbox"/> <input type="checkbox"/>	079 <input type="checkbox"/>	080 <input type="checkbox"/>
081 <input type="checkbox"/>	082 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	083 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	084 <input type="checkbox"/> <input type="checkbox"/>	085 <input type="checkbox"/> <input type="checkbox"/>	086 <input type="checkbox"/> <input type="checkbox"/>	087 <input type="checkbox"/>	088 <input type="checkbox"/>
089 <input type="checkbox"/>	090 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	091 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	092 <input type="checkbox"/> <input type="checkbox"/>	093 <input type="checkbox"/> <input type="checkbox"/>	094 <input type="checkbox"/> <input type="checkbox"/>	095 <input type="checkbox"/>	096 <input type="checkbox"/>

Ask the following questions for reference person and spouse

16. What is the language this person first learned and still understands?	17. Where was this person born?	18. In what year did this person first im- migrate to Canada?	19. What was the highest level of education completed by this person?
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Reference person

01 <input type="checkbox"/> English 02 <input type="checkbox"/> French 03 <input type="checkbox"/> German 04 <input type="checkbox"/> Italian 05 <input type="checkbox"/> Ukrainian <input type="checkbox"/> Other (specify): 201 <input type="checkbox"/> <input type="checkbox"/> Office Use	01 <input type="checkbox"/> Canada → Go to Q.19 02 <input type="checkbox"/> United Kingdom 03 <input type="checkbox"/> Italy 04 <input type="checkbox"/> U.S.A. 05 <input type="checkbox"/> Germany 06 <input type="checkbox"/> Poland <input type="checkbox"/> Other (specify): 202 <input type="checkbox"/> <input type="checkbox"/> Office Use	203 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	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 Enter Code 204 <input type="checkbox"/>
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Spouse of reference person ☐ No spouse → Go to p.3

01 <input type="checkbox"/> English 02 <input type="checkbox"/> French 03 <input type="checkbox"/> German 04 <input type="checkbox"/> Italian 05 <input type="checkbox"/> Ukrainian <input type="checkbox"/> Other (Specify): 205 <input type="checkbox"/> <input type="checkbox"/> Office Use	01 <input type="checkbox"/> Canada → Go to Q.19 02 <input type="checkbox"/> United Kingdom 03 <input type="checkbox"/> Italy 04 <input type="checkbox"/> U.S.A. 05 <input type="checkbox"/> Germany 06 <input type="checkbox"/> Poland <input type="checkbox"/> Other (Specify): 206 <input type="checkbox"/> <input type="checkbox"/> Office Use	207 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Enter code 208 <input type="checkbox"/>
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B. CHARACTERISTICS OF THE DWELLINGS OCCUPIED IN 1990

◆ B01

Dwelling Occupied at Dec. 31, 1990

1. Which type of dwelling did this household occupy on Dec. 31, 1990?

- | | | | |
|----|---|----|---|
| 01 | Single Detached | 06 | Apartment in a building that has five or more storeys |
| 02 | Double | | |
| 03 | Row or Terrace | 08 | Hotel, Rooming or Lodging House, Camp – Logging, Construction, etc. |
| 04 | Duplex | 09 | Mobile Home |
| 05 | Apartment in a building that has less than five storeys | 10 | Other – Specify |

Enter Code:

001	<input type="text"/>
002	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
003	<input type="text"/>

2. Was the dwelling occupied on Dec. 31, 1990 part of a legally registered condominium development?

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

4. How many bedrooms were there in the dwelling? (Include all rooms designed as bedrooms, even though the use may be occasional, as in the case of "spare" bedrooms. Exclude rooms designed as dining rooms, living rooms, etc. but which may be used as bedrooms at night). IF A BACHELOR APARTMENT ENTER "00" BEDROOMS

5. How many bathrooms were there in the dwelling? (Include half-bathrooms)

004	<input type="text"/>
005	<input type="text"/>

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

- | | | | | | |
|---|----------------|---|-----------|---|-----------|
| 1 | 1940 or before | 4 | 1961-1970 | 7 | 1986-1988 |
| 2 | 1941-1950 | 5 | 1971-1980 | 8 | 1989 |
| 3 | 1951-1960 | 6 | 1981-1985 | 9 | 1990 |

Enter Code:

006	<input type="text"/>
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7. On Dec. 31, 1990 was the above dwelling

- | | | | |
|---|--|---|------------------|
| 1 | Owned without mortgage by the household? | } | → Go to Q.8 |
| 2 | Owned with mortgage(s) by the household? | | |
| 3 | Rented by the household? | } | → Go to p.4, Q.1 |
| 4 | Occupied rent-free by the household? | | |

Enter Code:

007	<input type="text"/>
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8. Were the following facilities associated with the dwelling owned and occupied by the household on Dec. 31, 1990:

- | | | | |
|-----|---------------------------------|-----|--|
| 8.1 | Central air conditioning? | 008 | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No |
| 8.2 | Garage? | 009 | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No |
| 8.3 | Inground swimming pool? | 010 | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No |

9. If you were selling this dwelling now, for how much would you expect to sell it? \$

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

10. If someone were to rent your home today, how much do you think it would rent for monthly, unfurnished and without utilities? \$

012	<input type="text"/>
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NOTES AND COMMENTS

B. CHARACTERISTICS OF THE DWELLINGS OCCUPIED IN 1990 – concluded

001

1. In what year did the household move to this dwelling?

INTERVIEWER CHECK ITEM:

IF Q.1 IS NOT 1990, go to Q.8

IF Q.1 IS 1990, then ask:

2. Did this household exist before moving to the dwelling?

IF NO, go to Q.8

002
1 ☐ Yes 2 ☐ No

3. Were any of the dwellings previously occupied by the household in 1990:

3.1 Owned with mortgage(s) by the household?

3.2 Owned without mortgage by the household?

003
1 ☐ Yes 2 ☐ No

004
1 ☐ Yes 2 ☐ No

If no to both questions go to Q.5

4. Were any of these dwellings previously occupied:

4.1 Sold?

4.2 Rented to others?

4.3 Left vacant?

4.4 Other? Specify

005
1 ☐ Yes 2 ☐ No

006
1 ☐ Yes 2 ☐ No

007
1 ☐ Yes 2 ☐ No

008
1 ☐ Yes 2 ☐ No

5. Were any of the dwellings previously occupied by the household in 1990:

5.1 Rented by the household?

5.2 Occupied rent-free by the household?

009
1 ☐ Yes 2 ☐ No

010
1 ☐ Yes 2 ☐ No

6. From what city(ies), town(s) or village(s) did the move(s) take place?

☐ Same

☐ Different, specify

Office Use

011 ☐

7. Give date(s) of move(s) in 1990 and explain, e.g. sold home on July 1, 1990 and moved to apartment.

8. Did any member of this household live on a farm at anytime during 1990?

9. Did any member of this household operate a farm at anytime during 1990?

012
1 ☐ Yes 2 ☐ No

013
1 ☐ Yes 2 ☐ No

NOTES AND COMMENTS

GENERAL DIRECTIVES

Read the first 5 items to the respondent.

Read other information to the respondent as required during the interview.

Expenditures

- All expenditures should **include** (where applicable) provincial retail sales taxes, tips, custom duties and federal taxes paid on imported items.
- For items purchased on the installment plan, report the **total** price of the article.
- If goods are bought at a discount, report the price **paid**, not the regular price.
- Include purchases of **new and used** goods.
- If a purchase involved a **trade-in**, report the **amount after trade-in**.

Report the full purchase price (including deposits) of all goods and services **received** in 1990 in Sections C through L whether they were paid for prior to 1990 or were to be paid for after 1990. Amounts **not** paid in 1990 should also be reported in Section P.

Unless otherwise specified, amounts paid for goods and services not received in 1990 should be reported in Section P.

Report gifts **purchased for** or **received from** non-household members in Section N.

Insurance Settlements

Where insurance settlements are **used** to repair or replace property, report only the **deductible** amount paid for the expenditure category.

Where an insurance settlement was received for property and that property was not repaired or replaced, report the amount of the settlement as the "**selling price**" of the item.

Note: Specific instructions concerning property insurance settlements for cars and trucks are found in Section J.

n.e.s.

Abbreviation for "**not elsewhere specified**"

Part-year members

Include their expenditures, incomes, assets and liabilities **only for the period they were members of this household**.

◆ C01

C. SHELTER EXPENSES IN 1990

Owned Living Quarters (Exclude vacation homes, other secondary living quarters as well as other dwellings owned but not occupied by any member of the household in 1990.)

1. For how many months in 1990 did this household occupy a dwelling(s) which it owned?
..... ☐ None → Enter 00 and go to P. 14 Q.1.

2. For dwelling(s) owned and occupied in 1990 what was:

2.1 the total amount billed for property taxes, including special service charges and local improvements in 1990? \$

2.2 the total premiums paid in 1990 for home owners' insurance (coverage for fire, theft and other perils)? \$

3. Were there any condominium charges (including special levies) associated with any dwelling(s) owned and occupied by the household in 1990?

4. What amount was paid in 1990 for condominium charges (including special levies)? \$

5. Did these condominium charges include:

5.1 Taxes?

5.2 Heat?

5.3 Electricity?

5.4 Water?

5.5 Other? Specify

6. For any dwelling owned and occupied by the household in 1990 what percentage of the above expenses covered:

6.1 part of dwelling used for own business?

6.2 rooms in dwelling rented to household member(s)? (Exclude relatives)

6.3 rooms in dwelling rented to non-household member(s), i.e. students who are members of an eligible household elsewhere, citizens of foreign countries, etc.?

NOTES AND COMMENTS

C. SHELTER EXPENSES IN 1990 — continued

♦ C02

The next two pages deal with **additions, renovations, alterations, installations and replacements** of equipment and fixtures for owned living quarters in **1990**. Include items which are fixtures on the property, and which would normally be included in a property sale rather than portable or "non-fixed" equipment. *Report work done on vacation homes, other secondary living quarters and other property on Page 17.*

1. What amount was spent by the household for the following **ADDITIONS**?

Include the construction of structural extensions, enclosures, and additional facilities on the residential property. Additions may also include the cost of plumbing, electrical and heating equipment and built-in appliances if these were included as **PART** of the **ADDITION**.

	Contract (including labour and materials) and/or separate hired labour cost	Separate material cost
1.1 Garages and car ports	001	002
1.2 Other structural extensions	003	004
1.3 Inground swimming pools	005	006
1.4 Fences, patios, driveways	007	008
1.5 Landscaping	009	010

2. What amount was spent by the household for **RENOVATIONS AND ALTERATIONS**? (Include any finishing in new home).

Indicate any work done which was intended to upgrade the property to acceptable building or living standards; to rearrange the interior space; or to modernize existing facilities in order to suit changing needs without changing the type of occupancy. (Renovations and alterations may include the cost of plumbing, electrical or heating equipment and built-in appliances if they were part of the project.)

Note: Include the cost of any equipment and built-in appliances that were part of the renovation project.	011	012
2.1 A combination of interior and exterior work	013	014
2.2 Exterior work only	015	016
2.3 Interior work only		

3. What amount was spent by the household for the following **INSTALLATIONS AND REPLACEMENTS OF EQUIPMENT AND FIXTURES**? (*Separate installation not included in additions and renovations Q. 1.1 — 2.3*)

REPLACEMENT refers to the installation of equipment or fixtures that replaced an existing unit. Example: replacing an electric water heater with a gas model.

NEW INSTALLATION refers to the installation of equipment or fixtures that did not previously exist on the property, or that were installed in addition to the equipment or fixtures on the property. Example: installing a shower stall in what had been a half-bathroom.

3.1 Plumbing fixtures: replacement	017	018
3.2 Plumbing fixtures: new installation	019	020
3.3 Heating and/or Air conditioning equipment: replacement	021	022
3.4 Heating and/or Air conditioning equipment: new installation	023	024
3.5 Electrical fixtures or equipment (including wiring): replacement	025	026
3.6 Electrical fixtures or equipment (including wiring): new installation	027	028
3.7 Built-in appliances (e.g. ovens, dishwashers, central vacuum, etc.): replacement	029	030
3.8 Built-in appliances (e.g. ovens, dishwashers, central vacuum, etc.): new installation	031	032
3.9 Wall-to-wall carpeting: replacement	033	034
3.10 Wall-to-wall carpeting: new installation	035	036
3.11 Other fixtures or built-in equipment: replacement	037	038
3.12 Other fixtures or built-in equipment: new installation	039	040

C. SHELTER EXPENSES IN 1990 – continued

Indicate if structural extension is one or more of the following:

001 <input type="checkbox"/> Bedroom	002 <input type="checkbox"/> Kitchen	003 <input type="checkbox"/> Family room
004 <input type="checkbox"/> Bathroom	005 <input type="checkbox"/> Porch, sundeck, balcony	006 <input type="checkbox"/> Sunroom, greenhouse, shed, gardenhouse
007 <input type="checkbox"/> Other addition, Specify _____		

Indicate if any renovations and alterations involved one or more of the following:

008 <input type="checkbox"/> Eavestroughing	009 <input type="checkbox"/> Floors, ceiling, walls	010 <input type="checkbox"/> Bathroom remodelling
011 <input type="checkbox"/> New exterior walls	012 <input type="checkbox"/> Wall-to-wall carpeting	013 <input type="checkbox"/> Kitchen remodelling
014 <input type="checkbox"/> Doors, windows, dormers	015 <input type="checkbox"/> Electrical wiring (entire)	016 <input type="checkbox"/> Basement and attic
017 <input type="checkbox"/> Additional insulation	018 <input type="checkbox"/> Piping system (entire)	019 <input type="checkbox"/> Other renovation, Specify _____

Indicate if installation or replacement was one or more of the following:

020 <input type="checkbox"/> Bathroom fixtures	021 <input type="checkbox"/> Hot water tank		
022 <input type="checkbox"/> Sinks, laundry tubs	023 <input type="checkbox"/> Other plumbing fixtures		
024 <input type="checkbox"/> Furnace	025 <input type="checkbox"/> Central air conditioning	026 <input type="checkbox"/> Heat pump	027 <input type="checkbox"/> Other heating, e.g. baseboard heaters
028 <input type="checkbox"/> Fireplace and woodstove	029 <input type="checkbox"/> Furnace equipment	030 <input type="checkbox"/> Fireplace equipment	
031 <input type="checkbox"/> Wiring, panel	032 <input type="checkbox"/> Security equipment		
033 <input type="checkbox"/> Other electrical			

Specify: _____

Specify: _____

C. SHELTER EXPENSES IN 1990 – continued

♦ C04

What amount was spent by the household for the following **repairs** and **maintenance**?
Include equipment service contracts and cleaning of equipment.

Include expenditures made on an existing structure or piece of equipment to keep it in good working condition and appearance so as to maintain it in "as new" a condition as possible. Also include repairs done to broken, damaged, or malfunctioning components of the structure or equipment.

Exclude housekeeping costs such as rug cleaning, window washing, cleaning out of eavestroughing, groundskeeping, snow removal, garbage removal, etc.

Contract (including labour and materials) and/or separate hired labour cost	Separate material cost
001	002
003	004
005	006
007	008
009	010
011	012
013	014
015	016
017	018
019	020
021	022
023	024
025	026
027	028

1. Painting (interior and exterior)
2. Wall papering
3. Repairs to interior walls and ceilings: plastering, drywall, panelling, tiling
4. Repairs to hard surface flooring and wall-to-wall carpeting (excluding wooden flooring). *Report replacements on P.7 Q.3.11*
5. Complete re-roofing
6. Eavestroughing and other roof repairs
7. Repairs to exterior wall including soffits, fascia, foundations and chimneys (Include chimney cleaning) ..
8. Caulking and weather stripping, etc. (Include replacement of insulation, vapour barriers, etc.)
9. Repairs to outdoor patios, fences and driveways
10. Heating and air conditioning system (Include service contracts)
11. Plumbing, n.e.s.
12. Electrical, n.e.s.
13. Carpentry, n.e.s. (Include wooden flooring)
14. Other repairs and maintenance: Specify

NOTES AND COMMENTS

NOTES AND COMMENTS

C. SHELTER EXPENSES IN 1990 - continued

1. Were there any mortgages or other loans on dwellings owned and occupied by the household at any time in 1990?

INTERVIEWER CHECK ITEM:

- ☐ Yes → Inform respondent that: "Each mortgage agreement should be reported separately."
"Repayable government assistance plans should be reported as separate mortgages whether or not payments were due in 1990."
- ☐ No → Go to p.13, Q.1

Include dwellings which were sold or otherwise vacated. Include loans for Additions, Renovations, Alterations, New Installations, Replacements, Repairs and Maintenance.

Exclude vacation homes and other secondary living quarters. Exclude dwellings that were not occupied by your household during 1990.

Report expenditures on rental property on page 44 (Q.10 to Q.14).

2. Does this mortgage apply to a dwelling which was:

3. Did the mortgage refer to a multiple dwelling structure (duplex, etc.) owned by a member of this household?

If yes,

3.1 What percentage of this building was occupied by your household?

4. Is this mortgage subsidized under a government plan or in any other way?

4.1 If a government plan, what is the name of the plan? If other subsidy specify (e.g. company benefits, loans from relatives)

5. Is this a first mortgage or a second mortgage?

6. What amount of mortgage principal was borrowed or renewed in 1990? (Include value of repayable government plans)

6.1 Amount \$

6.2 Date (month) amount borrowed/renewed

7. What were the monthly payments (including lump sums) and monthly rates of interest?

If a mortgage was paid off for any reason (including sale of home, end of term) report total payment in the relevant month.

INTERVIEWER CHECK ITEM:
CHECK if mortgage installments were not paid monthly → ☐

Use the Notes and Comments section to indicate the type of payment schedule (i.e. weekly/ every two weeks/twice a month, etc.) for each mortgage.

8. Which of the following are included in these payments:

8.1 Property tax?

8.2 Mortgage life insurance

8.3 Principal or interest?

Mortgage A		Mortgage B	
001 1 <input type="checkbox"/> owned and occupied at Dec. 31, 1990. 2 <input type="checkbox"/> previously owned and occupied in 1990		047 1 <input type="checkbox"/> owned and occupied at Dec. 31, 1990. 2 <input type="checkbox"/> previously owned and occupied in 1990	
002 1 <input type="checkbox"/> Yes → Continue 2 <input type="checkbox"/> No → Go to Q.4		048 1 <input type="checkbox"/> Yes → Continue 2 <input type="checkbox"/> No → Go to Q.4	
003 <input type="text"/> <input type="text"/> %		049 <input type="text"/> <input type="text"/> %	
004 1 <input type="checkbox"/> Yes → Continue 2 <input type="checkbox"/> No → Go to Q.5		050 1 <input type="checkbox"/> Yes → Continue 2 <input type="checkbox"/> No → Go to Q.5	
005 <input type="text"/> <input type="text"/> Office only		051 <input type="text"/> <input type="text"/> Office only	
006 1st 2nd 1 <input type="checkbox"/> 2 <input type="checkbox"/>		052 1st 2nd 1 <input type="checkbox"/> 2 <input type="checkbox"/>	
007 <input type="checkbox"/> None → Go to Q.7		053 <input type="checkbox"/> None → Go to Q.7	
008 Month Year <input type="text"/> <input type="text"/> 9 0		054 Month Year <input type="text"/> <input type="text"/> 9 0	

	Monthly Payments \$	Rate of Interest %	Monthly Payments \$	Rate of Interest %
January	009	010 <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	055	056 <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
February	011	012 <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	057	058 <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
March	013	014 <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	059	060 <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
April	015	016 <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	061	062 <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
May	017	018 <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	063	064 <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
June	019	020 <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	065	066 <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
July	021	022 <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	067	068 <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
August	023	024 <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	069	070 <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
September	025	026 <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	071	072 <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
October	027	028 <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	073	074 <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
November	029	030 <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	075	076 <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
December	031	032 <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	077	078 <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>

033 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	079 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
034 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	080 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
035 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	081 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No

C. SHELTER EXPENSES IN 1990 – continued

• C06

Mortgage on Owned Living Quarters

Continue mortgage from page 11

9. What was the total amount of interest paid in 1990? \$
10. What was the total amount of principal paid in 1990 (Include lump sum payments)? \$
11. What was the total premium paid in 1990 for mortgage life insurance? \$
- 12.1 What was the best known balance of principal, e.g. at end of the year, anniversary date, beginning of the term of the mortgage, etc.?
- 12.2 Date of best known balance: month/year (If not 1990 cover in the notes the main features of the payment schedule since this date)?
13. What was the starting date of the term? Give month and year
14. What is(was) the termination date of the term? Give month and year
15. What is the termination date of the amortization period? Give year
16. Was this mortgage new or assumed?
17. What type of lender held the mortgage?
18. Was the interest rate subject to monthly fluctuations, e.g. 'variable' or 'adjustable' rate mortgages?
19. Were records consulted for this mortgage information?

Mortgage A continued	Mortgage B continued
001	021
002	022
003	023
004	024
005 Month Year [][] [][]	025 Month Year [][] [][]
006 Month Year [][] [][]	026 Month Year [][] [][]
007 Month Year [][] [][]	027 Month Year [][] [][]
008 Year [][][][]	028 Year [][][][]
009 1 <input type="checkbox"/> New 2 <input type="checkbox"/> Assumed	029 1 <input type="checkbox"/> New 2 <input type="checkbox"/> Assumed
010 1 <input type="checkbox"/> Financial institution, (e.g. bank, trust company, credit union, etc.) 2 <input type="checkbox"/> Private individual or employer 3 <input type="checkbox"/> Government 4 <input type="checkbox"/> Other, e.g. builder, contractor, etc.	030 1 <input type="checkbox"/> Financial institution, (e.g. bank, trust company, credit union, etc.) 2 <input type="checkbox"/> Private individual or employer 3 <input type="checkbox"/> Government 4 <input type="checkbox"/> Other, e.g. builder, contractor, etc.
011 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	031 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
012 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	032 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No

NOTE TO INTERVIEWER

IF A MORTGAGE IS RENEWED IN 1990:

1. The old and new mortgage agreements should be reported as separate mortgages (i.e. in separate mortgage columns).
2. For the old mortgage the amount required to reduce the principal outstanding to 0 should be reported as paid out at the time of the last monthly payment in Q.7.
- Report the best known balance of principal as 0 in Q.12.1.
- The date of the best known balance of principal for the mortgage which is ending should be that of the end of the term in Q.12.2.
3. For the new mortgage the total amount of principal owing at the beginning of the new term (including any additional amounts borrowed) should be reported in Q.6.1 and also in Q.12.1 as the best known balance of principal.
- The date of the best known balance of principal in Q.12.2 should correspond to the date the mortgage was renewed in 1990 (Q.6.2).

NOTE: Apply directive 3 for all mortgages which began in 1990.

NOTES AND COMMENTS

◆ C07

C. SHELTER EXPENSES IN 1990 – continued

These questions should be answered by **home owner** households regardless of whether they own with or without mortgage.

1. Did this household purchase a home in 1990?

001
1 <input type="checkbox"/> Yes → Continue
2 <input type="checkbox"/> No → Go to Q.2

1.1 Was your household the first to occupy this dwelling?

002
1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No

1.2 What was the purchase price of home bought in 1990? (Report adjustments in their respective categories e.g. taxes, fuel oil, etc.)

003
\$

1.3 What amount was borrowed to purchase home? Include repayable government plans

004
\$

1.4 Down payment made on home bought in 1990? (Include deposit made on offer and any non-repayable grants used as down payment). Report purchase price if no mortgage.

005
\$

1.5 Amount of any non-repayable government grant received in 1990?

006
\$

1.6 Was this purchase made by person(s) who had never previously owned a dwelling which they occupied?

007
1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No

1.7 What was the amount paid for transfer taxes?

008
\$

2. Did this household sell a home in 1990?

009
1 <input type="checkbox"/> Yes → Continue
2 <input type="checkbox"/> No → Go to Q.3

2.1 Selling price of home sold in 1990?

010
\$

2.2 Real estate commissions on home sold in 1990?

011
\$

2.3 Amount paid on any outstanding mortgage(s) on home sold in 1990? (Ensure that this amount is included on P.11, Q.7)

012
\$

2.4 What year did this household purchase this home?

013				
<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>				

3. What was the amount paid for legal charges in 1990 related to the dwelling(s)? Exclude transfer taxes

014
\$

4. What was the amount of other expenses in 1990 related to the dwelling(s) (e.g. expenses for surveying, appraisals, penalties associated with mortgage payments)? Exclude real estate commissions and transfer taxes.

Specify

015
\$

NOTES AND COMMENTS

C. SHELTER EXPENSES IN 1990 - continued

♦ C08

Rented Living Quarters (Include living quarters occupied rent-free. Exclude vacation quarters)

001 mos

1. For how many months in 1990 did this household occupy a rented dwelling?
- ☐ None → Enter "00" and Go to P.15 Q.1

2. What monthly rental payments were made for rented living quarters occupied by this household in 1990? (Include any part of the dwelling used for business or rented to others. Also include amounts paid on behalf of the household, if known.)

Month	Rent paid	Month	Rent paid
January	\$	July	\$
February	\$	August	\$
March	\$	September	\$
April	\$	October	\$
May	\$	November	\$
June	\$	December	\$

Enter total rent paid → \$

002

3. What amount was paid by the household for additions, renovations and alterations; installation and replacement of equipment and fixtures; repairs and maintenance for rented dwelling(s) occupied in 1990? (Exclude amounts reimbursed by the landlord.) \$

003

4. Were there any other payments made in 1990 to the landlord not included above, e.g. security deposits?
- 1 ☐ Yes → \$
- 2 ☐ No → Go to Q.5

004

5. Was there any rent returned to this household for any reason during 1990, e.g. rent overpayment? (Exclude provincial tax credits for rent paid, provincial or municipal rent allowances.)
- 1 ☐ Yes → \$
- 2 ☐ No → Go to Q.6

005

6. Did this household pay a reduced rent in 1990 for any of the following reasons:

- 1 Government subsidized housing? (Include Federal, Provincial and Municipal projects as well as Department of National Defence projects, and assisted rental programs.)
- 2 Services to landlord?
- 3 Other reasons, e.g. company housing?
- 4 No reduced rent?

Enter code

006 ☐

007

7. What payments did this household make in 1990 for tenants' insurance? \$

8. Which of the following facilities were included in the rental payments made in 1990:

- 8.1 Appliances, furniture or furnishings?
- 8.2 Electricity
- 8.3 Heat?
- 8.4 Water?
- 8.5 Parking (inside or outside)?
- 8.6 Air conditioning?
- 8.7 Swimming pool?
- 8.8 Cablevision?
- 8.9 Other facilities included in rent e.g. saunas? Specify

008 1 ☐ Yes 2 ☐ No

009 1 ☐ Yes 2 ☐ No

010 1 ☐ Yes 2 ☐ No

011 1 ☐ Yes 2 ☐ No

012 1 ☐ Yes 2 ☐ No

013 1 ☐ Yes 2 ☐ No

014 1 ☐ Yes 2 ☐ No

015 1 ☐ Yes 2 ☐ No

016 1 ☐ Yes 2 ☐ No

017

9. What amount was paid for parking at your place of residence excluding any amount that was included in rent? \$

018 1 ☐ Yes → Continue
2 ☐ No → Go to p.15, Q.1

10. Did the rent paid cover premises used for business or rented to others?

- 10.1 What amount of the rent paid covered premises used for own business? \$

019

- 10.2 What amount of the rent paid covered premises rented to household member(s)? (Exclude relatives). \$

020

- 10.3 What amount of the rent paid covered premises rented to non-household member(s), i.e. students who are members of an eligible household elsewhere, citizens of foreign countries, etc.? \$

021

C. SHELTER EXPENSES IN 1990 – continued

Ask both owners and renters these questions

Water, Fuel and Electricity for principal residence in 1990 – Include fuel used for B.B.Q.'s, fireplaces, etc.
Report camp fuels on P.38.

1. What were the household's expenses for:
- 1.1 Water (including sewage charges on water bill)?
 - 1.2 Other sewage charges (not included in property tax bill) e.g. pumping services?
 - 1.3 Fuel oil and other liquid fuel?
 - 1.4 Piped gas? (Report propane here if it is piped, otherwise report it in Q.1.6)
 - 1.5 Electricity?
 - 1.6 Bottled gas?
 - 1.7 Fuel wood?
 - 1.8 Rental of heating equipment e.g. hot water heaters, gas containers?
 - 1.9 Other fuel and heating costs e.g. coal, charcoal, etc.?

Total cost \$
001
002
003
004
005
006
007
008
009

2. Which fuel was used most in the principal residence for:

For each question check 1 box only.

- 2.1 Home heating?
- 2.2 Cooking?
- 2.3 Water heating?

Fuel Oil or Other Liquid Fuel	Piped Gas	Electricity	Other
010 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
011 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
012 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

Other rented accommodation

3. During 1990 what amount did the household pay for the following shelter expenses while away from home overnight or longer:

Travel tours which include transportation should be reported in Section J.

Recreational camps should be reported in Section K.

Meals purchased separately should be reported in Section F.

Note: expenditures for households whose usual place of residence is a hotel, boarding house, etc. (i.e. those who are not members of a household elsewhere) should have been reported under rented living quarters.

- 3.1 Rented vacation home? (Exclude units rented by hotels, motels, etc.)
- 3.2 Hotels?
A hotel is defined as having at least some units with access from the interior
- 3.3 Motels?
A motel is defined as having all units with access from the exterior only.
- 3.4 Camp grounds?
- 3.5 Other, e.g. tourist homes, bed and breakfasts, hostels, farm holiday houses?
- 3.6 Accommodation while at school or working away from home e.g. students' residences, workers' residences, boarding houses, etc.?

Meals included in price \$	No meals included in price \$
	018
013	019
014	020
015	021
016	022
017	023

INTERVIEWER CHECK ITEM:

4. Were there any unrelated members who rented rooms from this household? (i.e. Q.6.2 on page 6 or Q.10.2 on page 14 greater than 0)

024
1 ☐ Yes → Continue
2 ☐ No → Go to p.16

5. During 1990, what amount was paid for room and board to this household? (Exclude relatives and non-household members)

025	026
-----	-----

C. SHELTER EXPENSES IN 1990 - continued

♦C10

1. Did a member of this household own any other real estate in 1990?

001
1 ☐ Yes → Continue
2 ☐ No → Go to D01

2. Indicate whether the household owned real estate properties according to the following uses:

NOTE: A property can fall into more than one category. For example: a vacation home is put up for rent for part of the year. Therefore, some of the expenses will be rental property expenses and the rest will be vacation home expenses.

002
1 ☐ Yes
2 ☐ No

2.1 Vacation home and/or other secondary living quarters for this household or a household member.

INTERVIEWER CHECK ITEM:

If yes:

This household should complete questions 1 to 8 on C11 on page 17.

003
1 ☐ Yes
2 ☐ No

2.2 Rental property

INTERVIEWER CHECK ITEM:

If yes:

This household should include this property in Section P under "Assets" (Questions 10 to 14 on PO1) on page 44.

004
1 ☐ Yes
2 ☐ No

2.3 Property used for other unincorporated business activities including unincorporated farms.

INTERVIEWER CHECK ITEM:

If yes:

This household should include this property in Section P under "Assets" (Questions 10 to 14 on PO1) on page 44.

005
1 ☐ Yes
2 ☐ No

2.4 Any other real estate

INTERVIEWER CHECK ITEM:

If yes:

This household should complete questions 9 to 17 on C11 on page 17.

Notes related to expenses on dwellings not owned by members of this household:

If a member of this household had expenses related to property owned by someone outside the household and

- it was used as living quarters. Report the cost under C08 on page 14. An example is: A relative who is not a household member owns the building but this household pays the taxes and the rent is "free". Enter taxes in C08, Q.2, C08, Q.6=3 and report any other applicable expenses on pages 14 and 15.
- it was not used as either the household's living quarters or for business. Report any expenses on it, under C09, Q.3, "other rented accommodation" on page 15. An example is: A household has used a vacation home owned by a parent and spent money on repairs and utilities. These expenses would be reported on page 15, C09, Q.3.1.
- it was used for farming or for other unincorporated business purposes. Deduct allowable expenses from gross income from self-employment when calculating net self-employment income. Report any capital costs to this household business on p. 44, Section P01.

♦ C11

C. SHELTER EXPENSES IN 1990 - concluded

Owned vacation home and other secondary living quarters (Exclude mobile vacation home)

1. During 1990 did a member of this household own a vacation home or other secondary living quarters?

001
1 ☐ Yes → Continue
2 ☐ No → Go to Q.9

2. Did a member of this household purchase a vacation home or other secondary living quarters during 1990?

002
1 ☐ Yes → Continue
2 ☐ No → Go to Q.3

Total cost \$
003
004
005
006
007
008

2.1 What was the purchase price?

3. What expenditures did the household make in 1990 for:

3.1 Additions, renovations and new installations?

3.2 Repairs, maintenance and replacements?

4. What amount of money was borrowed in 1990 for expenses associated with the dwelling(s)? (Include purchase as well as mortgage and other financial obligations)

5. What payments were made on the principal of mortgage? (Exclude payments made at time of sale)

6. What amount of interest was paid in 1990?

009
1 ☐ Yes → Continue
2 ☐ No → Go to Q.8

7. Was (were) the dwelling(s) sold in 1990?

010
011

7.1 What was the selling price?

7.2 What was the net amount received from the sale (i.e. selling price less amount paid on the outstanding mortgage on the home sold and real estate commissions)?

8. What expenditures did the household make in 1990 for:

8.1 Taxes and sewage charges?

8.2 Insurance?

8.3 Electricity?

8.4 Water and fuel?

8.5 Other expenses associated with the property, e.g. condominium charges, survey costs, real estate commissions, legal fees, mortgage insurance premiums, etc.?

012
013
014
015
016

Other Property

9. Did a member of this household own other property (excluding principal or secondary living quarters, rental property, other business or farm)?

"Other property" can include same dwellings that were used as owned living quarters, rental property, etc. for part of the year. See definition in the Interviewer's Manual.

017
1 ☐ Yes → Continue
2 ☐ No → Go to p.18, Q.1

10. What was the purchase price of property bought in 1990?

11. What amount was spent by the household for additions or major alterations on property other than home or vacation home, (not business) in 1990, e.g. servicing land, etc.?

12. What amount of money was borrowed in 1990 for expenses associated with the property (including purchase)?

13. What payments were made on the principal of mortgage? (Exclude payments made at time of sale)

14. What amount of interest was paid in 1990?

018
019
020
021
022

15. Was any of the property sold in 1990?

023
1 ☐ Yes → Continue
2 ☐ No → Go to Q.16

15.1 What was the selling price?

15.2 What was the net amount received from the sale (i.e. selling price less amount paid on the outstanding mortgage and real estate commissions)?

16. Other expenses associated with the property, e.g. taxes, survey costs, appraisal fees, utilities?

17. Is the above 'other property':

- 1 land only?
- 2 a home left vacant for all or part of 1990?
- 3 other, including both of above? Specify

Enter Code

024
025
026
027

D. EXPENSES FOR HOUSEHOLD FURNISHINGS AND EQUIPMENT IN 1990

All expenditures on household furnishings and equipment purchased for the household or its members should be reported in section D including purchases for use at vacation homes or in other accommodation. Accessories and attachments for vehicles should be reported in Section J.

MAJOR HOUSEHOLD APPLIANCES:

(Report purchases of built-in appliances on P.7)

	Number of items owned and usable on Dec. 31, 1990 (Exclude appliances included in rent)	Net purchase price (after trade-in allowance) including sales tax of items purchased in 1990	Where was this item purchased? (If more than one item, report kind of store with most expenditure)		
			Department store	Household appliance stores, Furniture stores, T.V., Radio and Appliance stores	Other
001 <input type="checkbox"/>	012	013	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
1. Refrigerators and refrigerator-freezer combinations	014	015	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
002 <input type="checkbox"/>	016	017	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
2. Freezers	018	019	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
003 <input type="checkbox"/>	020	021	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
3. Cooking stoves and ranges	022	023	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
004 <input type="checkbox"/>	024	025	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
4. Dishwashers (Exclude built-in)	026	027	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
005 <input type="checkbox"/>	028	029	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
5. Washing machines (Include wringer washers and spin dryer combinations)	030	031	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
006 <input type="checkbox"/>	032	033	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
6. Clothes dryers					
007 <input type="checkbox"/>					
7. Electric vacuum cleaners (excluding central), and other rug cleaning equipment					
008 <input type="checkbox"/>					
8. Electric sewing machines					
009 <input type="checkbox"/>					
9. Microwave ovens and convection ovens					
010 <input type="checkbox"/>					
10. Gas barbecues					
011 <input type="checkbox"/>					
11. Room air conditioners, portable humidifiers and dehumidifiers					

12. If any of the above types of household appliances were sold (other than traded-in) by a member of this household, what was the total amount received in 1990?
13. What expenditures did the household make for:
- 13.1 Attachments and parts purchased separately for major household appliances? (include vacuum cleaner bags)
- 13.2 Maintenance and repair of above types of household appliances (including service contracts)?

034
035
036

NOTES AND COMMENTS

D. EXPENSES FOR HOUSEHOLD FURNISHINGS AND EQUIPMENT IN 1990 - continued

HOME ENTERTAINMENT EQUIPMENT

Note: Stores specializing in home entertainment equipment are: Television, Radio, and Appliance stores. Audio equipment stores, Video equipment stores, Computer equipment stores.

Audio equipment

1. Radios (including clock and telephone combinations). Exclude car radios, transceivers and other radio combinations . . .
2. Audio components, e.g. turntables, receivers, amplifiers, tuners, cassette decks, compact disc players, speakers, etc. . .
3. Audio combinations, e.g. compact stereos, radio/cassette recorder/record player (including console systems), tape recorder/player units, etc. . .
4. Pre-recorded audio tapes and phonograph records . . .
5. Compact discs . . .
6. Blank audio tapes . . .

Number of items owned and usable on Dec. 31, 1990 (Exclude items included in rent)
001 <input type="text"/>
002 <input type="text"/>
003 <input type="text"/>

Net purchase price (after trade-in allowance) including sales tax of items purchased in 1990	Where was this item purchased? (If more than one item, report kind of store with most expenditure)		
	Department store	Furniture stores, stores specializing in home entertainment equipment	Other
008 <input type="text"/>	009 <input type="text"/>	<input type="text"/>	<input type="text"/>
010 <input type="text"/>	011 <input type="text"/>	<input type="text"/>	<input type="text"/>
012 <input type="text"/>	013 <input type="text"/>	<input type="text"/>	<input type="text"/>
014 <input type="text"/>			
015 <input type="text"/>			
016 <input type="text"/>			

Video equipment

7. Televisions (including combinations and projection T.V.) Include monitor style televisions here. Report monitors without tuners in question 10. . .
8. Video tape recorders and players (Exclude games) . . .
9. Video cameras/Camcorders (Include combination camera/recorders) . . .
10. Television/video components n.e.s., e.g. video monitors, tuners, converters, etc. (Exclude games) . . .
11. Pre-recorded videotapes and videodiscs (Exclude rental) . . .
12. Blank videotapes . . .

004 <input type="text"/>
005 <input type="text"/>
006 <input type="text"/>

017 <input type="text"/>	018 <input type="text"/>	<input type="text"/>	<input type="text"/>
019 <input type="text"/>	020 <input type="text"/>	<input type="text"/>	<input type="text"/>
021 <input type="text"/>	022 <input type="text"/>	<input type="text"/>	<input type="text"/>
023 <input type="text"/>			
024 <input type="text"/>			
025 <input type="text"/>			

Miscellaneous home entertainment equipment

13. Other home entertainment equipment, attachments, and accessories (including transceivers, headphones, microphones, cassette cases, cassette cleaners, record brushes, etc.) . . .
14. Parts for home entertainment equipment purchased separately, e.g. phonograph needles, cartridges, heads, coaxial cable, etc. . .

026 <input type="text"/>
027 <input type="text"/>

Computer equipment

15. Computer hardware, including monitors, keyboards, disk drives, printers, mice, etc. (Report video games on page 38) . . .
16. Computer software (excluding video games) . . .
17. Computer supplies and other equipment, e.g. diskettes, computer paper, disk storage boxes, etc. . .

007 <input type="text"/>

028 <input type="text"/>	029 <input type="text"/>	<input type="text"/>	<input type="text"/>
030 <input type="text"/>			
031 <input type="text"/>			

Services

18. Rental of video tape recordings . . .
19. Rental of home entertainment equipment (This includes all types of audio, video and computer equipment just mentioned.) . . .
20. Maintenance and repair of home entertainment equipment (including service contracts) . . .
21. Rental of cablevision during 1990 (including pay TV) . . .
22. Other services related to home entertainment equipment and supplies. Specify _____

032 <input type="text"/>
033 <input type="text"/>
034 <input type="text"/>
035 <input type="text"/>
036 <input type="text"/>

D. EXPENSES FOR HOUSEHOLD FURNISHINGS AND EQUIPMENT IN 1990 – continued

HOUSEHOLD FURNISHINGS

What amount did the household spend in 1990 for the following items:

Include goods bought for a vacation home or other secondary living quarters and the cost of home-made or home-finished furniture.

Report furniture 100 or more years old on p.21 Q.3 "Antiques".

Upholstered furniture

1. Sofas (including matching chairs, sectionals, love seats)?
2. Convertible sofas?
3. Other upholstered furniture, e.g. chairs, hassocks, ottomans?
4. Boxsprings, mattresses and frames?

Total cost \$	Where was this item purchased? (If more than one item, report kind of store with most expenditure)		
	Department store	Furniture store	Other
001	002 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
003	004 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
005	006 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
007	008 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

Non-upholstered wooden furniture (Include materials for home-made furniture)

5. Bedroom furniture, e.g. bedroom suites, beds (excluding cribs), chests of drawers, vanity tables, night tables?
6. Dining room furniture, e.g. dining room suites, tables, chairs, buffets, china cabinets, service wagons?
7. Kitchen furniture e.g. dinette suites, tables, chairs, high chairs?
8. Living room tables and non-upholstered chairs?
9. Bookcases, wall units, desks, storage units for home entertainment equipment, room dividers?
10. Other indoor furniture, e.g. benches, cedar chests, T.V. tables, card table and chair sets, cribs, playpens, swinging infant seats, bathroom furniture? Include materials for home-made indoor furniture
11. Outdoor furniture, e.g. lawn and patio chairs, tables, lawn swings, etc.? Include materials for home-made outdoor furniture

009	010 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
011	012 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
013	014 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
015	016 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
017	018 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
019	020 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
021	022 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

Non-upholstered metal, plastic and other furniture

12. Dining room and kitchen furniture, e.g. dining room and dinette suites, tables, chairs, etc.? See examples in Q.6 and 7
13. Other indoor furniture, e.g. bedroom suites, living room tables, bookcases, T.V. tables, etc.? See examples in Q.5, 8, 9, 10
14. Outdoor furniture e.g. lawn and patio chairs, tables, umbrellas, lawn swings, etc.?

023	024 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
025	026 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
027	028 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

Other household furnishings

15. Glass mirrors (framed, unframed, backed)?
16. Lamps, including lampshades? (Report light fixtures on page 7)
17. Room-size and area rugs and mats including underpadding? (Report wall-to-wall on page 7)
18. Ready made curtains and draperies?
19. Custom made curtains and draperies?
20. Window shades, blinds and other window coverings?
21. Sheets and pillow cases?
22. Other bedding, e.g. bed pillows, bedspreads, comforters, quilts, blankets (except electric), covers and protectors?
23. Tablecloths, napkins, placemats and other table/dresser covers and protectors? (Exclude paper)
24. Towels, washcloths, bathmats and related articles? (Exclude paper)
25. Other household textiles, e.g. cushions, slipcovers, dishcloths, potholders, dustcloths, etc.?
26. Cloth material for household furnishings, e.g. slipcovers, draperies, cushions, etc.?

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D. EXPENSES FOR HOUSEHOLD FURNISHINGS AND EQUIPMENT IN 1990 – continued

ART, ANTIQUES AND DECORATIVE WARE

What did this household spend in 1990 for the following items:

- 1. Works of art, e.g. original drawings, paintings, sculptures, original prints?
- 2. Mirror and picture frames purchased separately?
- 3. Antiques? (Include furniture, household goods, tools, jewelry, etc. at least 100 years old)
- 4. Decorative ware, novelties and art goods, e.g. vases, ornaments, candlesticks, knick knacks, figurines, fancy boxes, wall hangings, etc.?
(Report ashtrays on P.40)

Total Cost \$
001
002
003
004

HOUSEHOLD EQUIPMENT

What did this household spend in 1990 for the following:

Tableware and flatware

- 5. Precious metal tableware and flatware? (Include silver, silverplate, gold, goldplate)
- 6. Stainless steel and other metal tableware and flatware? (Include kitchen knives)
- 7. China, porcelain and other ceramic tableware?
- 8. Glass and crystal tableware?
- 9. Other tableware, e.g. wooden salad bowls, plastic salt and pepper shakers, cork coasters, etc.? (Exclude disposable)

Total cost \$	Where was this item purchased? (If more than one item, report kind of store with most expenditure)		
	Department store	Jewellery china, glassware or tableware store	Other
005	006 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
007	008 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
009	010 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
011	012 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
013	014 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

Small Electrical Appliances

- 10. Electrical appliances for cooking and warming food, e.g. toasters, kettles, hot plates, deep fat fryers, bottle warmers, etc.?
- 11. Electrical appliances for food preparation (processors, blenders, mixers, slicers, electric knives, etc.)?
- 12. Electric irons?
- 13. Electric hair styling equipment, e.g. clippers, cutters, dryers, etc.? (Report butane and other non-electric hair styling equipment on P.31 Q.24)
- 14. Other electric personal care appliances, e.g. electric razors, steamers and vaporizers, toothbrushes, heating pads, massagers, footbaths, complexion brushes, make-up mirrors, sun and heat lamps, etc.?
- 15. All other electric equipment and appliances, e.g. electric floor polishers, fans, blankets, can openers, knife sharpeners, shoe polishers, extension cords, portable electric space heaters, etc.?

Total cost \$	Where was this item purchased? (If more than one item, report kind of store with most expenditure)	
	Department store	Other
015	016 1 <input type="checkbox"/>	2 <input type="checkbox"/>
017	018 1 <input type="checkbox"/>	2 <input type="checkbox"/>
019	020 1 <input type="checkbox"/>	2 <input type="checkbox"/>
021	022 1 <input type="checkbox"/>	2 <input type="checkbox"/>
023	024 1 <input type="checkbox"/>	2 <input type="checkbox"/>
025	026 1 <input type="checkbox"/>	2 <input type="checkbox"/>

Non-Electric Kitchen and Cooking Equipment

- 16. Cooking utensils, e.g. pots, pans, coffee pots, pressure cookers, pie plates, fondue sets, etc.?
- 17. Food preparation utensils (except cooking), e.g. mixing bowls, chopping boards, sifters, etc.?
- 18. Food storage utensils, e.g. cookie jars, canisters, bread boxes, jars, plastic food keepers, spice racks, etc.?
- 19. Hand operated kitchen tools, e.g. food choppers, corkscrews, egg beaters, measuring cups, knife sharpeners, etc.? (Exclude knives)

Total Cost \$
027
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◆ D05

D. EXPENSES FOR HOUSEHOLD FURNISHINGS AND EQUIPMENT IN 1990 — concluded

LAWN, GARDEN AND SNOW REMOVAL TOOLS, EQUIPMENT AND ACCESSORIES (Report supplies on P.23)

What did this household spend in 1990 for:

1. Lawn and garden tractors and tillers?
2. Power lawn mowers?
3. Snow blowers?
4. Other power lawn and garden tools and equipment, e.g. hedge trimmers, grass trimmers, etc.?
5. Other lawn, garden, snow removal tools and equipment, attachments, accessories and parts purchased separately (including non-power lawn mowers, hoses, sprinklers, clippers, shovels, flower pots, stakes and other supports, sprayers, spreaders, etc.)?

Total cost \$
001
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WORKSHOP TOOLS AND EQUIPMENT (Include parts and accessories in Q.8)

What did this household spend in 1990 for:

6. Power hand tools, e.g. electric drills, sanders, jigsaws, etc.?
7. Other power equipment including table saws, chain saws, portable electric generators, motors, pumps, etc.?
8. Other tools, e.g. pliers, hammers, screwdrivers, measuring tools, tool chests, clamps, workbenches, handsaws, wrenches, soldering irons, scissors, shears, sawblades, drillbits, etc.?

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OTHER HOUSEHOLD EQUIPMENT

What did this household spend in 1990 for:

9. Calculators?
10. Typewriters?
11. Luggage: suitcases, briefcases, trunks, baby carriers, etc.?
12. Curtain rods, tracks, drapery and window shade fittings?
13. Home security equipment, e.g. portable smoke detectors, fire extinguishers, burglar alarms, padlocks, safes and security boxes, escape ladders, etc.? *Report security services in Q.19 (Report built-in devices on page 7)*
14. Clocks, timers, timer switches, thermometers (excluding clinical), barometers, kitchen scales and other measuring instruments and apparatus n.e.s.?
15. Non-electric laundry equipment: portable laundry tubs, clothes lines, ironing boards and covers, clothes pins, laundry baskets, etc.?
16. Brooms, brushes (excluding personal care), mops, dishracks, pot scrubbers, paint rollers, squeegees, pails, garbage cans, waste paper baskets and other non-electric household cleaning equipment?
17. Other household equipment, e.g. hangers, fireplace tools, trays and containers, Xmas decorations, rubber gloves, insulated bottles, propane tanks, non-electric portable space heaters, charcoal barbecues, flashlights, ladders, baby carriages, etc.?

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Parts, accessories and attachments

18. Parts, accessories and attachments for household furnishings and equipment n.e.s., e.g. casters, appliance cords, replacement beaters for electric mixers, electric processor blades, grinder and shredder attachments, replacement pots for electric coffee makers, etc.?

018

Services related to household furnishings and equipment

19. Home security services? (Include installation)
20. Maintenance and repair of furniture, carpeting and household textiles, including cleaning and re-upholstering? Include cleaning of area rugs and wall-to-wall carpeting
21. Maintenance and repair of other equipment n.e.s.?
22. Other services to household furnishings and equipment, e.g. making of draperies, installation of stoves, draperies and other non-fixtue equipment, making of keys, etc.?
23. Rental of household furnishings and equipment, including major household appliances?

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E. EXPENSES OF RUNNING THE HOME IN 1990

◆ E01

What amount was spent by the household for the following:

Communications

- 1.1 Telephone: Local basic monthly charge? \$ _____ x _____ months (Include rental of telephones and other equipment)
- 1.2 Other local telephone charges, e.g. calls from pay phones, hotels, answering services, etc.?
- 1.3 Long distance telephone charges including calls from hotels, pay phones, etc.?
- 1.4 Installations and repairs?
- 1.5 Purchase of telephones and accessories, e.g. automatic telephone answering systems, shoulder rests, fax machines, cellular phones, telephone extension cords, etc.?
2. Postage stamps, other postal and communications services (except for books and parcels)? Include information transmission by registered mail, special delivery mail, post office box service, telegram, courier services, fax services, etc.

Total cost \$
001
002
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005
006

Child Care Expenses

3. Day-care centres and day nurseries?
4. Other child care outside the home? (Exclude children's camps such as day camps, scout camps)
5. Week-day child care in the home, including nannies?
6. Other child care in the home (e.g. evening, week-end)?

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Domestic Services (Exclude child care)

7. Expenses for domestic help, e.g. housekeeper, window cleaners, house cleaners, paid companions, house sitters?

011

Flowers and Garden Supplies (Exclude tools)

8. Horticultural services and snow removal, e.g. groundskeeping, planting, pruning, tree removal, spraying, consulting services, soil and plant testing, floral design services, etc.?
9. Nursery and greenhouse stock, e.g. garden shrubs, trees, bulbs, bedding plants, sod?
10. Cut flowers, potted plants for the home, decorative plant materials, real Christmas trees, dried arrangements, natural wreaths, floral arrangements, etc.?
11. Fertilizers, soils and soil conditioners?
12. Seeds, including vegetable, flower and grass?
13. Insecticides and repellents, herbicides, fungicides, rodenticides, biological controls etc.?

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Pet Expenses

14. Canned dog and cat food?
15. Other dog and cat food?
16. Other pet food, e.g. horse feed, wild-bird seed, etc.?
17. Pet purchase and related goods, e.g. leashes, litter, collars (including flea), aquariums, grooming equipment, dog houses, bird houses, feeders, etc.?
18. Animal services, e.g. veterinarian services, medicines, licences, kennels, grooming, obedience training, etc.?

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19. How many dogs did this household own as of Dec. 31, 1990?

023
<input type="text"/>

20. How many cats did this household own as of Dec. 31, 1990?

024
<input type="text"/>

E. EXPENSES OF RUNNING THE HOME IN 1990 – concluded

Cleaning Services

1. Laundry service, including diaper service?
2. Dry cleaning service?
3. Coin-operated washers and dryers? (Include self-service dry cleaning)

Total cost \$
001
002
003

Household Cleaning Supplies

4. Laundry detergent and soap?
5. Liquid detergent (excluding laundry detergent)?
6. Automatic dishwasher detergent?
7. Toilet bowl cleaner? (Include toilet flush)
8. Cleaning and scouring powders?
9. Polishes and waxes (e.g. furniture, floor, shoe, silver)?
10. Other cleaning and polishing supplies, e.g. scouring pads, liquid cleaners, cleaning solvents, sweeping compound, rug cleaners, etc.? (Exclude oven cleaners)
11. Laundry bleach?
12. Fabric softeners?
13. Household disinfectants and deodorizers?
14. Other household chemical specialties, e.g. drain pipe cleaners, dyes, mothballs, liquid starch, water softeners, oven cleaners, etc.?

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Stationery Products

15. Greeting and post cards?
16. Gift wrap paper?
17. Stationers and office-type paper supplies, except school supplies, e.g. writing paper, notebooks, pads, envelopes, graph paper, carbon paper, etc.?
18. Other office-type supplies, e.g. pens, pencils, rulers, markers, binders, erasers, tape, typewriter-ribbon, etc.?

015
016
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018

Other Paper Supplies, Food Wraps, etc.

19. Facial and bathroom tissue?
20. Paper towels?
21. Other paper supplies, e.g. wrapping paper, waxed paper, napkins, bags, paper tableware, crepe paper, confetti, straws, polishing paper, etc.?
22. Foil wraps and other foil supplies, e.g. roasting pans, pie plates, burner bibs, etc.?
23. Plastic garbage bags?
24. Other plastic supplies, e.g. other plastic bags, wraps and disposable plastic tableware and cutlery?

019
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024

Other Household Supplies

25. Electric light bulbs and tubes?
26. Dry-cell batteries?
27. Other household supplies, e.g. candles, ice, road salt, paraffin, adhesives, glues, lubricants (except automobile), string, rope, sponges, toothpicks, buffing pads, etc.? (Report matches on P.40)

025
026
027

F. FOOD AND ALCOHOL EXPENSES IN 1990

FOOD PURCHASED FROM STORES

1. How much do you estimate this household spent on food and other groceries purchased from stores in 1990 (including farmer stalls and home delivery)? Give average weekly or monthly expenditure (whichever is convenient) to estimate your annual cost. Exclude periods away from home overnight or longer. Report bulk purchases of food for canning, freezing, etc. in Q.3.

Average Weekly Expenditure

\$

×

weeks

or

Average Monthly Expenditure

\$

×

months

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 fruits 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)

4.1 What amount was spent?

5. What amount was spent for food and non-alcoholic beverages purchased from stores while away from home overnight or longer?

FOOD PURCHASED FROM RESTAURANTS

Include meals bought for guests. Include purchases in restaurants, drive-ins, snack bars, cafeterias, take-outs, mobile canteens, etc. Also include the cost of meals catered in restaurants, hotels, etc.

Exclude the cost of meals which were included in accommodation or travel packages.

Exclude alcoholic beverages.

6. What amount was spent locally or on day trips by members of this household.

6.1 For meals at work?

6.2 For meals at school?

6.3 For other meals out?

6.4 For between-meal food, e.g. snacks, ice cream, candy, non-alcoholic beverages?

7. What amount was spent by members of this household while away from home overnight or longer:

7.1 While away at school or college?

7.2 While on a job? (Exclude expenses reimbursed)

7.3 While on vacation and other trips? (Exclude meals included in price of package trip)

ALCOHOLIC BEVERAGES PURCHASED FROM STORES

8. What amount was spent for the following types of alcoholic beverages purchased from stores (e.g. liquor, beer, grocery stores, etc.):

8.1 Beer (e.g. ale, lager, stout, porter, etc.)?

8.2 Liquor (e.g. whiskey, brandy, liqueurs, etc.)?

8.3 Wine and cider?

ALCOHOLIC BEVERAGES PURCHASED FROM RESTAURANTS, ETC.

9. What amount was spent for the following types of alcoholic beverages purchased and consumed in bars, cocktail lounges, restaurants, etc.:

9.1 Beer (e.g. ale, lager, stout, porter, etc.)?

9.2 Liquor (e.g. whiskey, brandy, liqueurs, mixed drinks, etc.)?

9.3 Wine and cider?

Total cost	\$	
001		
002		
003		
004		
1 <input type="checkbox"/> Yes → Continue		
2 <input type="checkbox"/> No → Go to Q.5		
005		
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018		
019		

F. FOOD AND ALCOHOL EXPENSES IN 1990 – concluded

♦ F02

Total cost \$
001
002

003

004

No. of Meals
005

1. What was the value of home-grown food produced for family consumption? (**Estimate at seasonal retail price**) *Operators of unincorporated farms report in section "O".*

2. What was the value of food received by household members as part of wages?

Board, Day Board, and Board While Away from Home

3. How much board was paid to other private households? Include day board and children's lunches. *Exclude board paid while away from home overnight or longer*

4. While away from home overnight or longer, how much board was paid to other private households?

5. If at any time in 1990 you had any boarders who were not household members, what was the total number of meals served to them?

NOTES AND COMMENTS

G. CLOTHING EXPENDITURES IN 1990

What expenditures were made for each household member in 1990 for the following clothing items: (Include all items purchased by cash or credit for present or future use — exclude gifts to and from persons outside the household.) Include sales taxes.

CLOTHING FOR WOMEN AND GIRLS 4 YEARS AND OVER

Person Number →

	Transfer person n° from Page 1				
	001 <input type="text"/>	035 <input type="text"/>	069 <input type="text"/>	103 <input type="text"/>	137 <input type="text"/>
	\$	\$	\$	\$	\$
1. Leather coats and jackets?	002	036	070	104	138
2. Fur coats and jackets?	003	037	071	105	139
3. Winter-weight coats and jackets (except ski jackets)?	004	038	072	106	140
4. Raincoats (including all-weather coats)?	005	039	073	107	141
5. Other coats, jackets, and vests?	006	040	074	108	142
6. Suits (including pant suits)?	007	041	075	109	143
7. Dresses?	008	042	076	110	144
8. Jeans (denim, corduroy or other)?	009	043	077	111	145
9. Other pants (including jumpsuits and shorts other than gym or tennis)?	010	044	078	112	146
10. Skirts (including culottes)?	011	045	079	113	147
11. Blouses (including shirts)?	012	046	080	114	148
12. T-shirts and other tops?	013	047	081	115	149
13. Sweaters?	014	048	082	116	150
14. Ski jackets, pants and suits (including snowmobile suits)?	015	049	083	117	151
15. Beachwear: e.g. bathing suits and cover-ups?	016	050	084	118	152
16. Other active sportswear such as sweatsuits, gym shorts, rain-suits, leotards, exercise tights, and sports uniforms?	017	051	085	119	153
17. Other specialized clothing and apparel: e.g. uniforms, specialized work clothing including gloves, academic and religious apparel, costumes, aprons?	018	052	086	120	154
18. Hosiery: e.g. socks, pantyhose, stockings?	019	053	087	121	155
19. Foundation garments?	020	054	088	122	156
20. Lingerie, e.g. briefs, slips, camisoles?	021	055	089	123	157
21. Sleepwear, e.g. pyjamas, nightgowns, sleep sets?	022	056	090	124	158
22. Loungewear, e.g. bathrobes, dressing gowns?	023	057	091	125	159
23. Gloves and mitts?	024	058	092	126	160
24. Headwear and scarves?	025	059	093	127	161
25. Belts, handbags and wallets?	026	060	094	128	162
26. Other accessories (e.g. handkerchiefs, umbrellas, shoe laces, etc.)?	027	061	095	129	163
27. Watches?	028	062	096	130	164
28. Precious jewellery?	029	063	097	131	165
29. Other jewellery (including costume jewellery, watch bands, hair ornaments, etc.)?	030	064	098	132	166
30. Shoes (except athletic) and fashion boots?	031	065	099	133	167
31. Insulated boots, work and hiking boots?	032	066	100	134	168
32. Athletic shoes (except specialized sports footwear)?	033	067	101	135	169
33. Other footwear, including overshoes, slippers, etc.?	034	068	102	136	170

G. CLOTHING EXPENDITURES IN 1990 - continued

♦ G02

CLOTHING FOR MEN AND BOYS 4 YEARS AND OVER

Person Number →

Transfer person n° from Page 1				
001 <input type="text"/>	031 <input type="text"/>	061 <input type="text"/>	091 <input type="text"/>	121 <input type="text"/>
\$	\$	\$	\$	\$
002	032	062	092	122
003	033	063	093	123
004	034	064	094	124
005	035	065	095	125
006	036	066	096	126
007	037	067	097	127
008	038	068	098	128
009	039	069	099	129
010	040	070	100	130
011	041	071	101	131
012	042	072	102	132
013	043	073	103	133
014	044	074	104	134
015	045	075	105	135
016	046	076	106	136
017	047	077	107	137
018	048	078	108	138
019	049	079	109	139
020	050	080	110	140
021	051	081	111	141
022	052	082	112	142
023	053	083	113	143
024	054	084	114	144
025	055	085	115	145
026	056	086	116	146
027	057	087	117	147
028	058	088	118	148
029	059	089	119	149
030	060	090	120	150

1. Leather or fur coats and jackets?
2. Winter-weight coats and jackets (except ski jackets), e.g. duffle coats, car coats, parkas, etc.?
3. Raincoats (including all-weather coats)?
4. Other coats, jackets, and vests?
5. Suits?
6. Sports jackets and blazers?
7. Jeans (denim, corduroy or other)?
8. Other pants (including shorts other than tennis and gym)?
9. Dress shirts?
10. Knitted sports shirts (including T-shirts, golf shirts, etc.)?
11. Woven sports shirts (including work shirts and other shirts)?
12. Sweaters?
13. Socks?
14. Underwear?
15. Pyjamas and loungewear (bathrobes, etc.)?
16. Ski suits, jackets and pants (including snowmobile suits)?
17. Other active sportswear, e.g. beachwear, sweatsuits, gym and tennis shorts, sports uniforms?
18. Other specialized clothing and apparel: e.g. uniforms, special work clothing, academic and religious apparel, costumes?
19. Gloves and mitts?
20. Neckties?
21. Belts and wallets?
22. Other accessories, including headwear, scarves, umbrellas, leather watch straps, shoelaces, keycases, etc.?
23. Watches?
24. Precious jewellery?
25. Other jewellery (including watch bands)?
26. Shoes (except athletic) and dress boots?
27. Insulated boots, work and hiking boots?
28. Athletic shoes (except specialized sports footwear)?
29. Other footwear, including overshoes, slippers, etc.?

G. CLOTHING EXPENDITURES IN 1990 – concluded

INFANTS' CLOTHING, UNDER 4 YEARS OF AGE

Enter clothing purchased for expected children using person no. 00.

- Person Number →
- 1. Coats and jackets, snow suits, bunting bags?
 - 2. Dresses, jumpers, suits?
 - 3. Blouses, shirts, T-shirts?
 - 4. Skirts, slacks, shorts, overalls, beachwear?
 - 5. Socks, other hosiery (including booties and underwear)?
 - 6. Sweaters, headwear and mittens?
 - 7. Sleepwear, e.g. sleepers, nighties, dressing gowns, etc.?
 - 8. Disposable diapers?
 - 9. Other, e.g. water-proof panties, cloth diapers, bibs?
 - 10. Footwear, e.g. shoes, sandals, boots, slippers, etc.?

Transfer person no. from Page 1			
001 <input type="text"/>	012 <input type="text"/>	023 <input type="text"/>	034 <input type="text"/>
\$	\$	\$	\$
002	013	024	035
003	014	025	036
004	015	026	037
005	016	027	038
006	017	028	039
007	018	029	040
008	019	030	041
009	020	031	042
010	021	032	043
011	022	033	044

CLOTHING MATERIALS AND RELATED SERVICES

What expenditures were made for the following:

Clothing materials (except for curtains, draperies and furnishings)

- 11. Yarn (except craft)?
- 12. Coatings and suitings, e.g. for coats, jackets, pants, etc.?
- 13. Dress material, e.g. for dresses, blouses, shirts, sleepwear, etc.?
- 14. Other textile materials for clothing, e.g. lining, interlining, thread, ribbon, felt, batting, (quilted, embroidered or coated fabrics), lace, seam binding, shoulder pads, etc.?
- 15. Notions, e.g. patterns, buttons, fasteners, zippers, sewing and knitting needles, ornaments, buckles, tape measures, etc.?

Total cost \$
300
301
302
303
304

Clothing services

- 16. Dressmaking and tailoring (except repairs and alterations)?
- 17. Maintenance, repair, alteration of clothing (excluding laundry and dry cleaning)?
- 18. Clothing storage? (Include fur storage and checkroom charges)
- 19. Shoe shines and repairs?
- 20. Maintenance and repair of watches and other jewellery?
- 21. Other clothing services, e.g. rental of clothing and costumes, engraving of jewellery, etc.?

305
306
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308
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310

Specify

NOTES AND COMMENTS

H. PERSONAL CARE EXPENDITURES IN 1990

◆ H01

PERSONAL CARE SERVICES

What expenditures were made by the household for the following: (Include tips)

1. Washing, cutting and styling of men's hair?
2. Washing, cutting and styling of women's hair?
3. Other hair grooming services, e.g. hair permanents, tinting, straightening, etc.?
4. Other personal care services, e.g. manicures, facials, tanning salons, eyelash and nail services, depilation, image consulting, etc.?

Total cost \$
001
002
003
004

PERSONAL CARE SUPPLIES AND EQUIPMENT

What expenditures were made by the household for:

5. Shampoos?
6. Hair conditioners and creme rinses?
7. Home permanents, tints, dyes, colour rinses, etc.?
8. Other hair preparations: sprays, mousses, gels, dressings, etc.?
9. Lipstick, lip gloss and other lip preparations?
10. Eye make-up: eyebrow pencils, eye shadow, mascara, etc.?
11. Other make-up: e.g. foundations, face powders, blushers, etc.?
12. Personal care, creams and lotions?
13. Perfume, cologne, toilet water, etc.?
14. Other fragrance preparations: bath oils, salts, body powders? (Exclude after-shave talc)
15. Personal deodorants?
16. Toilet soap and other personal soap (including liquid)?
17. Shaving cream and soap?
18. Pre-shave and after-shave products, including after-shave talc?
19. Manicure preparations, e.g. nail polish, cuticle remover, polish remover, etc.?
20. Toothpaste?
21. Other oral hygiene products, e.g. mouthwash, denture cleaner and adhesives, tooth powder, dental floss, etc.?
22. Other toilet preparations, e.g. sunscreens and suntan lotions, depilatories, other body and foot powder, toiletry and cosmetic sets?
23. Razors and razor blades? Exclude electric razors.
24. Other personal care supplies and equipment (exclude electric), e.g. toothbrushes and other oral hygiene equipment, sanitary supplies, incontinence supplies, brushes, curlers, wigs, hairpieces, manicure equipment, compacts, dresser sets, hair scissors, hot water bottles, n.e.s.?

005
006
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018
019
020
021
022
023
024

NOTES AND COMMENTS

I. MEDICAL AND HEALTH CARE EXPENSES IN 1990

HEALTH INSURANCE PREMIUMS

001

1 ☐ Yes → Continue

2 ☐ No → Go to Q.2

1.1 Were any premiums paid by members of this household for **public (government) hospital and medical plans**?

002

1.2 What was the total cost to this household? \$

Total cost
\$

2. What were the costs to household members for the following **private health insurance plans** (e.g. commercial or non-profit):

003

2.1 Supplementary coverage to public hospital medical plans (e.g. semi-private or private bed differential, drugs, etc.) extended health benefit packages, drug plans, out-of-country benefits, visitors' benefits?

004

2.2 Dental plan (sold as separate policy)?

005

2.3 Accident and disability insurance?

DIRECT COSTS

Report the direct costs incurred by household members for all personal health care received.
Include only costs not covered by insurance. Include portions exceeding the allowable amount for insurance purposes.
Include any expenses incurred before reaching the required deductible amount.
Exclude payments for services made by you for which you will later be reimbursed.

What were the direct costs for:

Eye care

006

3. Contact lenses?

007

4. Prescription eyeglass lenses purchased separately?

008

5. Eyeglass frames and mountings purchased separately?

009

6. Prescription eyeglass lenses and frames purchased together?

010

7. Other eye care goods, e.g. supplies for contact lenses, non prescription eyeglasses and sunglasses, eyeglass cases, lens cleaning tissues, etc.?

Dental care

011

8. Orthodontic and periodontic procedures?

012

9. Prescription and fitting of dentures including repairs?

013

10. Other dental services, e.g. examination, cleaning, filling, extraction, x-rays, etc.?

Other medical and health care

014

11. Physician's care? (Include **general practitioners and specialists**)

015

12. Other health care practitioners e.g. chiropractors, nurses, osteopaths, podiatrists, therapists, etc.?

016

13. Hospital care (all direct pay charges included in hospital bill)?

017

14. Weight control programs, quit-smoking programs, n.e.s.?

018

15. Other medical services, e.g. ambulances, rental of medical equipment, insurance on lenses?

019

16. Medicines, drugs and pharmaceutical products prescribed by doctor?

020

17. Other medicines, drugs and pharmaceutical products, e.g. **ASA**, vitamins, cough syrup, petroleum jelly?

021

18. Health care supplies, e.g. first aid kits, bandages, absorbent cotton, condoms, syringes, etc.?

022

19. Other health care goods: hearing aids, thermometers, prostheses, wheelchairs and other appliances, bathroom scales, elastic hosiery, etc.?

NOTES AND COMMENTS

J. EXPENSES FOR TRAVEL AND TRANSPORTATION IN 1990

Automobiles and Trucks

- Did anyone in the household own, lease or operate a car, truck or van in 1990, wholly or partly for private use? (Exclude rented)
- List the make/model/model year of each car, truck or van owned or leased at any time in 1990 (including those sold, traded or otherwise disposed of).

1 ☐ Yes → Continue
2 ☐ No → Go to p.34 Q.18

	Vehicle n° 1	Vehicle n° 2	Vehicle n° 3	Vehicle n° 4
Make	001	020	039	058
Model	002	021	040	059
Model year	003 <input type="text"/>	022 <input type="text"/>	041 <input type="text"/>	060 <input type="text"/>
3. Which of the following best describes this vehicle?	004 1 <input type="checkbox"/> Station wagon 2 <input type="checkbox"/> 2 door passenger car (including hatchback) 3 <input type="checkbox"/> 4 door passenger car (including hatchback) 4 <input type="checkbox"/> Van/mini-van 5 <input type="checkbox"/> Truck <input type="checkbox"/> Other (Specify) _____	023 1 <input type="checkbox"/> Station wagon 2 <input type="checkbox"/> 2 door passenger car (including hatchback) 3 <input type="checkbox"/> 4 door passenger car (including hatchback) 4 <input type="checkbox"/> Van/mini-van 5 <input type="checkbox"/> Truck <input type="checkbox"/> Other (Specify) _____	042 1 <input type="checkbox"/> Station wagon 2 <input type="checkbox"/> 2 door passenger car (including hatchback) 3 <input type="checkbox"/> 4 door passenger car (including hatchback) 4 <input type="checkbox"/> Van/mini-van 5 <input type="checkbox"/> Truck <input type="checkbox"/> Other (Specify) _____	061 1 <input type="checkbox"/> Station wagon 2 <input type="checkbox"/> 2 door passenger car (including hatchback) 3 <input type="checkbox"/> 4 door passenger car (including hatchback) 4 <input type="checkbox"/> Van/mini-van 5 <input type="checkbox"/> Truck <input type="checkbox"/> Other (Specify) _____
4. How many cylinders does this vehicle have?	005 <input type="text"/>	024 <input type="text"/>	043 <input type="text"/>	062 <input type="text"/>
5. Is this vehicle equipped with an automatic transmission?	006 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	025 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	044 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	063 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
6. Is this vehicle equipped with air conditioning?	007 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	026 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	045 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	064 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
7. At the time of purchase/lease was this vehicle?	008 1 <input type="checkbox"/> new 2 <input type="checkbox"/> used	027 1 <input type="checkbox"/> new 2 <input type="checkbox"/> used	046 1 <input type="checkbox"/> new 2 <input type="checkbox"/> used	065 1 <input type="checkbox"/> new 2 <input type="checkbox"/> used
8. In 1990 was this vehicle owned or leased?	009 1 <input type="checkbox"/> owned → Go to Q.10 2 <input type="checkbox"/> leased 3 <input type="checkbox"/> both owned and leased 4 <input type="checkbox"/> owned or leased by non-household member → Go to Q.12	028 1 <input type="checkbox"/> owned → Go to Q.10 2 <input type="checkbox"/> leased 3 <input type="checkbox"/> both owned and leased 4 <input type="checkbox"/> owned or leased by non-household member → Go to Q.12	047 1 <input type="checkbox"/> owned → Go to Q.10 2 <input type="checkbox"/> leased 3 <input type="checkbox"/> both owned and leased 4 <input type="checkbox"/> owned or leased by non-household member → Go to Q.12	066 1 <input type="checkbox"/> owned → Go to Q.10 2 <input type="checkbox"/> leased 3 <input type="checkbox"/> both owned and leased 4 <input type="checkbox"/> owned or leased by non-household member → Go to Q.12
9. What was the total leasing cost paid in 1990? (Exclude operating costs. Exclude any amount charged to business)	010	029	048	067
If owned by a household member:	011	030	049	068
10. What was the month and year of purchase?	<input type="text"/> <input type="text"/> Month Year	<input type="text"/> <input type="text"/> Month Year	<input type="text"/> <input type="text"/> Month Year	<input type="text"/> <input type="text"/> Month Year
11. If purchased in 1990: What was the total purchase price after trade-in and including sales tax?	012	031	050	069
12. What was the status of the vehicle at Dec. 31, 1990?	013 1 <input type="checkbox"/> Owned 2 <input type="checkbox"/> Sold separately 3 <input type="checkbox"/> Traded-in 4 <input type="checkbox"/> Leased 5 <input type="checkbox"/> Returned to lessor 6 <input type="checkbox"/> Other (Specify) _____	032 1 <input type="checkbox"/> Owned 2 <input type="checkbox"/> Sold separately 3 <input type="checkbox"/> Traded-in 4 <input type="checkbox"/> Leased 5 <input type="checkbox"/> Returned to lessor 6 <input type="checkbox"/> Other (Specify) _____	051 1 <input type="checkbox"/> Owned 2 <input type="checkbox"/> Sold separately 3 <input type="checkbox"/> Traded-in 4 <input type="checkbox"/> Leased 5 <input type="checkbox"/> Returned to lessor 6 <input type="checkbox"/> Other (Specify) _____	070 1 <input type="checkbox"/> Owned 2 <input type="checkbox"/> Sold separately 3 <input type="checkbox"/> Traded-in 4 <input type="checkbox"/> Leased 5 <input type="checkbox"/> Returned to lessor 6 <input type="checkbox"/> Other (Specify) _____
13. If sold separately: What was the net amount received? (Exclude any amount paid to business)	014	033	052	071
14. What distance was this vehicle driven in 1990? (Indicate in kilometres (K) or in miles (M).)	015 <input type="text"/> K <input type="checkbox"/> M <input type="checkbox"/>	034 <input type="text"/> K <input type="checkbox"/> M <input type="checkbox"/>	053 <input type="text"/> K <input type="checkbox"/> M <input type="checkbox"/>	072 <input type="text"/> K <input type="checkbox"/> M <input type="checkbox"/>
15. Was this vehicle partly used for business? (Exclude commuting)	016 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No → Go to p.34	035 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No → Go to p.34	054 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No → Go to p.34	073 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No → Go to p.34
16. What distance was driven for business in 1990? (Indicate in kilometres (K) or in miles (M).)	017 <input type="text"/> K <input type="checkbox"/> M <input type="checkbox"/>	036 <input type="text"/> K <input type="checkbox"/> M <input type="checkbox"/>	055 <input type="text"/> K <input type="checkbox"/> M <input type="checkbox"/>	074 <input type="text"/> K <input type="checkbox"/> M <input type="checkbox"/>
17. What was the total operation cost charged to business, or the total operation allowance received from employer(s)? (Exclude leasing fees charged to business)	018	037	056	075
Type of vehicle	099 <input type="text"/>	099 <input type="text"/>	099 <input type="text"/>	099 <input type="text"/>
Office Use Only				

J. EXPENSES FOR TRAVEL AND TRANSPORTATION IN 1990 – continued

Automobile and Truck Operation

(Include family and business use.)

If operating expenses cannot be separated for each vehicle report total cost in first column.

What was the amount spent by this household in 1990 for:

1. Gasoline and other fuels, e.g. diesel fuel, propane, etc.?
2. Tires?
3. Automobile batteries?
4. Other maintenance or repair parts and supplies purchased separately, e.g., mufflers, spark plugs, oil, antifreeze, cleaning supplies, wiper blades, thermostats, etc.? (Report jobs including materials and labour in questions 7-11.)
5. Radios, tape players, transceivers and accessories?
6. Other accessories and attachments, e.g. block and other heaters, baby seats, car top carriers, mats, seat covers, etc.?

Vehicle n° 1	Vehicle n° 2	Vehicle n° 3	Vehicle n° 4
001	018	035	052
002	019	036	053
003	020	037	054
004	021	038	055
005	022	039	056
006	023	040	057

For the following maintenance/repair jobs (Q. 7-11), exclude amounts paid by insurance or by a non-household member. Include repairs to other parties' vehicles paid by household members.

What was the amount spent by this household in 1990 for:

7. Oil changes and lubrication?
8. Tune-ups?
9. Other mechanical and electrical repairs and maintenance, e.g. brakes, alternators, mufflers, carburetors, valves, etc.?
10. Body repairs and maintenance, e.g. painting, rustproofing, fender replacement, glass replacement, etc.?
11. Other repairs and maintenance, including service contracts, tire repairs, car washing, etc.?

007	024	041	058
008	025	042	059
009	026	043	060
010	027	044	061
011	028	045	062
012	029	046	063
013	030	047	064
014	031	048	065
015	032	049	066
016	033	050	067
017	034	051	068

What was the amount spent by this household in 1990 for:

12. Vehicle insurance premiums? (Include government insurance)
13. Vehicle registration fees (excluding government insurance portion)?
14. Regular parking costs, i.e. at work, school, park-ride? Exclude parking at place of residence.
15. Other parking costs, i.e. parking meters, parking while shopping, at the airport, etc.?
16. Other operation services (e.g. towing, toll roads and bridge fees, auto association fees)?
17. What was the value of repair jobs to this vehicle which were covered by insurance and not paid by this household?

Note: If insurance settlement was received in 1990 for vehicle not owned in 1990 report it in asset change, P.44 Q.9.

Expenditures made in 1990 for rented vehicles

18. What expenditures were made in 1990 for rented vehicles: (Exclude any expenses charged to business)

- 18.1 Rented cars?
- 18.2 Rented trucks and vans?

Rental fees including mileage, basic insurance charges, taxes and drop off fees	Optional insurance charges	Gas and other fuels	Other expenses, e.g. toll fees, parking, repairs, etc.
161	163	165	167
162	164	166	168

J. EXPENSES FOR TRAVEL AND TRANSPORTATION IN 1990 - continued

♦ J03

What expenditures were made for the following in 1990:

1. Drivers' licences (excluding government insurance associated with fees)?
2. Drivers' tests (government fees only)?
3. Driving lessons?
4. Rental or leasing of vehicles other than cars, trucks or vans, such as bicycles, trailers, boats, etc.? (See list in question 7. Include operating expenses.)

Total expenditure \$
001
002
003
004

Bicycles

5. Purchase of bicycles, bicycle parts and accessories? (Exclude children's bicycles with wheels under 14 inches)
6. Bicycle maintenance and repairs?

005
006

Other vehicles

7. Did anyone in the household own any of the following during 1990 which were used, wholly or partly, for private use?

☐ None, skip to P.36

- | | | |
|--|---|--|
| 1 <input type="checkbox"/> Motorcycle (number _____) | 4 <input type="checkbox"/> Travel trailer | 7 <input type="checkbox"/> Outboard motor (number _____) |
| 2 <input type="checkbox"/> Snowmobile (number _____) | 5 <input type="checkbox"/> Truck camper | 8 <input type="checkbox"/> Motor home |
| 3 <input type="checkbox"/> Tent trailer | 6 <input type="checkbox"/> Boat or canoe | 9 <input type="checkbox"/> Other, e.g. utility trailer, aircraft, all-terrain vehicles |

Specify _____

8. Type of vehicle? Enter code

9. What was the month and year of purchase?

If purchased in 1990:

10. What was the price after trade-in allowance, including sales tax?

What was spent on this vehicle for:

11. Accessories and attachments?
12. Gasoline, diesel fuel, etc.? (Report fuels for cooking, heating, etc., on P.38, Q.13)
13. Supplies and parts purchased separately for maintenance and repair?
14. Maintenance and repair jobs not covered by insurance?
15. Vehicle insurance premiums paid for in 1990?
16. Registration fees and licences paid for in 1990?
17. Other expenses, e.g. parking, hangar and airport fees, mooring and boat storage, harbour dues, etc.?
18. What amount of operating costs were charged to business?
19. Was this vehicle owned on December 31, 1990?

20. If sold separately, what was the net amount received?

Vehicle n° 1	Vehicle n° 2	Vehicle n° 3	Vehicle n° 4																																
007 <input type="checkbox"/>	020 <input type="checkbox"/>	033 <input type="checkbox"/>	046 <input type="checkbox"/>																																
008 <table border="1"><tr><td></td><td></td><td></td><td></td></tr><tr><td>Month</td><td>Year</td><td></td><td></td></tr></table>					Month	Year			021 <table border="1"><tr><td></td><td></td><td></td><td></td></tr><tr><td>Month</td><td>Year</td><td></td><td></td></tr></table>					Month	Year			034 <table border="1"><tr><td></td><td></td><td></td><td></td></tr><tr><td>Month</td><td>Year</td><td></td><td></td></tr></table>					Month	Year			047 <table border="1"><tr><td></td><td></td><td></td><td></td></tr><tr><td>Month</td><td>Year</td><td></td><td></td></tr></table>					Month	Year		
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009	022	035	048																																
010	023	036	049																																
011	024	037	050																																
012	025	038	051																																
013	026	039	052																																
014	027	040	053																																
015	028	041	054																																
016	029	042	055																																
017	030	043	056																																
018 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> Sold separately 3 <input type="checkbox"/> Traded-in 4 <input type="checkbox"/> Other specify	031 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> Sold separately 3 <input type="checkbox"/> Traded-in 4 <input type="checkbox"/> Other specify	044 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> Sold separately 3 <input type="checkbox"/> Traded-in 4 <input type="checkbox"/> Other specify	057 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> Sold separately 3 <input type="checkbox"/> Traded-in 4 <input type="checkbox"/> Other specify																																
019	032	045	058																																

J. EXPENSES FOR TRAVEL AND TRANSPORTATION IN 1990 — concluded

TRANSPORTATION SERVICES (Exclude expenses charged to business)

What expenditures were made for the following in 1990:

Local and commuter transportation

(Treat travel within same metropolitan area as local)

1. City bus, subway, street car?
2. Commuter bus or train?
3. Taxi (including tips)?
4. Other local passenger transportation, e.g. car pools, airport bus or limousine service, ferry service, etc.?
5. Household movers and storage and other delivery services?

Total Cost \$
001
002
003
004
005

Inter-city Transportation

(Report package tours in questions 12-17)

6. Air?
7. Rail (including sleeping car)?
8. Highway bus?
9. Other inter-city passenger transportation, e.g. ferry service and other water transportation, car sharing, travel insurance, porter service, etc.?
10. Household movers and storage?
11. Other delivery services, including parcel post?

006
007
008
009
010
011

Package travel tours that include both transportation and accommodation (including cruises).

12. During 1990, did you or any other household member spend time away from home on a package travel tour?

012
1 ☐ Yes → Continue
2 ☐ No → Go to Q.17

For each trip taken in 1990:

13. How many household members were included?
14. What was the cost of the travel tour packages? Exclude any advance deposit made in 1990 for a trip to be taken in 1991 or later.
15. How many nights were household members away from home while on this trip?
16. Did this package expenditure include meals?

Trip #1	Trip #2	Trip #3
013 <div><div></div><div></div></div>	017 <div><div></div><div></div></div>	021 <div><div></div><div></div></div>
014 <div><div></div><div></div><div></div></div>	018 <div><div></div><div></div><div></div></div>	022 <div><div></div><div></div><div></div></div>
015 <div><div></div><div></div><div></div></div>	019 <div><div></div><div></div><div></div></div>	023 <div><div></div><div></div><div></div></div>
016 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	020 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	024 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No

Sightseeing Tours and Excursion Packages

17. What was the cost of other packages that included **transportation and other services**, but did not include accommodation, e.g. trips to concerts and sporting events, shopping tours, sightseeing tours which included guide service?

025

NOTES AND COMMENTS

K. RECREATION, READING MATERIALS AND EDUCATION IN 1990

• K01

RECREATION EQUIPMENT

In 1990 how much did the household spend on the following:

Sporting and athletic equipment (Include specialized sports footwear except athletic shoes). (Report rentals on P.38 Q.14)

1. Golf equipment, including golf shoes, balls, gloves?
2. Racquet sports equipment, e.g. tennis, squash, racquet-ball, etc.? Include protective equipment. (Report court shoes in Section G - Clothing.)
3. Ice skates, including hockey?
4. Ice hockey equipment n.e.s.?
5. Downhill skiing equipment, including boots?
6. Cross country skiing equipment, including boots (excluding wax)?
7. Fishing equipment (including waders)?
8. Home exercise equipment, e.g. stationary bicycles, rowing machines, home gyms, weight equipment and accessories, etc.?
9. Other sporting and athletic equipment and accessories, e.g. sports bags, boating equipment n.e.s., specialized sports footwear n.e.s., hunting knives, wet suits, etc.? (Include firearms)

Total cost \$	Where was this item purchased? (If more than one item, report kind of store with most expenditure)		
	Department store	Sporting goods store	Other
001	002 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
003	004 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
005	006 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
007	008 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
009	010 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
011	012 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
013	014 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
015	016 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
017	018 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

Camping and picnic equipment (except barbecues)

10. Tents, back packs and sleeping bags (including attachments and parts)?
11. Other camping and picnic equipment and accessories, e.g. camp stoves, coolers, lanterns, mattresses, utensils, etc.?

019	020 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
021	022 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

Photographic goods and services

12. 35-millimetre cameras?
13. Other still and movie cameras? (Exclude video)
14. Photographic film which does not include processing in its price? (Report self-processing film here)?
15. Photographic film processing, film including processing, extra prints and enlargements?
16. Camera parts, attachments and accessories, e.g. lenses, flashcubes, tripods, gadget bags, etc.?
17. Other photographic goods: projectors, movie editors, photo albums, darkroom equipment supplies, pre-recorded movies and slides, etc.?
18. Photographers' services and other photographic services (including passport photos), coin-operated photo booths?

Total cost \$	Where was this item purchased? (If more than one item, report kind of store with most expenditure)		
	Department store	Camera and photographic supply store	Other store
023	024 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
025	026 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
027	028 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
029	030 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
031	032 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
033	034 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
035			

Musical Instruments and accessories

19. Pianos and organs? (Report keyboards in Q.20)
20. Other musical instruments?
21. Parts and accessories?

036
037
038

K. RECREATION, READING MATERIALS AND EDUCATION IN 1990- continued

Other recreation equipment

1. Handicraft or hobbycraft kits?
2. Handicraft or hobbycraft materials n.e.s.?
3. Artists' materials (except for school)?
4. Electronic games and parts, e.g. video game machines, plug-in cartridges, games on tape or disk?
5. Other games and puzzles (e.g. playing cards, board games, darts, croquet sets, etc.)?
6. Dolls, doll clothing, puppets and stuffed toys?
7. Toy vehicles, construction toys, mechanical or electric toys?
8. Other toys, e.g. balls, toy furniture, plasticine, kites, rattles, crib exercisers, play costumes, toy musical instruments, etc.?
9. Sleighs, toboggans and children's vehicles, e.g. tricycles, children's bicycles with wheels under 14 inches, wagons, walkers, kiddie-cars, etc.?
10. Swimming pool accessories, above-ground swimming pools and playground equipment, e.g. pool covers, vacuum heads, swings, seesaws, slides, wading pools, etc.?
11. Collectors' items, e.g. stamps, coins, etc. (excluding works of art, antiques and decorative ware)?
12. Other recreation equipment, e.g. optical equipment, novelty jokes, etc.?
- Specify
13. Parts and supplies for recreation equipment, e.g. camp fuels, ski wax, pool chemicals, ammunition, bait, etc.?
14. Rental, maintenance and repair of recreation, sports and health equipment? ...

Total cost \$	Where was this item purchased? (If more than one item, report kind of store with most expenditure)		
	Department store	Toy stores, hobby stores, art and craft supply stores	Other
001	002 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
003	004 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
005	006 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
007	008 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
009	010 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
011	012 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
013	014 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
015	016 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
017	018 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
019	020 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
021			
022	023 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
024	025 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
026			

RECREATION SERVICES

Admissions to:

15. Motion picture showings?
16. Football games?
17. Hockey games?
18. Baseball games?
19. Other live sports spectacles? (Include horse races, competitive sports events of all kinds)
20. Live staged performances: concerts, plays, dance performances, recitals, circuses, ice shows, etc.?
21. Cultural facilities, e.g. museums, zoos, botanical gardens, historic sites, exhibitions and fairs, other?
22. Fees for coin-operated and carnival games, e.g. pinball, coin video games, etc.?

027
028
029
030
031
032
033
034

K. RECREATION, READING MATERIALS AND EDUCATION IN 1990 — concluded

RECREATION SERVICES — concluded

How much did this household spend in 1990 on **membership fees and dues** for clubs, leagues and recreation associations (including season passes) and on fees for single use for:

1. Golfing?
2. Skiing?
3. Bowling?
4. Racquet sports?
5. Health clubs and recreation associations?
6. Other athletic and sports facilities and services, e.g. hockey, swimming, curling, aerobics, etc.?
7. Other recreation facilities and services, e.g. dancing, amusement parks, picnic grounds, etc.?

Membership fees and dues for clubs, leagues, and recreation associations (Include season passes)	Fees for single usage
001	008
002	009
003	010
004	011
005	012
006	013
007	014

Total cost \$
015
016

8. Children's camps, e.g. day camps, scout camps, computer camps, summer camps, etc.?
9. Other cultural and recreational services, e.g. fishing and hunting guide service, party planning service, rental of sports facilities n.e.s., coin-operated movies, juke boxes, bingo, etc.?

READING MATERIALS AND OTHER PRINTED MATTER

What expenditures did this household make in 1990 for:

10. Newspapers?
11. Subscriptions to magazines and periodicals? (*Report only subscriptions paid in 1990*)
12. Single copies of magazines and periodicals?
13. Paper backed books and pamphlets? (Exclude school books)
14. Hard cover books? (Exclude school books)
15. Maps, sheet music and other printed matter including posters, globes, charts, etc.?
16. Services, e.g. duplicating services, library fees and fines, book rentals, bookbinding, advertisements, announcements, etc.?

017
018
019
020
021
022
023

EDUCATION (Include special and private schools. Exclude day care)

What expenditures did this household make in 1990 for:

17. Kindergarten, nursery school, elementary and secondary education?
18. Post-secondary education: university, trade, professional courses including correspondence courses and evening courses?

Tuition Fees	Books	Supplies
024	026	028
025	027	029

Total cost \$
030
031

19. Other courses and lessons, e.g. music, dancing, athletics, crafts, etc.? (Exclude driving)
20. Other educational services, e.g. rental of school books and equipment? Specify

NOTES AND COMMENTS

What amount was spent by members of this household for the following:

Total cost
\$

001

1. Cigarettes?
2. Cigars, and similar products, e.g. cigarillos?
3. Tobacco: cigarette, pipe and other (including chewing tobacco and snuff)?
4. Matches and smokers' supplies – e.g. pipes, lighters, cigarette cases, ashtrays, cigarette papers and tubes, lighter fluid, n.e.s.? (Include precious metal items)

002

004

005

5. Financial services, e.g. bank services, safety deposit charges, tax advice, investment and credit services, etc.?
6. Government-run pool and lottery tickets?
7. Other lottery, pool, and raffle tickets?
8. Forfeit of deposits, fines and money lost, stolen or wagered?
9. Contributions and dues for social clubs, cooperatives, political organizations, alumni associations, fraternal organizations, etc.? *Report charitable contributions on page 42.*
10. Tools and equipment, n.e.s. purchased for work (by wage or salaried workers)?
11. Legal services (excluding house purchase, sale, etc.)?

006

1

1000

008

009



1

011

12. Other services, e.g. passports, funeral services, rental of halls, etc.?

012

Specify _____

13. Other goods?

013

Specify _____

NOTES AND COMMENTS

M. PERSONAL INCOME IN 1990

Ask each of the following questions for each member 15 years of age or over.

Note: Part-year members should report only for the period that they were a member of this household in 1990.

Person Number →

1. How many weeks did this member work in 1990?

1.1 full-time (Include holidays with pay)

1.2 part-time (Include holidays with pay)

During 1990 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.

4.1 **NON-FARM** unincorporated business and professional practice (Include income in kind)

4.2 Of the amount reported in 4.1 how much is for income in kind?

4.3 **FARM** (Include income in kind)

4.4 Of the amount reported in 4.3 how much is for income in kind?

5. Gross income from **ROOMERS and BOARDERS** (Exclude payments received from relatives)

5.1 household members (non-relatives)

5.2 non-household members

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**

8.1 Gross rent from owned property = \$
NET RENT from owned property (gross rent minus expenses)

8.2 **OTHER** income from estate or trust funds, interest from mortgage investments, dividends from insurance companies, etc. ...

9. **FAMILY ALLOWANCE.** To be reported by member reporting the non-refundable tax credit for dependant children. (Include Quebec allowance for newborn children).

10. **OLD AGE SECURITY and GUARANTEED INCOME SUPPLEMENT** from federal government only (Include spouse's allowance)

11. **CANADA/QUEBEC PENSION PLAN** benefits

12. **UNEMPLOYMENT INSURANCE** benefits. Report gross receipts before deductions for taxes, etc. (Include sick and maternity benefits)

13. **SOCIAL ASSISTANCE and PROVINCIAL INCOME SUPPLEMENTS**

14. **OTHER INCOME** from **GOVERNMENT SOURCES**

Specify

15. **RETIREMENT PENSIONS, SUPERANNUATIONS, ANNUITIES**

Specify

16. **OTHER** money income, non-refundable scholarships and bursaries, alimony, money from abroad, or other money income not reported above. (Please specify source of income under **NOTES and COMMENTS**)

Other money receipts

17. Money gifts from persons outside this household

18. Inheritances, lump sum insurance settlements (excluding property), windfall gains

Specify

19. Prepayment of child tax credit **received** in 1990

20. Goods and Services Tax Credit **received** in 1990

21. Refunds on personal taxes, child tax credits and provincial tax credits

What amount was **CLAIMED** on 1989 income tax returns for:

22. Provincial Tax Credits

23. Federal Child Tax Credits

24. Federal Sales Tax Credit

Office Use Only

001	032	063	094	125
002	033	064	095	126
003	034	065	096	127
004 \$	035 \$	066 \$	097 \$	128 \$
005	036	067	098	129
006	037	068	099	130
007	038	069	100	131
008	039	070	101	132
009	040	071	102	133
010	041	072	103	134
011	042	073	104	135
012	043	074	105	136
013	044	075	106	137
014	045	076	107	138
015	046	077	108	139
016	047	078	109	140
017	048	079	110	141
018	049	080	111	142
019	050	081	112	143
020	051	082	113	144
021	052	083	114	145
022	053	084	115	146
023	054	085	116	147
024	055	086	117	148
025	056	087	118	149
026	057	088	119	150
027	058	089	120	151
028	059	090	121	152
029	060	091	122	153
030	061	092	123	154
031	062	093	124	155
251	251	251	251	251

N. PERSONAL TAXES, SECURITY, GIFTS IN 1990

Ask each of the following questions for each member 15 years of age or over.

Note: Part-year members should report only for the period that they were a member of this household in 1990.

What payments were made in 1990 toward the following:

Transfer Person Number from p.41 →

Personal Taxes

\$

1. Income tax on 1990 income?
2. Income tax on income received prior to 1990?
3. Other personal taxes, e.g. gift tax, Newfoundland school tax?
Specify

001	023	045	067	089
002	024	046	068	090
003	025	047	069	091
004	026	048	070	092

Security and Employment-related Payments

4. Life insurance premiums — life, term, endowment policies (premiums paid on policies for persons under 15 years should be reported by the household member paying the premiums)? Include group insurance. Exclude registered retirement savings plan (see Section P.)
5. Annuity contracts?
6. Unemployment insurance (deductions from pay)?
7. Government retirement or pension fund — including federal, provincial and municipal government funds?
8. Canada/Quebec pension plan?
9. Other retirement or pension funds? (Report Registered Retirement Savings Plan in Section P.)
10. Dues to unions and professional associations?

005	027	049	071	093
006	028	050	072	094
007	029	051	073	095
008	030	052	074	096
009	031	053	075	097
010	032	054	076	098
011	033	055	077	099

Gifts, Contributions and Support Payments

11. What expenditures were made for gifts, contributions, and support payments to persons not listed as household members e.g. birthday, Christmas gifts, child support:
11.1 money given to persons living in Canada?
- 11.2 money given to persons living outside Canada?
12. Other gifts, e.g. flowers, clothing, toys, etc.?
- What amounts were given as charitable contributions to:
13. Religious organizations?
14. Other charitable organizations, e.g. United Appeal, Red Cross, scholarship benefit funds, heart funds, etc.?

012	034	056	078	100
013	035	057	079	101
014	036	058	080	102
015	037	059	081	103
016	038	060	082	104

For each of the following categories, what was the value of birthday, Christmas and other gifts received from persons not listed as household members:

15. Furniture?
16. Televisions, radios, record players, etc. (sound equipment)?
17. Other household equipment (including household appliances)?
18. Other household durables?
19. Clothing?
20. Other non-money gifts?

017	039	061	083	105
018	040	062	084	106
019	041	063	085	107
020	042	064	086	108
021	043	065	087	109
022	044	066	088	110

♦ 001

O. SUPPLEMENTARY INFORMATION FOR OPERATORS OF UNINCORPORATED FARMS IN 1990

What is the estimated farm value of items produced on the farm operated by this household and consumed in the home during 1990:

- 1. Food – home-produced and home-consumed? *Ask the household to estimate the farm value of food items produced on the farm operated by the household and consumed in the home during 1990.*
- 2. Wood? Estimated value of fuel wood cut on the farm or wood lot and used in the house during the year
- 3. Other items? Specify
- 4. Were all the expenses involved in producing these items used in determining net income from farm self-employment reported on Page 41, Q.4.3?
- 5. If no, what amount was not included?

Total value \$
001
002
003
004
1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
005

INTERVIEWER CHECK ITEMS:

- A. Total value of farm products **reported** in Q.1 to 3
- B. Check box to indicate that this value is **included** in Q.4.3 and Q.4.4 on P.41
- C. Check box to indicate that Q.4.3 on P.41 has been **reduced** by the amount **reported** in Q.5 above.

006
007
1 <input type="checkbox"/>
008
1 <input type="checkbox"/>

(If more than one member has reported farm income the adjustments should be divided among them.)

NOTES AND COMMENTS

P. CHANGE IN HOUSEHOLD FINANCIAL POSITION IN 1990

Full year members are asked to use the change in assets between January 1, 1990 and December 31, 1990 to calculate the net household asset change.

Part year members are asked to use the change in assets for only the period within 1990 that they were a member of this household to calculate the net household asset change.

ASSETS

For questions 1 to 4, indicate the **NET CHANGE** (net increase or decrease) in the household's assets over the survey year.

1. Cash held in banks, savings accounts, trust and loan companies, and cash on hand, etc. Include guaranteed investment certificates.
Money owed to household by persons who are not members of the household. Report principal amounts or change in principal amounts. (*Interest received should be entered on Page 41 Question 6.*)
2. Secured by mortgage on property.
3. Other money owed to household.
4. Money deposited as pledge against future purchases of goods and services.

If a net increase over survey year report here \$	If a net decrease over survey year report here \$
001	002
003	004
005	006
007	008

Contributions to and withdrawals from:

5. Registered Retirement Savings Plan

Contributions \$	Withdrawals \$
009	010

Purchases and sales of: (*For sales, exclude interest received, report on Page 41, Question 6*)

6. Canada Savings Bonds, other Government bonds and other bonds
7. Publicly traded stocks and mutual fund shares (Include brokerage costs)
8. Shares in investment clubs, etc.
9. Sales of personal property not traded in on new items in 1990. (Exclude sales of appliances and vehicles reported elsewhere)

Purchase \$	Sale \$
011	012
013	014
015	016
	017

Business or farm: (Include rental property)

Investments in unincorporated business, professional practice, or farm, in assets such as machinery, trucks, cars, buildings, and other income-earning properties. In partnerships give own share. Include major improvements (including land improvements).

10. Repayments on principal of mortgage or loan. Include all lump sum payments
11. Purchase price of asset(s) bought in 1990 such as machinery, trucks, cars, buildings, and other income-earning properties
12. Money borrowed for the business or farm. Include mortgages, loans, etc.
13. Selling price (less commissions) of asset(s) sold in 1990. Include machinery, trucks, cars, buildings and other income-earning properties.
14. Assessment of capital cost allowance (depreciation) on all asset(s) for 1990 used in determining net income from self-employment

018	
019	
	020
	021
	022

INTERVIEWER CHECK ITEM:

Check page 16 to ensure that all rental, farm and other business real estate are reported here.
(i.e. Yes in Q.2.2 and/or Yes in Q.2.3.)

P. CHANGE IN HOUSEHOLD FINANCIAL POSITION IN 1990 – concluded

LOANS AND OTHER DEBTS

Exclude mortgages, other money owed or paid in connection with business or loans on property.
Include installment payment plans, lines of credit, student loans, credit cards and accounts, and any outstanding bills.
Include any loans received in 1990 for which payment does not begin until after 1990.

	Item #1	Item #2	Item #3	Item #4	Item #5
1. List each loan for which regular payments were made in 1990. (If none, go to Question 14.)	001	021	041	061	081
2. Original principal balance (Net purchase price less down payment if installment plan)	002	022	042	062	082
3. Date original principal balance received	003 Month Year 	023 Month Year 	043 Month Year 	063 Month Year 	083 Month Year
4. Report any additional money borrowed in 1990 on this loan	004	024	044	064	084
5. Number of regular payments made in 1990	005	025	045	065	085
6. Amount of regular payment	006	026	046	066	086
7. Total lump sum payments made in 1990 other than down payment	007	027	047	067	087
8. Date final payment made or due (month/year)	008 Month Year 	028 Month Year 	048 Month Year 	068 Month Year 	088 Month Year
9. Annual interest rate	009 % 	029 % 	049 % 	069 % 	089 %
10. Amount of interest paid in 1990	010	030	050	070	090
11. Amount of principal paid in 1990	011	031	051	071	091
12. Were records referred to when reporting interest or principal?	012 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	032 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	052 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	072 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	092 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
13. Type of lender	013 1 <input type="checkbox"/> Individual 2 <input type="checkbox"/> Other	033 1 <input type="checkbox"/> Individual 2 <input type="checkbox"/> Other	053 1 <input type="checkbox"/> Individual 2 <input type="checkbox"/> Other	073 1 <input type="checkbox"/> Individual 2 <input type="checkbox"/> Other	093 1 <input type="checkbox"/> Individual 2 <input type="checkbox"/> Other

Other money owed by household (not including what is owed or paid in connection with business or mortgage on property). (Exclude installment payments reported above.)	Amount owed \$		Difference in amount owed between Jan. 1, 1990 and Dec. 31, 1990 \$		Amount of interest charges in 1990 \$
	Jan. 1, 1990	Dec. 31, 1990	If Jan. 1, 1990 larger, enter difference here	If Dec. 31, 1990 larger, enter difference here	
14. Bank-sponsored credit card			121	127	133
15. Other charges and installment debt with stores, service stations, oil companies and other credit cards. Include all revolving budget accounts			122	128	134
16. Other loans, debts not included above			123	129	135
17. On rents			124	130	136
18. On taxes			125	131	137
19. Other bills, e.g. hospital			126	132	138

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