



Survey of Family Expenditures in 1992

CONFIDENTIAL
WHEN COMPLETED

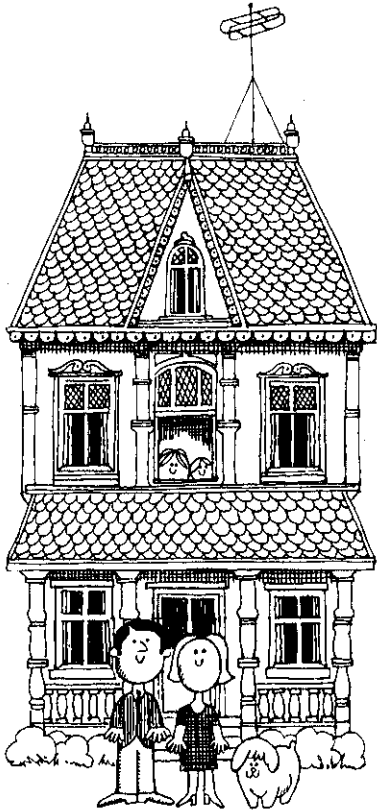
Si vous préférez ce questionnaire en français, veuillez cocher

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				
Interview number	Date		Time (Use 24 hr. clock, hh:mm)	
	Day	Month	Began	Ended
1		0		
2		0		
3		0		
4		0		

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


O.C.
Office Use

Interviewer's Signature	Code

Record of Visits

Visit Number	Date	Time	Comments

8-5100-2.1: 1992-07-10 STC-HLD-045-60118


 Statistics Canada / Statistique Canada

Canada

DETACH AND DESTROY BEFORE SHIPPING TO HEAD OFFICE

Listing address _____ _____ _____	Household contact: _____ Telephone No. (Area code) <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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1. List first names only 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 1992. List the household reference person first. HOUSEHOLD REFERENCE PERSON The household reference person is the member of the household mainly responsible for its financial maintenance (i.e. pays the rent, mortgage, taxes or electricity, etc.). This person can be either male or female. When all members of the household share equally, any member may be shown as the household reference person. CHECK HOUSEHOLD MEMBERSHIP: • After listing members of the household, ask: • Does anyone else live at this address? • Are there any persons away who could be considered as living at this address?		2. What is . . . relationship to the household reference person? Related Person: 02 Spouse 03 Son/Daughter 04 Grandchild 05 Daughter-in-law/Son-in-law 06 Foster child 07 Father/Mother 08 Mother-in-law/Father-in-law 09 Brother/Sister 10 Other relative (nephew, cousin, etc.) Non-related Person: 11 Lodger 12 Room-mate 13 Other non-relative (employee, lodger's wife, etc.)		3. Age in years at Dec. 31, 1992	4. Sex 1. Male 2. Female	5. Marital Status at Dec. 31, 1992 1. Married or common law, spouse of a household member 2. Single, never married 3. Other (separated, divorced, widow(er), etc.)	6. If age 15 or over and employed at any time in 1992, report occupation of longest duration. If not employed report main activity.	7. Enter Economic family code at time of interview or last day person was a member of this household. (See definition)
Enter Person No.	Enter Code	Enter Code	Enter Code	Enter Code	Office Use			
001 <input type="text" value="0"/> <input type="text" value="1"/>	002 <input type="text" value="0"/> <input type="text" value="1"/>	003 <input type="text"/>	004 <input type="text"/>	005 <input type="text"/>	006 <input type="text"/>	007 <input type="text" value="A"/>		
008 <input type="text"/>	009 <input type="text"/>	010 <input type="text"/>	011 <input type="text"/>	012 <input type="text"/>	013 <input type="text"/>	014 <input type="text"/>		
015 <input type="text"/>	016 <input type="text"/>	017 <input type="text"/>	018 <input type="text"/>	019 <input type="text"/>	020 <input type="text"/>	021 <input type="text"/>		
022 <input type="text"/>	023 <input type="text"/>	024 <input type="text"/>	025 <input type="text"/>	026 <input type="text"/>	027 <input type="text"/>	028 <input type="text"/>		
029 <input type="text"/>	030 <input type="text"/>	031 <input type="text"/>	032 <input type="text"/>	033 <input type="text"/>	034 <input type="text"/>	035 <input type="text"/>		
036 <input type="text"/>	037 <input type="text"/>	038 <input type="text"/>	039 <input type="text"/>	040 <input type="text"/>	041 <input type="text"/>	042 <input type="text"/>		
043 <input type="text"/>	044 <input type="text"/>	045 <input type="text"/>	046 <input type="text"/>	047 <input type="text"/>	048 <input type="text"/>	049 <input type="text"/>		
050 <input type="text"/>	051 <input type="text"/>	052 <input type="text"/>	053 <input type="text"/>	054 <input type="text"/>	055 <input type="text"/>	056 <input type="text"/>		
057 <input type="text"/>	058 <input type="text"/>	059 <input type="text"/>	060 <input type="text"/>	061 <input type="text"/>	062 <input type="text"/>	063 <input type="text"/>		
064 <input type="text"/>	065 <input type="text"/>	066 <input type="text"/>	067 <input type="text"/>	068 <input type="text"/>	069 <input type="text"/>	070 <input type="text"/>		
071 <input type="text"/>	072 <input type="text"/>	073 <input type="text"/>	074 <input type="text"/>	075 <input type="text"/>	076 <input type="text"/>	077 <input type="text"/>		
078 <input type="text"/>	079 <input type="text"/>	080 <input type="text"/>	081 <input type="text"/>	082 <input type="text"/>	083 <input type="text"/>	084 <input type="text"/>		

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. Enter Cen- sus family code at time of interview or last day person was a member of this household (See definition)	9. Was this person a member of this household at time of interview?	10. Was this person a member of this household at Dec. 31, 1992?	11. Number of weeks a member of this house- hold in 1992? If this is a one person household, go to Q.13.	12. Number of weeks lived alone in 1992 , but not in this household? (Do not report weeks included in Q.11)	13. 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>	14. IF TOTAL NUMBER OF WEEKS (Q.11 and Q.12) is less than 52, specify reason: 1 Child born in 1992 or 1993 2 Im- migrated in 1992 or 1993 3 Belonged to a household in ex- istence elsewhere 4 Other - Explain in notes Enter Code	15. INTERVIEWER CHECK ITEM: Using questions 9, 11 and 12, determine the data collection code. 1 If Q.9 = Yes and Q.11 is not equal to 00, report data for all weeks on FEX2 2 If Q.9 = No and Q.11 is not equal to 00, report data only for weeks a member of this household 3 If Q.9 = Yes and Q.11 = 00 and Q.12 is not equal to 00, report data only for weeks lived alone 4 If Q.9 = Yes and Q.11 = 00 and Q.12 = 00, report data for A section only 5 If Q.9 = No and Q.11 = 00 and Q.12 = 00, not a member of this household at any time Enter Code
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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"/>	005 <input type="checkbox"/>	006 <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"/>	013 <input type="checkbox"/>	014 <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"/>	021 <input type="checkbox"/>	022 <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"/>	029 <input type="checkbox"/>	030 <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"/>	037 <input type="checkbox"/>	038 <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"/>	045 <input type="checkbox"/>	046 <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"/>	053 <input type="checkbox"/>	054 <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"/>	061 <input type="checkbox"/>	062 <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"/>	069 <input type="checkbox"/>	070 <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"/>	077 <input type="checkbox"/>	078 <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"/>	085 <input type="checkbox"/>	086 <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"/>	093 <input type="checkbox"/>	094 <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 at home in childhood and still understands?	17. Where was this person born?	18. In what year did this person first immigrate to Canada?	19. What was the highest level of educa- tion 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"/> 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"/> Office Use	203 <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"/> 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"/> Office Use	207 <input type="checkbox"/>	Enter Code 208 <input type="checkbox"/>
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Dwelling Occupied at Dec. 31, 1992

1. Which type of dwelling did this household occupy on Dec. 31, 1992?

- | | |
|--|--|
| 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

002
1 Yes 2 No

003

2. Was the dwelling occupied on Dec. 31, 1992 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)

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 1986-1990 |
| 2 1941-1950 | 5 1971-1980 | 8 1991 |
| 3 1951-1960 | 6 1981-1985 | 9 1992 |

Enter Code:

006

7. On Dec. 31, 1992 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? }
(Rent-free: any cases where no member owned the dwelling and no rent was charged)

Enter Code:

007

8. If OWNED and OCCUPIED on Dec. 31, 1992, were the following facilities associated with the dwelling:

- 8.1 Central air conditioning?
- 8.2 Garage?
- 8.3 Inground swimming pool?

008
1 Yes 2 No

009
1 Yes 2 No

010
1 Yes 2 No

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

011

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

012

NOTES AND COMMENTS

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

001

INTERVIEWER CHECK ITEM:

IF Q.1 IS NOT 1992, go to Q.8

IF Q.1 IS 1992, then ask:

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

002
1 Yes ▶ Go to Q.3
2 No ▶ Go to Q.8

3. Were any of the dwellings previously occupied by the household in 1992:

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 previously owned and occupied dwellings in 1992:

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 1992:

5.1 **Rented** by the household?

5.2 **Occupied rent-free** by the household?
(rent-free: any cases where no member owned the dwelling and no rent was charged)

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 (including within the same metropolitan area)

Different, *specify*

Office Use

011

7. Give date(s) of move(s) in 1992 and explain, e.g. sold home on July 1, 1992 and moved to apartment.

8. Did any member of this household live on a farm at anytime during 1992?

9. Did any member of this household operate a farm at anytime during 1992?

012
1 Yes 2 No
013
1 Yes 2 No

NOTES AND COMMENTS

Multiple horizontal lines for 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, goods and services tax (GST), tips, custom duties and any other additional charges or taxes.
- 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 **1992** in Sections C through L whether they were paid for prior to **1992** or were to be paid for after **1992**. Amounts **not** paid in **1992** should also be reported in Section P.

Unless otherwise specified, amounts paid for goods and services not received in **1992** 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 but **was not used to repair or replace**, 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**.

NOTES AND COMMENTS

1 Yes
2 No → Go to P.13

1. a) Were there any mortgages or other loans on dwellings owned and occupied by the household at any time in 1992? ...
- b) If yes:
- list each mortgage and loan on any of the homes owned and occupied by this household in 1992;
 - describe each contract or mortgage term in a separate column, including those that were closed out or renewed in 1992;
 - Include repayable government assistance plans as separate mortgage whether or not payments were due in 1992;
 - Include loans for repairs and renovations (include additions, renovations, alterations, new installations, replacements, repairs and maintenance);
 - Include debts on dwellings that were sold or otherwise vacant;
 - **Exclude** vacation homes and other secondary living quarters;
 - **Exclude** dwellings that were not occupied by the household in 1992;
 - **Report** expenditures on rental property on page 44.

2. Was the dwelling:
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 was borrowed or renewed in 1992? (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 renewed or paid off (including close of mortgage upon sale of home) report total payment in the relevant month.

A		B	
001 1 <input type="checkbox"/> owned and occupied at Dec. 31, 1992? 2 <input type="checkbox"/> previously owned and occupied in 1992?		047 1 <input type="checkbox"/> owned and occupied at Dec. 31, 1992? 2 <input type="checkbox"/> previously owned and occupied in 1992?	
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 D <input type="checkbox"/> None Go to Q.7		053 D <input type="checkbox"/> None Go to Q.7	
008 Month Year <input type="text"/> 9, 2		054 Month Year <input type="text"/> 9, 2	

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.

To derive monthly payments, you may use the following formula when payments are made:

weekly
(Payment × 52) ÷ 12

every two weeks
(Payment × 26) ÷ 12

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

8. Which of the following are included in these payments:
- 8.1 Property tax?
- 8.2 Mortgage life insurance?
- 8.3 Principal or interest?

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 *C
035 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	081 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No

RENTED LIVING QUARTERS (Include living quarters occupied rent-free. Exclude vacation quarters)
 (rent-free: any cases where no member owned the dwelling and no rent was charged)

001 mos

- For how many months in 1992 did this household occupy a rented dwelling?
 (If none, enter "00" and Go to P.15)
- What monthly rental payments were made for rented living quarters occupied by this household in 1992? (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 A

- 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 1992?
 (Exclude amounts reimbursed by the landlord.) \$
- Were there any other payments made in 1992 to the landlord not included above, e.g. security deposits?
 1 Yes ► \$
 2 No
- Was there any rent returned to this household for any reason during 1992, e.g. rent overpayment?
 (Exclude provincial tax credits for rent paid, provincial or municipal rent allowances.)
 1 Yes ► \$
 2 No

003 A

004 A

005 B

- Did this household pay a reduced rent in 1992 for any of the following reasons:

006
 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?

- What payments did this household make in 1992 for tenants' insurance? \$

007 A

- Which of the following facilities were included in the rental payments made in 1992:

- Appliances, furniture or furnishings?
- Electricity?
- Heat?
- Water?
- Parking (inside or outside)?
- Air conditioning?
- Swimming pool?
- Cablevision?
- 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 A

- 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

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

019 B

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

020

021

Ask BOTH OWNERS and RENTERS these questions

Water, Fuel and Electricity for principal residence in 1992 - 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	A
002	A
003	A
004	A
005	A
006	A
007	A
008	A
009	A

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 1992 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 A
013 A	019 A
014 A	020 A
015 A	021 A
016 A	022 A
017 A	023 A

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 1992, what amount was paid for room and board to this household? (Exclude relatives and non-household members)

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

NOTES AND COMMENTS

1. Did a member of this household own any **other real estate** in 1992?

001	
1 <input type="checkbox"/> Yes	▶ Continue
2 <input type="checkbox"/> 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.

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

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

<p>INTERVIEWER CHECK ITEM: If yes: Ensure the household completes the questions on vacation homes on page 17.</p>
--

2.2 Rental property

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

<p>INTERVIEWER CHECK ITEM: If yes: Ensure the household includes this property in Section P under "Assets" (Questions 10 to 14 on P01) on page 44.</p>

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

004	
1 <input type="checkbox"/> Yes	
2 <input type="checkbox"/> No	

<p>INTERVIEWER CHECK ITEM: If yes: Ensure the household includes this property in Section P under "Assets" (Questions 10 to 14 on P01) on page 44.</p>

2.4 Any other real estate

005	
1 <input type="checkbox"/> Yes	
2 <input type="checkbox"/> No	

<p>INTERVIEWER CHECK ITEM: If yes: Ensure the household completes the questions on other property on page 17.</p>
--

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

- a) 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 property taxes and the rent is "free". Enter property taxes in C08, Q.2, C08, Q.6=3 and report any other applicable expenses on pages 14 and 15.
- b) 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.
- c) 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.

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

001
 1 Yes ► Continue
 2 No ► Go to Q.9

1. During 1992 did a member of this household own a vacation home or other secondary living quarters?

002
 1 Yes ► Continue
 2 No ► Go to Q.3

2. Did a member of this household purchase a vacation home or other secondary living quarters during 1992?

Total cost \$	
003	C
004	A
005	A
006	D
007	A
008	A

2.1 What was the purchase price?

3. What expenditures did the household make in 1992 for:

3.1 Additions, renovations and new installations?

3.2 Repairs, maintenance and replacements?

4. What amount of money was borrowed in 1992 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 1992?

009
 1 Yes ► Continue
 2 No ► Go to Q.8

7. Was (were) the dwelling(s) sold in 1992?

010	
011	D

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 1992 for:

8.1 Property 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	A
013	A
014	A
015	A
016	A

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.

10. What was the purchase price of property bought in 1992?

11. What amount was spent by the household for additions or major alterations on property other than home or vacation home, (not business) in 1992, e.g. servicing land, etc.?

12. What amount of money was borrowed in 1992 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 1992?

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

018	C
019	C
020	D
021	C
022	A

15. Was any of the property sold in 1992?

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. property 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 1992?
- 3 other, including both of above? Specify _____

Enter Code

023
 1 Yes ► Continue
 2 No ► Go to Q.16

024	
025	D
026	A

027

HOUSEHOLD FURNISHINGS

What amount did the household spend in 1992 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?

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

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.?

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.?

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 A	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
003 A	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
005 A	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
007 A	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

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

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

029 A				
030 A				
031 A				
032 A				
033 A				
034 A				
035 A				
036 A				
037 A				
038 A				
039 A				
040 A				

NOTES AND COMMENTS

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

What did this household spend in 1992 for:

Total cost	
\$	
001	A
002	A
003	A
004	A
005	A

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.)?

WORKSHOP TOOLS AND EQUIPMENT (Include parts and accessories in Q.8)

What did this household spend in 1992 for:

006	A
007	A
008	A

6. Power hand tools, e.g. electric drills, circular saws, 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.?

OTHER HOUSEHOLD EQUIPMENT

What did this household spend in 1992 for:

009	A
010	A
011	A
012	A
013	A
014	A
015	A
016	A
017	A

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, artificial and ornamental flowers, rubber gloves, insulated bottles, propane tanks, non-electric portable space heaters, charcoal barbecues, flashlights, ladders, baby carriages, etc.?

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	A
-----	---

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-fixture equipment, making of keys, etc.?
23. Rental of household furnishings and equipment, including major household appliances?

019	A
020	A
021	A
022	A
023	A

NOTES AND COMMENTS

E. EXPENSES OF RUNNING THE HOME IN 1992

◆ 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	A
002	A
003	A
004	A
005	A
006	A

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)?

007	A
008	A
009	A
010	A

Domestic Services (Exclude child care)

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

011	A
-----	---

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.?

012	A
013	A
014	A
015	A
016	A
017	A

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.?

018	A
019	A
020	A
021	A
022	A

19. How many dogs did this household own as of Dec. 31, 1992?

023	
-----	--

20. How many cats did this household own as of Dec. 31, 1992?

024	
-----	--

NOTES AND COMMENTS

What expenditures were made for each household member in 1992 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

Enter Person's First Name ▶

Transfer Person N° from Page 1 ▶

1. Leather coats and jackets?
2. Fur coats and jackets?
3. Winter-weight coats and jackets (except ski jackets)?
4. Raincoats (including all-weather coats)?
5. Other coats, jackets, and vests?
6. Suits (including pant suits)?
7. Dresses?
8. Jeans (denim, corduroy or other)?
9. Other pants (including jumpsuits and shorts other than gym or tennis)?
10. Skirts (including culottes)?
11. Blouses (including shirts)?
12. T-shirts and other tops?
13. Sweaters?
14. Ski jackets, pants and suits (including snowmobile suits)?
15. Beachwear: e.g. bathing suits and cover-ups?
16. Other active sportswear such as sweatsuits, gym shorts, rainsuits, leotards, exercise tights, and sports uniforms?
17. Other specialized clothing and apparel: e.g. uniforms, specialized work clothing including gloves, academic and religious apparel, costumes, aprons?
18. Hosiery: e.g. socks, pantyhose, stockings?
19. Foundation garments?
20. Lingerie, e.g. briefs, slips, camisoles?
21. Sleepwear, e.g. pyjamas, nightgowns, sleep sets?
22. Loungewear, e.g. bathrobes, dressing gowns?
23. Gloves and mitts?
24. Headwear and scarves?
25. Belts, handbags and wallets?
26. Other accessories (e.g. handkerchiefs, umbrellas, shoe laces, etc.)?
27. Watches?
28. Precious jewellery?
29. Other jewellery (including costume jewellery, metal watch bands, hair ornaments, etc.)?
30. Shoes (except athletic) and fashion boots?
31. Insulated boots, work and hiking boots?
32. Athletic shoes (except specialized sports footwear)?
33. Other footwear, including overshoes, slippers, etc.?

001		035		069
				103
				137
	\$		\$	
002	A	036	A	070
				104
				138
003	A	037	A	071
				105
				139
004	A	038	A	072
				106
				140
005	A	039	A	073
				107
				141
006	A	040	A	074
				108
				142
007	A	041	A	075
				109
				143
008	A	042	A	076
				110
				144
009	A	043	A	077
				111
				145
010	A	044	A	078
				112
				146
011	A	045	A	079
				113
				147
012	A	046	A	080
				114
				148
013	A	047	A	081
				115
				149
014	A	048	A	082
				116
				150
015	A	049	A	083
				117
				151
016	A	050	A	084
				118
				152
017	A	051	A	085
				119
				153
018	A	052	A	086
				120
				154
019	A	053	A	087
				121
				155
020	A	054	A	088
				122
				156
021	A	055	A	089
				123
				157
022	A	056	A	090
				124
				158
023	A	057	A	091
				125
				159
024	A	058	A	092
				126
				160
025	A	059	A	093
				127
				161
026	A	060	A	094
				128
				162
027	A	061	A	095
				129
				163
028	A	062	A	096
				130
				164
029	A	063	A	097
				131
				165
030	A	064	A	098
				132
				166
031	A	065	A	099
				133
				167
032	A	066	A	100
				134
				168
033	A	067	A	101
				135
				169
034	A	068	A	102
				136
				170

H. PERSONAL CARE EXPENDITURES IN 1992

◆ 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	A
002	A
003	A
004	A

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	A
006	A
007	A
008	A
009	A
010	A
011	A
012	A
013	A
014	A
015	A
016	A
017	A
018	A
019	A
020	A
021	A
022	A
023	A
024	A

NOTES AND COMMENTS

Multiple horizontal lines for notes and comments.

Automobiles and Trucks

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

- Did anyone in the household own, lease or operate a car, truck or van in 1992, 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 1992 (including those sold, traded or otherwise disposed of).

	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	028 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 1992 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 1992? (Exclude operating costs. Exclude any amount charged to business)	010 \$ A	029 \$ A	048 \$ A	067 \$ A
If owned by a household member:	011	030	049	068
10. What was the month and year of purchase?	Month Year <input type="text"/>	Month Year <input type="text"/>	Month Year <input type="text"/>	Month Year <input type="text"/>
11. If purchased in 1992: What was the total purchase price after trade-in and including all sales taxes?	012 \$ A	031 \$ A	050 \$ A	069 \$ A
12. What was the status of the vehicle at Dec. 31, 1992?	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 \$ B	033 \$ B	052 \$ B	071 \$ B
14. Approximately what distance was this vehicle driven in 1992? (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. Approximately what distance was driven for business in 1992? (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 \$ B	037 \$ B	056 \$ B	075 \$ B
Type of vehicle Office Use Only	099 <input type="checkbox"/>	099 <input type="checkbox"/>	099 <input type="checkbox"/>	099 <input type="checkbox"/>

Automobile and Truck Operation

(Include family and business use.)

Interviewer: If operating expenses cannot be separated for each vehicle, use information on each vehicle as a guide to estimate (e.g. distance driven, etc.).

What was the amount spent by this household in 1992 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, CD 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 A	018 A	035 A	052 A
002 A	019 A	036 A	053 A
003 A	020 A	037 A	054 A
004 A	021 A	038 A	055 A
005 A	022 A	039 A	056 A
006 A	023 A	040 A	057 A

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 1992 for:

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

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

What was the amount spent by this household in 1992 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 1992 for vehicle not owned in 1992 report it in asset change, P.44 Q.9.

Expenditures made in 1992 for rented vehicles

18. What expenditures were made in 1992 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 A	163 A	165 A	167 A
162 A	164 A	166 A	168 A

NOTES AND COMMENTS

What expenditures were made for the following in 1992:

- 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	A
002	A
003	A
004	A
005	A
006	A

Bicycles

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

Other vehicles

7. Did anyone in the household own any of the following during 1992 which were used, wholly or partly, for private use? None, skip to P.36

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

Specify _____

8. Type of vehicle? (Enter code from Q. 7)

9. What was the month and year of purchase?

If purchased in 1992:

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

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 1992?
- 16. Registration fees and licences paid for in 1992?
- 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, 1992?

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 Month Year [][] [][]	021 Month Year [][] [][]	034 Month Year [][] [][]	047 Month Year [][] [][]
009 A	022 A	035 A	048 A
010 A	023 A	036 A	049 A
011 A	024 A	037 A	050 A
012 A	025 A	038 A	051 A
013 A	026 A	039 A	052 A
014 A	027 A	040 A	053 A
015 A	028 A	041 A	054 A
016 A	029 A	042 A	055 A
017 B	030 B	043 B	056 B
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 B	032 B	045 B	058 B

NOTES AND COMMENTS

RECREATION EQUIPMENT

In 1992 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, in-line skates, 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	Other
001 A	002 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
003 A	004 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
005 A	006 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
007 A	008 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
009 A	010 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
011 A	012 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
013 A	014 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
015 A	016 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
017 A	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 A	020 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
021 A	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?
(Report video and camcorders in Section D, P. 19)
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 A	024 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
025 A	026 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
027 A	028 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
029 A	030 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
031 A	032 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
033 A	034 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
035 A			

Musical instruments and accessories

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

036 A	
037 A	
038 A	

NOTES AND COMMENTS

RECREATION SERVICES - concluded

How much did this household spend in 1992 on membership fees and dues for clubs, leagues and recreation associations (including season passes) and on fees for single use for:

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

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.?

Total cost \$	
015	A
016	A

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 1992 for:

10. Newspapers?
11. Subscriptions to magazines and periodicals? (Report only subscriptions paid in 1992)
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	A
018	A
019	A
020	A
021	A
022	A
023	A

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

What expenditures did this household make in 1992 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	A	026	A	028	A
025	A	027	A	029	A

Total cost \$	
030	A
031	A

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

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 1992.

Enter Person's First Name ▶

Transfer Person N° from Page 1 ▶

1. How many weeks did this member work in 1992?
 - 1.1 full-time (Include holidays with pay)
 - 1.2 part-time (Include holidays with pay)

Income

During 1992 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 1992
 20. Goods and Services Tax Credit **received** in 1992
 21. Refunds on personal taxes, child tax credits and provincial tax credits
- What amount was **CLAIMED** on 1991 income tax returns for:
22. Provincial Tax Credits
 23. Federal Child Tax Credits

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

Office Use Only ▶

Interviewer: Continue each person in same column order on next page.

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 1992.

Transfer Person's First Name from P. 41 (same column order) ▶

Transfer Person N° from Page 41 ▶

What payments were made in 1992 toward the following:

Personal Taxes

1. Income tax on 1992 income?
2. Income tax on income received prior to 1992?
3. Other personal taxes, e.g. gift tax, Newfoundland school tax?
Specify _____

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

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

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.?

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

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.?

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, VCR's, radios, record players, CD 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		

Interviewer: Do not list persons under 15 years old. Report their incomes, taxes, security and gifts in their parents' column.

NOTES AND COMMENTS

Full year members are asked to use the change in assets between January 1, 1992 and December 31, 1992 to calculate the net household asset change.

Part year members are asked to use the change in assets for only the period within 1992 that they were a member of this household to calculate the net household asset change.

Interviewer: Inform the respondent that "this information is used to complete the household budget and to balance revenues and expenditures".

ASSETS

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

1. What was the **net change** in the 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. What was the **net change** in money owed to household and secured by mortgage on property?
3. What was the **net change** in other money owed to household?
4. What was the **net change** in 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	C	002	D
003	C	004	D
005	C	006	D
007	C	008	D

What were the contributions to and withdrawals from:

5. Registered Retirement Savings Plan?

Contributions \$		Withdrawals \$	
009	C	010	D

What was the value of 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 1992? (Exclude sales of appliances and vehicles reported elsewhere)

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

The following questions concern **only** investments in unincorporated **BUSINESS, PROFESSIONAL PRACTICE, FARM, or in RENTAL PROPERTY**. This includes assets such as machinery, trucks, cars, buildings, and other income-earning properties. In partnerships give own share. Include major improvements (including land improvements).

10. What were the repayments on principal of mortgage or loan? (Include all lump sum payments) \$
11. What was the purchase price of asset(s) bought in 1992 such as machinery, trucks, cars, buildings, and other income-earning properties? \$
12. What was the amount of money borrowed for the business or farm? (Include mortgages, loans, etc.) \$
13. What was the selling price (less commissions) of asset(s) sold in 1992? (Include machinery, trucks, cars, buildings and other income-earning properties) \$
14. What was the assessment of capital cost allowance (depreciation) on all asset(s) for 1992 used in determining net income from self-employment? \$

018	C		
019	C		
		020	D
		021	D
		022	D

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.)

NOTES AND COMMENTS

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 1992 for which payment does not begin until after 1992.

Interviewer: use Q. 1 to describe loans with regular payments.

	Item #1	Item #2	Item #3	Item #4	Item #5
1. List each loan for which regular payments were made in 1992. (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 D	022 D	042 D	062 D	082 D
3. Date original principal balance received	003 *D Month Year	023 *D Month Year	043 *D Month Year	063 *D Month Year	083 *D Month Year
4. Report any additional money borrowed in 1992 on this loan \$	004 D	024 D	044 D	064 D	084 D
5. Number of regular payments made in 1992	005 *C	025 *C	045 *C	065 *C	085 *C
6. Amount of regular payment \$	006 C	026 C	046 C	066 C	086 C
7. Total lump sum payments made in 1992 other than down payment \$	007 C	027 C	047 C	067 C	087 C
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 1992 \$	010 C	030 C	050 C	070 C	090 C
11. Amount of principal paid in 1992 \$	011 C	031 C	051 C	071 C	091 C
12. Were records referred to when reporting interest or principal?	012 1 Yes 2 No	032 1 Yes 2 No	052 1 Yes 2 No	072 1 Yes 2 No	092 1 Yes 2 No
13. Type of lender	013 1 Individual 2 Other	033 1 Individual 2 Other	053 1 Individual 2 Other	073 1 Individual 2 Other	093 1 Individual 2 Other

	Amount owed \$		Difference in amount owed between Jan. 1, 1992 and Dec. 31, 1992 \$		Amount of interest charges in 1992 \$
	Jan. 1, 1992	Dec. 31, 1992	If Jan. 1, 1992 larger, enter difference here	If Dec. 31, 1992 larger, enter difference here	
14. Bank-sponsored credit card			121 C	127 D	133 C
15. Other charges and installment debt with stores, service stations, oil companies and other credit cards. Include all revolving budget accounts			122 C	128 D	134 C
16. Other loans, debts not included above			123 C	129 D	135 C
17. On rents			124 C	130 D	136 C
18. On taxes			125 C	131 D	137 C
19. Other bills, e.g. hospital			126 C	132 D	138 C

NOTES AND COMMENTS

Notes and comments section with multiple blank lines for text entry.

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