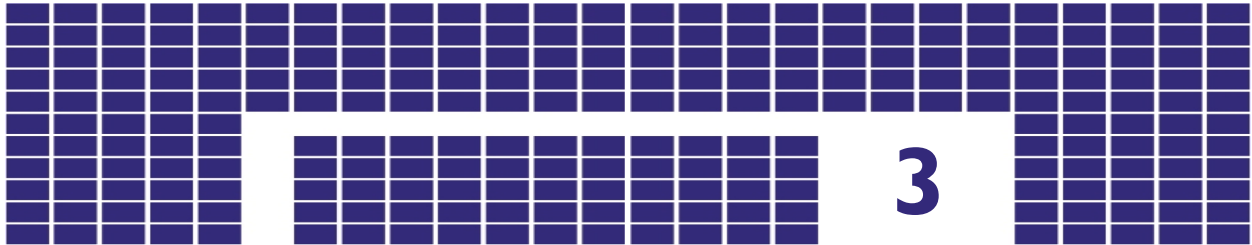




Housing, Family and Social Statistics Division
General Social Survey 1988

Cycle 3: Personal Risk

Questionnaire Package



Statistics
Canada

Statistique
Canada

Canada

GENERAL SOCIAL SURVEY

CYCLE THREE QUESTIONNAIRE PACKAGE

This document briefly describes the content of the third cycle of the General Social Survey, as well as the questionnaires, methods and sample. Copies of the questionnaires used for the third cycle are attached as appendices: Selection Control Form GSS 3-1 (Appendix A), Personal Risk Screening Questionnaire GSS 3-2 (Appendix B), Accident Report GSS 3-3 (Appendix C), and Crime Incident Report GSS 3-4 (Appendix D).

Content and Questionnaires

The third cycle of the General Social Survey was carried out in January and February of 1988. The survey collected information on personal risk related to criminal victimizations and accidents. Four questionnaires were used to conduct the interviews:

| QUESTIONNAIRE | AGE GROUP | TITLE |
|---------------|-----------------|---------------------------------------|
| GSS 3-1 | All age groups | Selection Control form |
| GSS 3-2 | Age 15 and over | Personal Risk Screening Questionnaire |
| GSS 3-3 | Age 15 and over | Accident Report |
| GSS 3-4 | Age 15 and over | Crime Incident Report |

The GSS 3-1 was completed for each telephone number selected in the sample. It lists all household members, collecting basic demographic information, specifically age, sex, marital status and relation to head of family. A respondent, 15 years of age or older was then randomly selected and a GSS 3-2 was completed for this person. The GSS 3-2 collected the following types of information: the respondents attitudes to various components of the judicial system, awareness of victim services and perception of risk with regard to accidents and crime incidents (section A); basic background information on the respondent (section B); information on the kind and number of times the respondent had been involved in an accident (section C) or a crime incident (section D) during 1987. Each time an accident or crime incident was reported on the GSS 3-2 questionnaire, an Accident Report (GSS 3-3) or a Crime Incident Report (GSS 3-4) was completed.

Sample

The sample for the third cycle was selected by random digit dialing and included persons aged 15 and over distributed throughout the ten provinces of Canada. Interviewers dialed each computer-selected telephone number and completed a Selection Control Form for each one. When they contacted a private household, they enumerated all the members of the household on this form, and then randomly selected and interviewed one member aged 15 or older. Almost 10,000 individuals were interviewed in this way and answered the GSS 3-2 questionnaire. The response rate was approximately 83%. The screening questions in sections C and D of the GSS 3-2 determined whether an Accident Report or Crime Incident Report should be completed. Only accidents which occurred during 1987 and interrupted the respondent's normal activities for at least half a day, or caused expenses of \$200 or more, were reported. Similarly, only crime incidents which occurred between January 1 and December 31, 1987 were reported.

General social survey Selection control form

GSS 3-1

Confidential when completed

| | | | | | |
|----|----------------------|----------------------|----------------------|----|----------------------|
| 1: | <input type="text"/> | <input type="text"/> | <input type="text"/> | 2: | <input type="text"/> |
| 3: | <input type="text"/> | 4: | <input type="text"/> | 5: | <input type="text"/> |

TELEPHONE NUMBER LABEL

| RECORD OF CALLS | | | | | | | | | |
|-----------------|---------|-------|----------|-----|-----------|-----|-----------|-----------------------|-------------|
| 10 | 11 Date | | 12 Start | | 13 Finish | | 14 Result | 15 Interviewer's Name | 16 Comments |
| | Day | Month | Hour | Min | Hour | Min | | | |
| 01 | | | | | | | | | |
| 02 | | | | | | | | | |
| 03 | | | | | | | | | |
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| 24 | | | | | | | | | |
| 25 | | | | | | | | | |

17. CALL COVERAGE BY TIME OF DAY AND DAY OF WEEK

| Time Period | Mon | Tues. | Wed. | Thur. | Fri. | Sat |
|---------------|-----|-------|------|-------|------|-----|
| 09:00 - 12:00 | | | | | | |
| 12:01 - 16:00 | | | | | | |
| 16:01 - 19:00 | | | | | | |
| 19:01 - 21:00 | | | | | | |

18. FORMS CONTROL

| Form | Number of forms |
|---------|----------------------|
| GSS 3-1 | <input type="text"/> |
| GSS 3-2 | <input type="text"/> |
| GSS 3-3 | <input type="text"/> |
| GSS 3-4 | <input type="text"/> |

19. Interviewer Number

20. Final status

30. Hello, I'm from Statistics Canada. We are conducting a survey in your area and throughout Canada on accidents and crime and their impact on Canadians.

31. I'd like to make sure that I've dialed the right number. Is this (read number)?
 Yes
 No → Dial again, if still wrong, END

32. Is this the number for a business, an institution or a private home?
 Private home
 Both home and business } → Go to 35
 Business, institution or other non-residence

33. Does anyone use this telephone number as a home phone number?
 Yes
 No → Thank respondent and END

34. How many persons live or stay at this address and use this number as a home phone number?
 Less than 15
 15 or more → Make appointment

35. In this survey all information we collect will be kept strictly confidential as guaranteed by the Statistics Act. While your participation is voluntary, it is essential if the survey results are to be accurate.

36. I need to select one person from your household for an interview. Starting with the oldest, what is the name and age of each person living or staying there who has no usual place of residence elsewhere?
 (Enter names and ages in items 42 and 44)

37. **INTERVIEWER:** • Enter answers for items 45 through 48 for each person recorded in item 42. Refer to Interviewer Reference Card for instructions and codes.
 • Then go to item 60.

| 40. Pg | 41. Ln | 42. Names of Household Members | 43. Sel # | 44. Age | 45. Sex | 46. What is ...'s marital status? | 47. Family Identifier | 48. What is ...'s relationship to ... (Head of Family)? |
|--------|--------|-----------------------------------|-----------|---------|---------|-----------------------------------|-----------------------|---|
| | 1 | Given name _____ Surname _____ | | | | | | |
| | 2 | Given name _____ Surname _____ | | | | | | |
| | 3 | Given name _____ Surname _____ | | | | | | |
| | 4 | Given name _____ Surname _____ | | | | | | |
| | 5 | Given name _____ Surname _____ | | | | | | |
| | 6 | Given name _____ Surname _____ | | | | | | |
| | 7 | Given name _____ Surname _____ | | | | | | |
| | 8 | Given name _____ Surname _____ | | | | | | |

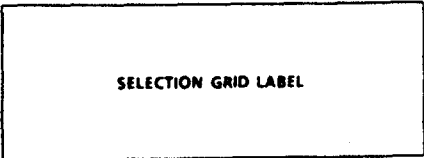
60. **INTERVIEWER:** Enter Page-Line no. of person giving the above information. →

61. Are there any persons away from this household attending school, visiting, travelling or in the hospital who USUALLY live there?
 Yes → Enter names and complete items 44 through 48
 No

62. Does anyone else live there, such as other relatives, roomers, boarders or employees?
 Yes → Enter names and complete items 44 through 48
 No

63. Now I am going to randomly select the person to interview. This will just take a second.

64. **INTERVIEWER:** • In item 43 number the persons 15 years of age and over in order from oldest to youngest.
 • Enter number of eligible household members
 • Determine the selected person by referring to the Selection Grid.
 • In item 43 circle the selected person number and enter Page-Line no.



65. The person I am to interview is (read name) (Is he/she there?)
 Yes → Go to form GSS 3-2
 No → Set up appointment and enter details in item 16

A = Eligible household members
 B = Selection number



- - Telephone number

Label Identification Number

Page-Line No.

Type

GSS 3 - 2

Confidential when completed

**GENERAL SOCIAL SURVEY
PERSONAL RISK
SCREENING QUESTIONNAIRE

AGES 15 YEARS AND OVER**

| SECTION A | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|--|--------------------------|--------------------------|--|--|--|---|--|--------------------------|---|--------------------------|--|---|--|--|--|--------------------------|--|---|--|--------------------------|---|--------------------------|--|---|
| <p>A1. INTERVIEWER: Repeat the introduction below if selected respondent is different from household respondent.</p> <p style="text-align: center;">Hello, I'm from Statistics Canada. We are conducting a survey in your area and throughout Canada on accidents and crime and their impact on Canadians.</p> <p style="text-align: center;">All the information you provide will be kept strictly confidential. While your participation is voluntary, it is essential if the survey results are to be accurate.</p> | <p>A9. In general, would you say that sentences handed down by the courts are too severe, about right or not severe enough?</p> <p>Too severe 1 <input type="radio"/></p> <p>About right 2 <input type="radio"/></p> <p>Not severe enough 3 <input type="radio"/></p> <p>Don't know 4 <input type="radio"/></p> | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>A2. These first questions ask about your opinions on crime and accidents and about ways in which people protect themselves and their property.</p> | <p>A10. Have you heard of any of the following ways that victims of crime may obtain assistance or compensation?</p> <table style="width: 100%; border: none;"> <tr> <td></td> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> </tr> <tr> <td>a) Payment ordered by a judge as part of an offender's sentence?</td> <td style="text-align: center;">01 <input type="radio"/></td> <td style="text-align: center;">02 <input type="radio"/></td> </tr> <tr> <td>b) Various services providing assistance to the victim, such as shelters for battered women, sexual assault centres, crisis lines, community police programmes and court assistance programmes?</td> <td style="text-align: center;">03 <input type="radio"/></td> <td style="text-align: center;">04 <input type="radio"/></td> </tr> <tr> <td>c) Victim-offender reconciliation programmes? These are programmes intended to bring the victim and offender together to resolve a dispute and repay the victim</td> <td style="text-align: center;">05 <input type="radio"/></td> <td style="text-align: center;">06 <input type="radio"/></td> </tr> <tr> <td>d) Payment from a Criminal Injuries Compensation Board?</td> <td style="text-align: center;">07 <input type="radio"/></td> <td style="text-align: center;">08 <input type="radio"/></td> </tr> <tr> <td>e) A civil court awards damages to the victim?</td> <td style="text-align: center;">09 <input type="radio"/></td> <td style="text-align: center;">10 <input type="radio"/></td> </tr> <tr> <td>f) An insurance company pays for the victim's loss or injury?</td> <td style="text-align: center;">11 <input type="radio"/></td> <td style="text-align: center;">12 <input type="radio"/></td> </tr> </table> | | Yes | No | a) Payment ordered by a judge as part of an offender's sentence? | 01 <input type="radio"/> | 02 <input type="radio"/> | b) Various services providing assistance to the victim, such as shelters for battered women, sexual assault centres, crisis lines, community police programmes and court assistance programmes? | 03 <input type="radio"/> | 04 <input type="radio"/> | c) Victim-offender reconciliation programmes? These are programmes intended to bring the victim and offender together to resolve a dispute and repay the victim | 05 <input type="radio"/> | 06 <input type="radio"/> | d) Payment from a Criminal Injuries Compensation Board? | 07 <input type="radio"/> | 08 <input type="radio"/> | e) A civil court awards damages to the victim? | 09 <input type="radio"/> | 10 <input type="radio"/> | f) An insurance company pays for the victim's loss or injury? | 11 <input type="radio"/> | 12 <input type="radio"/> | | | | |
| | Yes | No | | | | | | | | | | | | | | | | | | | | | | | | |
| a) Payment ordered by a judge as part of an offender's sentence? | 01 <input type="radio"/> | 02 <input type="radio"/> | | | | | | | | | | | | | | | | | | | | | | | | |
| b) Various services providing assistance to the victim, such as shelters for battered women, sexual assault centres, crisis lines, community police programmes and court assistance programmes? | 03 <input type="radio"/> | 04 <input type="radio"/> | | | | | | | | | | | | | | | | | | | | | | | | |
| c) Victim-offender reconciliation programmes? These are programmes intended to bring the victim and offender together to resolve a dispute and repay the victim | 05 <input type="radio"/> | 06 <input type="radio"/> | | | | | | | | | | | | | | | | | | | | | | | | |
| d) Payment from a Criminal Injuries Compensation Board? | 07 <input type="radio"/> | 08 <input type="radio"/> | | | | | | | | | | | | | | | | | | | | | | | | |
| e) A civil court awards damages to the victim? | 09 <input type="radio"/> | 10 <input type="radio"/> | | | | | | | | | | | | | | | | | | | | | | | | |
| f) An insurance company pays for the victim's loss or injury? | 11 <input type="radio"/> | 12 <input type="radio"/> | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>A3. Compared to other areas in Canada, do you think your neighbourhood has a higher amount of crime, about the same or a lower amount of crime?</p> <p>Higher 1 <input type="radio"/></p> <p>About the same 2 <input type="radio"/></p> <p>Lower 3 <input type="radio"/></p> <p>Don't know 4 <input type="radio"/></p> | <p>A11. During 1987, did you have any contact with a police officer who was on duty?</p> <p>Yes 1 <input type="radio"/></p> <p>No 2 <input type="radio"/> → Go to A14</p> | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>A4. During 1987, do you think that crime in your neighbourhood has increased, decreased, or remained about the same?</p> <p>Increased 5 <input type="radio"/></p> <p>Decreased 6 <input type="radio"/></p> <p>Same 7 <input type="radio"/></p> <p>Don't know 8 <input type="radio"/></p> | <p>A12. Were any of these contacts as a result of a crime?</p> <p>Yes 3 <input type="radio"/></p> <p>No 4 <input type="radio"/> → Go to A14</p> | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>A5. Which of the following types of crime is of most concern to you? Is it ... (Accept one response only)</p> <p>Attack or threat of attack? 1 <input type="radio"/></p> <p>Theft of household or personal belongings? 2 <input type="radio"/></p> <p>Deliberate damage to household or personal belongings? 3 <input type="radio"/></p> <p>Something else? 4 <input type="radio"/></p> | <p>A13. Who were the victims of this crime? (Mark all that apply)</p> <p>Yourself? 1 <input type="radio"/></p> <p>Someone close to you? (Friends, relatives) 2 <input type="radio"/></p> <p>Someone else? 3 <input type="radio"/></p> <p>None of the above 4 <input type="radio"/></p> | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>A6. How safe do you feel or would you feel walking alone in your neighbourhood...</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center;">...during the day?</td> <td></td> <td style="text-align: center;">How about after dark?</td> <td></td> </tr> <tr> <td>Very safe 01 <input type="radio"/></td> <td></td> <td>Very safe 06 <input type="radio"/></td> <td></td> </tr> <tr> <td>Reasonably safe 02 <input type="radio"/></td> <td></td> <td>Reasonably safe 07 <input type="radio"/></td> <td></td> </tr> <tr> <td>Somewhat unsafe 03 <input type="radio"/></td> <td></td> <td>Somewhat unsafe 08 <input type="radio"/></td> <td></td> </tr> <tr> <td>Very unsafe 04 <input type="radio"/></td> <td></td> <td>Very unsafe 09 <input type="radio"/></td> <td></td> </tr> <tr> <td>Don't know 05 <input type="radio"/></td> <td></td> <td>Don't know 10 <input type="radio"/></td> <td></td> </tr> </table> | ...during the day? | | How about after dark? | | Very safe 01 <input type="radio"/> | | Very safe 06 <input type="radio"/> | | Reasonably safe 02 <input type="radio"/> | | Reasonably safe 07 <input type="radio"/> | | Somewhat unsafe 03 <input type="radio"/> | | Somewhat unsafe 08 <input type="radio"/> | | Very unsafe 04 <input type="radio"/> | | Very unsafe 09 <input type="radio"/> | | Don't know 05 <input type="radio"/> | | Don't know 10 <input type="radio"/> | | <p>A14. During 1987, did you have any contact with a lawyer?</p> <p>Yes 5 <input type="radio"/></p> <p>No 6 <input type="radio"/> → Go to A17</p> | |
| ...during the day? | | How about after dark? | | | | | | | | | | | | | | | | | | | | | | | | |
| Very safe 01 <input type="radio"/> | | Very safe 06 <input type="radio"/> | | | | | | | | | | | | | | | | | | | | | | | | |
| Reasonably safe 02 <input type="radio"/> | | Reasonably safe 07 <input type="radio"/> | | | | | | | | | | | | | | | | | | | | | | | | |
| Somewhat unsafe 03 <input type="radio"/> | | Somewhat unsafe 08 <input type="radio"/> | | | | | | | | | | | | | | | | | | | | | | | | |
| Very unsafe 04 <input type="radio"/> | | Very unsafe 09 <input type="radio"/> | | | | | | | | | | | | | | | | | | | | | | | | |
| Don't know 05 <input type="radio"/> | | Don't know 10 <input type="radio"/> | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>A7. Do you think your local police force does a good job, an average job or a poor job:</p> <table style="width: 100%; border: none;"> <tr> <td></td> <td style="text-align: center;">Good job</td> <td style="text-align: center;">Average job</td> <td style="text-align: center;">Poor job</td> <td style="text-align: center;">Don't know</td> </tr> <tr> <td>a) Of enforcing the laws?</td> <td style="text-align: center;">01 <input type="radio"/></td> <td style="text-align: center;">02 <input type="radio"/></td> <td style="text-align: center;">03 <input type="radio"/></td> <td style="text-align: center;">04 <input type="radio"/></td> </tr> <tr> <td>b) Of promptly responding to calls?</td> <td style="text-align: center;">05 <input type="radio"/></td> <td style="text-align: center;">06 <input type="radio"/></td> <td style="text-align: center;">07 <input type="radio"/></td> <td style="text-align: center;">08 <input type="radio"/></td> </tr> <tr> <td>c) Of being approachable and easy to talk to?</td> <td style="text-align: center;">09 <input type="radio"/></td> <td style="text-align: center;">10 <input type="radio"/></td> <td style="text-align: center;">11 <input type="radio"/></td> <td style="text-align: center;">12 <input type="radio"/></td> </tr> <tr> <td>d) Of supplying information to the public on ways to reduce crime?</td> <td style="text-align: center;">13 <input type="radio"/></td> <td style="text-align: center;">14 <input type="radio"/></td> <td style="text-align: center;">15 <input type="radio"/></td> <td style="text-align: center;">16 <input type="radio"/></td> </tr> </table> | | Good job | Average job | Poor job | Don't know | a) Of enforcing the laws? | 01 <input type="radio"/> | 02 <input type="radio"/> | 03 <input type="radio"/> | 04 <input type="radio"/> | b) Of promptly responding to calls? | 05 <input type="radio"/> | 06 <input type="radio"/> | 07 <input type="radio"/> | 08 <input type="radio"/> | c) Of being approachable and easy to talk to? | 09 <input type="radio"/> | 10 <input type="radio"/> | 11 <input type="radio"/> | 12 <input type="radio"/> | d) Of supplying information to the public on ways to reduce crime? | 13 <input type="radio"/> | 14 <input type="radio"/> | 15 <input type="radio"/> | 16 <input type="radio"/> | <p>A15. Were any of these contacts as a result of a crime?</p> <p>Yes 7 <input type="radio"/></p> <p>No 8 <input type="radio"/> → Go to A17</p> |
| | Good job | Average job | Poor job | Don't know | | | | | | | | | | | | | | | | | | | | | | |
| a) Of enforcing the laws? | 01 <input type="radio"/> | 02 <input type="radio"/> | 03 <input type="radio"/> | 04 <input type="radio"/> | | | | | | | | | | | | | | | | | | | | | | |
| b) Of promptly responding to calls? | 05 <input type="radio"/> | 06 <input type="radio"/> | 07 <input type="radio"/> | 08 <input type="radio"/> | | | | | | | | | | | | | | | | | | | | | | |
| c) Of being approachable and easy to talk to? | 09 <input type="radio"/> | 10 <input type="radio"/> | 11 <input type="radio"/> | 12 <input type="radio"/> | | | | | | | | | | | | | | | | | | | | | | |
| d) Of supplying information to the public on ways to reduce crime? | 13 <input type="radio"/> | 14 <input type="radio"/> | 15 <input type="radio"/> | 16 <input type="radio"/> | | | | | | | | | | | | | | | | | | | | | | |
| <p>A8. Now I would like to ask you a similar question about the criminal courts. Are they doing a good job, an average job or a poor job:</p> <table style="width: 100%; border: none;"> <tr> <td></td> <td style="text-align: center;">Good job</td> <td style="text-align: center;">Average job</td> <td style="text-align: center;">Poor job</td> <td style="text-align: center;">Don't know</td> </tr> <tr> <td>a) In providing justice quickly?</td> <td style="text-align: center;">17 <input type="radio"/></td> <td style="text-align: center;">18 <input type="radio"/></td> <td style="text-align: center;">19 <input type="radio"/></td> <td style="text-align: center;">20 <input type="radio"/></td> </tr> <tr> <td>b) In helping the victim?</td> <td style="text-align: center;">21 <input type="radio"/></td> <td style="text-align: center;">22 <input type="radio"/></td> <td style="text-align: center;">23 <input type="radio"/></td> <td style="text-align: center;">24 <input type="radio"/></td> </tr> <tr> <td>c) In determining whether the accused, or the person charged is guilty or not?</td> <td style="text-align: center;">25 <input type="radio"/></td> <td style="text-align: center;">26 <input type="radio"/></td> <td style="text-align: center;">27 <input type="radio"/></td> <td style="text-align: center;">28 <input type="radio"/></td> </tr> <tr> <td>d) In protecting the rights of the accused?</td> <td style="text-align: center;">29 <input type="radio"/></td> <td style="text-align: center;">30 <input type="radio"/></td> <td style="text-align: center;">31 <input type="radio"/></td> <td style="text-align: center;">32 <input type="radio"/></td> </tr> </table> | | Good job | Average job | Poor job | Don't know | a) In providing justice quickly? | 17 <input type="radio"/> | 18 <input type="radio"/> | 19 <input type="radio"/> | 20 <input type="radio"/> | b) In helping the victim? | 21 <input type="radio"/> | 22 <input type="radio"/> | 23 <input type="radio"/> | 24 <input type="radio"/> | c) In determining whether the accused, or the person charged is guilty or not? | 25 <input type="radio"/> | 26 <input type="radio"/> | 27 <input type="radio"/> | 28 <input type="radio"/> | d) In protecting the rights of the accused? | 29 <input type="radio"/> | 30 <input type="radio"/> | 31 <input type="radio"/> | 32 <input type="radio"/> | <p>A16. Who were the victims of this crime? (Mark all that apply)</p> <p>Yourself? 1 <input type="radio"/></p> <p>Someone close to you? (Friends, relatives) 2 <input type="radio"/></p> <p>Someone else? 3 <input type="radio"/></p> <p>None of the above 4 <input type="radio"/></p> |
| | Good job | Average job | Poor job | Don't know | | | | | | | | | | | | | | | | | | | | | | |
| a) In providing justice quickly? | 17 <input type="radio"/> | 18 <input type="radio"/> | 19 <input type="radio"/> | 20 <input type="radio"/> | | | | | | | | | | | | | | | | | | | | | | |
| b) In helping the victim? | 21 <input type="radio"/> | 22 <input type="radio"/> | 23 <input type="radio"/> | 24 <input type="radio"/> | | | | | | | | | | | | | | | | | | | | | | |
| c) In determining whether the accused, or the person charged is guilty or not? | 25 <input type="radio"/> | 26 <input type="radio"/> | 27 <input type="radio"/> | 28 <input type="radio"/> | | | | | | | | | | | | | | | | | | | | | | |
| d) In protecting the rights of the accused? | 29 <input type="radio"/> | 30 <input type="radio"/> | 31 <input type="radio"/> | 32 <input type="radio"/> | | | | | | | | | | | | | | | | | | | | | | |
| | <p>A17. During 1987, did you have any contact with the courts?</p> <p>Yes 3 <input type="radio"/></p> <p>No 4 <input type="radio"/> → Go to A20</p> | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <p>A18. Were any of these contacts as a result of a crime?</p> <p>Yes 5 <input type="radio"/></p> <p>No 6 <input type="radio"/> → Go to A20</p> | | | | | | | | | | | | | | | | | | | | | | | | | |

| SECTION B | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--------------|--------------------------|----------------------|--------------------------|-------------|--------------------------|---------------|--------------------------|--------|--------------------------|---------|--------------------------|----------|--------------------------|--------------|--------------------------|---------|--------------------------|------------------|--------------------------|-----------------|--------------------------|-----------------------|--------------------------|
| <p>B1. This survey, the General Social Survey, needs some background information to monitor changes in Canadian society. For this reason I'd like to ask you the following questions.</p> | <p>B11. In what year did you first immigrate to Canada?</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin-bottom: 5px;"></div> <p>Canadian citizen by birth <input type="radio"/> 3</p> | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>B2. In what type of dwelling are you now living? Is it a ...</p> <p>Single detached house? <input type="radio"/> 3</p> <p>Semi-detached or double (side-by-side)? <input type="radio"/> 4</p> <p>Garden house, town-house or row house? <input type="radio"/> 5</p> <p>Duplex (one above the other)? <input type="radio"/> 6</p> <p>Low-rise apartment (less than 5 stories)? <input type="radio"/> 7</p> <p>High-rise apartment (5 or more stories)? <input type="radio"/> 8</p> <p>Other <input type="radio"/> 9</p> <p style="text-align: right;">↓</p> <p style="text-align: right;">(Specify)</p> <div style="border: 1px solid black; width: 100%; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100%; height: 20px;"></div> | <p>B12. What is your date of birth?</p> <div style="display: flex; justify-content: space-around; align-items: center; margin-bottom: 5px;"> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> </div> <p style="text-align: center; font-size: small;">Day Month Year</p> | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>B3. What are the first three characters of your postal code?</p> <div style="border: 1px solid black; width: 60px; height: 20px; margin-bottom: 5px;"></div> <p>Don't know <input type="radio"/> 888</p> | <p>B13. What language did you first speak in childhood? (Accept multiple response only if languages were used equally)</p> <p style="text-align: right; font-size: small;">Do you still understand that/those language(s)?</p> <p>English <input type="radio"/> 1</p> <p>French <input type="radio"/> 2 → Yes <input type="radio"/> 03 No <input type="radio"/> 04</p> <p>Italian <input type="radio"/> 3 → Yes <input type="radio"/> 05 No <input type="radio"/> 06</p> <p>German <input type="radio"/> 4 → Yes <input type="radio"/> 07 No <input type="radio"/> 08</p> <p>Ukrainian <input type="radio"/> 5 → Yes <input type="radio"/> 09 No <input type="radio"/> 10</p> <p>Other <input type="radio"/> 6 → Yes <input type="radio"/> 11 No <input type="radio"/> 12</p> <p style="text-align: right;">↓</p> <p style="text-align: right;">(Specify)</p> <div style="border: 1px solid black; width: 100%; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100%; height: 20px;"></div> | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>B4. Is this dwelling owned or rented by a member of this household?</p> <p>Owned <input type="radio"/> 1</p> <p>Rented <input type="radio"/> 2</p> | <p>B14. What language do you speak most often at home? (Accept multiple response only if languages are spoken equally)</p> <p>English <input type="radio"/> 1</p> <p>French <input type="radio"/> 2</p> <p>Italian <input type="radio"/> 3</p> <p>Chinese <input type="radio"/> 4</p> <p>German <input type="radio"/> 5</p> <p>Other <input type="radio"/> 6</p> <p style="text-align: right;">↓</p> <p style="text-align: right;">(Specify)</p> <div style="border: 1px solid black; width: 100%; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100%; height: 20px;"></div> | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>B5. How many telephones, including extensions, are there in your dwelling?</p> <p>One <input type="radio"/> 3 → Go to B10</p> <p>Two or more <input type="radio"/> 4</p> | <p>B15. How many years of elementary or high school education have you successfully completed?</p> <p>No schooling <input type="radio"/> 01 → Go to B19</p> <p>One to five years <input type="radio"/> 02</p> <p>Six <input type="radio"/> 03</p> <p>Seven <input type="radio"/> 04</p> <p>Eight <input type="radio"/> 05</p> <p>Nine <input type="radio"/> 06</p> <p>Ten <input type="radio"/> 07</p> <p>Eleven <input type="radio"/> 08</p> <p>Twelve <input type="radio"/> 09</p> <p>Thirteen <input type="radio"/> 10</p> <p style="text-align: right; margin-right: 20px;">} Go to B17</p> | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>B6. Do all the telephones have the same number?</p> <p>Yes <input type="radio"/> 5 → Go to B10</p> <p>No <input type="radio"/> 6</p> | <p>B16. Have you graduated from high school?</p> <p>Yes <input type="radio"/> 1</p> <p>No <input type="radio"/> 2</p> | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>B7. How many different numbers are there?</p> <div style="border: 1px solid black; width: 40px; height: 20px; margin-bottom: 5px;"></div> | <p>B17. Have you had any further schooling beyond elementary/high school?</p> <p>Yes <input type="radio"/> 3</p> <p>No <input type="radio"/> 4 → Go to B19</p> | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>B8. Are any of these numbers for business use only?</p> <p>Yes <input type="radio"/> 7</p> <p>No <input type="radio"/> 8 → Go to B10</p> | <p>B18. How many are for business use only?</p> <div style="border: 1px solid black; width: 40px; height: 20px; margin-bottom: 5px;"></div> | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>B9. How many are for business use only?</p> <div style="border: 1px solid black; width: 40px; height: 20px; margin-bottom: 5px;"></div> | <p>B19. In what country were you born?</p> <p>Canada <input type="radio"/> 1 → In which province or territory?</p> <table style="width: 100%; border-collapse: collapse;"> <tr><td>Newfoundland</td><td><input type="radio"/> 01</td></tr> <tr><td>Prince Edward Island</td><td><input type="radio"/> 02</td></tr> <tr><td>Nova Scotia</td><td><input type="radio"/> 03</td></tr> <tr><td>New Brunswick</td><td><input type="radio"/> 04</td></tr> <tr><td>Quebec</td><td><input type="radio"/> 05</td></tr> <tr><td>Ontario</td><td><input type="radio"/> 06</td></tr> <tr><td>Manitoba</td><td><input type="radio"/> 07</td></tr> <tr><td>Saskatchewan</td><td><input type="radio"/> 08</td></tr> <tr><td>Alberta</td><td><input type="radio"/> 09</td></tr> <tr><td>British Columbia</td><td><input type="radio"/> 10</td></tr> <tr><td>Yukon Territory</td><td><input type="radio"/> 11</td></tr> <tr><td>Northwest Territories</td><td><input type="radio"/> 12</td></tr> </table> <p style="text-align: right; margin-right: 20px;">} Go to B12</p> <p>Country outside Canada <input type="radio"/> 2</p> <p style="text-align: right;">(Specify)</p> <div style="border: 1px solid black; width: 100%; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100%; height: 20px;"></div> <p style="text-align: right; margin-right: 20px;">} Go to B11</p> | Newfoundland | <input type="radio"/> 01 | Prince Edward Island | <input type="radio"/> 02 | Nova Scotia | <input type="radio"/> 03 | New Brunswick | <input type="radio"/> 04 | Quebec | <input type="radio"/> 05 | Ontario | <input type="radio"/> 06 | Manitoba | <input type="radio"/> 07 | Saskatchewan | <input type="radio"/> 08 | Alberta | <input type="radio"/> 09 | British Columbia | <input type="radio"/> 10 | Yukon Territory | <input type="radio"/> 11 | Northwest Territories | <input type="radio"/> 12 |
| Newfoundland | <input type="radio"/> 01 | | | | | | | | | | | | | | | | | | | | | | | | |
| Prince Edward Island | <input type="radio"/> 02 | | | | | | | | | | | | | | | | | | | | | | | | |
| Nova Scotia | <input type="radio"/> 03 | | | | | | | | | | | | | | | | | | | | | | | | |
| New Brunswick | <input type="radio"/> 04 | | | | | | | | | | | | | | | | | | | | | | | | |
| Quebec | <input type="radio"/> 05 | | | | | | | | | | | | | | | | | | | | | | | | |
| Ontario | <input type="radio"/> 06 | | | | | | | | | | | | | | | | | | | | | | | | |
| Manitoba | <input type="radio"/> 07 | | | | | | | | | | | | | | | | | | | | | | | | |
| Saskatchewan | <input type="radio"/> 08 | | | | | | | | | | | | | | | | | | | | | | | | |
| Alberta | <input type="radio"/> 09 | | | | | | | | | | | | | | | | | | | | | | | | |
| British Columbia | <input type="radio"/> 10 | | | | | | | | | | | | | | | | | | | | | | | | |
| Yukon Territory | <input type="radio"/> 11 | | | | | | | | | | | | | | | | | | | | | | | | |
| Northwest Territories | <input type="radio"/> 12 | | | | | | | | | | | | | | | | | | | | | | | | |

B18. What is the highest level you attained?
(Accept one response only)

Master's or earned doctorate 1

Bachelor or undergraduate degree or teacher's college 2

Diploma or certificate from community college, CEGEP or nursing school 3

Diploma or certificate from trade, technical or vocational school or business college 4

Some university 5

Some community college, CEGEP or nursing school 6

Some trade, technical, or vocational school or business college 7

Other 8
(Specify)

B22. Which of the following best describes your main activity during 1987?
Were you mainly ... (Accept one response only)

Working at a job or business? 1 → Go to B24

Looking for work? 2

A student? 3

Keeping house? 4

Retired? 5

Other 6
(Specify)

B19. What, if any, is your religion?

No religion 01 → Go to B21

Roman Catholic 02

United Church 03

Anglican 04

Presbyterian 05

Lutheran 06

Baptist 07

Eastern Orthodox 08

Jewish 09

Other 10
(Specify)

B23. Did you have a job or were you self-employed at any time during 1987?

Yes 7

No 8 → Go to B34

B24. For how many weeks during 1987 did you do any work at a job or business?
(Include vacation, illness, strikes, lock-outs and maternity leave.)

_____ weeks
(Code number from 01 to 52)

B25. During those weeks, was the work mostly full-time or part-time?

Full-time 1

Part-time 2

B26. During those weeks were you mainly ...

An employee working for someone else? 3

Self-employed? 4 → Go to B29

B27. Which of the following best describes the work you did? Was it:

Managerial 5

Supervisory 6

Neither 7

B20. Other than on special occasions, such as weddings, funerals or baptisms, how often did you attend services or meetings connected with your religion in 1987?

At least once a week 1

At least once a month 2

A few times a year 3

At least once a year 4

Less than once a year 5

Never 6

B21. To which ethnic or cultural group do you or did your ancestors belong?
(Accept multiple response)

French 01

English 02

Irish 03

Scottish 04

German 05

Italian 06

Ukrainian 07

Other 08
(Specify)

Canadian (Probe) 09

Don't know 10

B28. INTERVIEWER: Go to B31

B29. During those weeks, did you have any paid employees?

Yes 8

No 9 → Go to B31

B30. About how many employees did you have?
(If range given, enter maximum)

_____ employees

B31. For whom did you work for the longest time during 1987?
(Name of business, government department or agency or person.)

SECTION C

C1. The next questions ask about accidents which may have happened to you during 1987.

We are interested in accidents which either:

- DISRUPTED YOUR NORMAL ACTIVITIES FOR AT LEAST HALF A DAY;
- OR
- RESULTED IN OUT OF POCKET EXPENSES OF \$200 OR MORE.

| | Yes | How many in 1987? | No |
|--|---|--|--|
| C2. From January 1st to December 31st, 1987, did you have an accident: | | | |
| a) While in a car, van, truck or on a motorcycle? | Yes ⁰¹ <input type="radio"/> | → <input type="text"/> <input type="text"/> <input type="text"/> | No ⁰² <input type="radio"/> |
| b) While on a recreational vehicle such as an All Terrain Vehicle (ATV), snowmobile, etc.? | Yes ⁰³ <input type="radio"/> | → <input type="text"/> <input type="text"/> <input type="text"/> | No ⁰⁴ <input type="radio"/> |
| c) While a pedestrian or on a bicycle? | Yes ⁰⁵ <input type="radio"/> | → <input type="text"/> <input type="text"/> <input type="text"/> | No ⁰⁶ <input type="radio"/> |
| C3. (Excluding those already mentioned,) did you have an accident while working at a job or business during 1987? (Mark "did not work in period" as "No".) | Yes ⁰⁷ <input type="radio"/> | → <input type="text"/> <input type="text"/> <input type="text"/> | No ⁰⁸ <input type="radio"/> |
| C4. (Excluding those already mentioned,) did you have an accident while playing games or participating in sports during 1987? | Yes ⁰⁹ <input type="radio"/> | → <input type="text"/> <input type="text"/> <input type="text"/> | No ¹⁰ <input type="radio"/> |
| C5. (Other than any accidents already mentioned,) during 1987 did you: | | | |
| a) Have a fall which resulted in an injury? | Yes ¹¹ <input type="radio"/> | → <input type="text"/> <input type="text"/> <input type="text"/> | No ¹² <input type="radio"/> |
| b) Suffer burns, smoke inhalation or other fire-related accidents? | Yes ¹³ <input type="radio"/> | → <input type="text"/> <input type="text"/> <input type="text"/> | No ¹⁴ <input type="radio"/> |
| c) Suffer from poisoning by any substances or liquids, including drugs? | Yes ¹⁵ <input type="radio"/> | → <input type="text"/> <input type="text"/> <input type="text"/> | No ¹⁶ <input type="radio"/> |
| d) Cut yourself seriously with a knife, broken glass or other object? | Yes ¹⁷ <input type="radio"/> | → <input type="text"/> <input type="text"/> <input type="text"/> | No ¹⁸ <input type="radio"/> |
| e) Have other accidents which involved an injury to you? | Yes ¹⁹ <input type="radio"/> | → <input type="text"/> <input type="text"/> <input type="text"/> | No ²⁰ <input type="radio"/> |
| C6. During 1987 did you have any other type of accident? | Yes ²¹ <input type="radio"/> | → <input type="text"/> <input type="text"/> <input type="text"/> | No ²² <input type="radio"/> |

C7. INTERVIEWER: Total the number of accidents reported in C2 to C6 and enter → TOTAL

C8. Did you drive any motor vehicle during 1987? (Include car, van, truck or motorcycle)

Yes ¹ No ² → Go to C10

C9. As a driver of a motor vehicle, what is your best estimate of the number of miles or kilometres you drove in 1987?

Miles ³ } → Enter number →

Kilometres ⁴ }

C10. During the last seven days, approximately how many hours have you spent as:

a) A driver of a car, van, truck or motorcycle? → hours (if none enter 00)

b) A passenger of a car, van, truck or motorcycle? → hours (if none enter 00)

C11. In order to determine your longer term exposure to accidents, the next four questions ask about the type of accidents you have had during the last three years, that is, during the period since January 1985.

| | Number of times in last three years |
|--|--|
| a) How many times did you have an accident involving any type of vehicle? (Include motor vehicle, recreational vehicle and bicycle) | <input type="text"/> <input type="text"/> <input type="text"/> or None ⁰⁰ <input type="radio"/> |
| b) (Excluding accidents involving vehicles,) how many times did you have an accident while working at a job or business during the last three years? | <input type="text"/> <input type="text"/> <input type="text"/> or None ⁰⁰ <input type="radio"/> |
| c) (Excluding vehicle and work related accidents,) how many times were you hurt or injured while playing games or participating in sports? | <input type="text"/> <input type="text"/> <input type="text"/> or None ⁰⁰ <input type="radio"/> |
| d) How many other accidents did you have during the last three years, such as those involving falls, burns, poisons, cuts, etc.? | <input type="text"/> <input type="text"/> <input type="text"/> or None ⁰⁰ <input type="radio"/> |

SECTION D

D1. The next few questions ask about some things which may have happened to you during 1987.

| | Yes | How many in 1987? | No |
|---|---|---------------------------------------|--|
| D2. From January 1st to December 31st 1987: | | | |
| a) Did anyone take or try to take something from you by force or threat of force? | Yes ⁰¹ <input type="radio"/> | → <input type="text"/> | No ⁰² <input type="radio"/> |
| b) (Other than the incidents already mentioned), did anyone illegally break into or attempt to break into your residence or any other building on your property? | Yes ⁰³ <input type="radio"/> | → <input type="text"/> | No ⁰⁴ <input type="radio"/> |
| D3. Now I'm going to ask you a question about being attacked. An attack can be anything from being hit, slapped, pushed or grabbed, to being shot, raped or beaten. | | | |
| a) (Excluding incidents already mentioned,) were you attacked by anyone at all, including members of your own household? | Yes ⁰⁵ <input type="radio"/> | → <input type="text"/> | No ⁰⁶ <input type="radio"/> |
| b) (Other than the incidents already mentioned), did anyone, including members of your own household, threaten to hit or attack you, or threaten you with a weapon? | Yes ⁰⁷ <input type="radio"/> | → <input type="text"/> | No ⁰⁸ <input type="radio"/> |
| D4. During 1987, did you or anyone in your household own a motor vehicle such as a car, truck, motorcycle, etc.? | Yes ¹ <input type="radio"/> | No ² <input type="radio"/> | → Go to D6 |
| D5. (Other than the incidents already mentioned): | | | |
| a) Did anyone steal or try to steal one of these vehicles or a part of one of them, such as a battery, hubcap or radio? | Yes ⁰⁹ <input type="radio"/> | → <input type="text"/> | No ¹⁰ <input type="radio"/> |
| b) (Other than the incidents already mentioned), did anyone deliberately damage one of these vehicles, such as slashing tires? | Yes ¹¹ <input type="radio"/> | → <input type="text"/> | No ¹² <input type="radio"/> |
| D6. (Excluding the incidents already mentioned,) was anything of yours stolen during 1987: | | | |
| a) From the things usually kept outside your home, such as yard furniture? | Yes ¹³ <input type="radio"/> | → <input type="text"/> | No ¹⁴ <input type="radio"/> |
| b) From your place of work, from school or from a public place, such as a restaurant? | Yes ¹⁵ <input type="radio"/> | → <input type="text"/> | No ¹⁶ <input type="radio"/> |
| c) From a hotel, vacation home, cottage, car, truck or while travelling? | Yes ¹⁷ <input type="radio"/> | → <input type="text"/> | No ¹⁸ <input type="radio"/> |
| D7. (Excluding the incidents already mentioned,) during 1987, did anyone steal or try to steal anything else that belonged to you? | Yes ¹⁹ <input type="radio"/> | → <input type="text"/> | No ²⁰ <input type="radio"/> |
| D8. (Other than the incidents already mentioned,) did anyone deliberately damage or destroy any property belonging to you or anyone in your household, such as a window or a fence? | Yes ²¹ <input type="radio"/> | → <input type="text"/> | No ²² <input type="radio"/> |
| D9. Were there any other crimes which happened to you during 1987, which may or may not have been reported to the police? | Yes ²³ <input type="radio"/> | → <input type="text"/> | No ²⁴ <input type="radio"/> |

D10. INTERVIEWER: Total the number of incidents reported in D2 to D9 and enter → TOTAL

D11. In order to determine your longer term exposure to crime, the next question concerns incidents which happened to you in the last three years. In total, how many crimes happened to you since January 1st 1985?

or None ⁰⁰

D12. INTERVIEWER: COMPLETE THE NUMBER OF ACCIDENT AND CRIME INCIDENT REPORTS, AS GIVEN BY TOTAL BOXES ON PAGES 6 AND 7



General Social Survey - Accident Report

Confidential when completed

GSS 3 - 3

| F1. IDENTIFICATION | REPORT STATUS |
|---|---|
| <p>TELEPHONE NUMBER <input type="text"/> - <input type="text"/> - <input type="text"/></p> <p>ACCIDENT REPORT No. <input type="text"/></p> <p>SCREEN QUESTION No. <input type="text"/></p> | <p>F38. INTERVIEWER: What is the status of this Accident Report?</p> <p>SINGLE ACCIDENT REPORT 1 <input type="radio"/></p> <p>SERIES ACCIDENT REPORT 2 <input type="radio"/></p> <p>DUPLICATE ACCIDENT REPORT 3 <input type="radio"/></p> <p>OUT OF SCOPE (date, definition) 4 <input type="radio"/></p> <p>NO INFORMATION COLLECTED - SINGLE 5 <input type="radio"/></p> <p>NO INFORMATION COLLECTED - MULTIPLE 6 <input type="radio"/></p> <p>None of the above 7 <input type="radio"/></p> <p style="text-align: right;">↓ (Specify)</p> <p>_____</p> <p>_____</p> <p>_____</p> |
| | <p>F39. INTERVIEWER: Is this the last Accident Report to be filled out?</p> <p>Yes ⁸ <input type="radio"/></p> <p>No ⁹ <input type="radio"/> → Go to next Accident Report</p> |
| | <p>F40. INTERVIEWER: Are there any Crime Incident Reports to be filled out?</p> <p>Yes ¹ <input type="radio"/> → Go to first Crime Incident Report</p> <p>No ² <input type="radio"/> → Thank respondent, end interview and complete Section E, GSS 3-2</p> |
| <p>F2. You said that during 1987... (refer to appropriate screen question for description of accident). In what month did (this/the most recent) accident happen?</p> <p>In 1987</p> <p>January 01 <input type="radio"/></p> <p>February 02 <input type="radio"/></p> <p>March 03 <input type="radio"/></p> <p>April 04 <input type="radio"/></p> <p>May 05 <input type="radio"/></p> <p>June 06 <input type="radio"/></p> <p>July 07 <input type="radio"/></p> <p>August 08 <input type="radio"/></p> <p>September 09 <input type="radio"/></p> <p>October 10 <input type="radio"/></p> <p>November 11 <input type="radio"/></p> <p>December 12 <input type="radio"/></p> <p>Don't know 13 <input type="radio"/></p> <p>Not in 1987 14 <input type="radio"/> → Go to F38 on this page</p> | <p>F5. In which province or territory?</p> <p>Newfoundland 01 <input type="radio"/></p> <p>Prince Edward Island 02 <input type="radio"/></p> <p>Nova Scotia 03 <input type="radio"/></p> <p>New Brunswick 04 <input type="radio"/></p> <p>Quebec 05 <input type="radio"/></p> <p>Ontario 06 <input type="radio"/></p> <p>Manitoba 07 <input type="radio"/></p> <p>Saskatchewan 08 <input type="radio"/></p> <p>Alberta 09 <input type="radio"/></p> <p>British Columbia 10 <input type="radio"/></p> <p>Yukon Territory 11 <input type="radio"/></p> <p>Northwest Territories 12 <input type="radio"/></p> |
| <p>F3. About what time of the day did it happen?</p> <p>During the day: { 8 a.m. - 12 noon 1 <input type="radio"/></p> <p> { 12 noon - 6 p.m. 2 <input type="radio"/></p> <p> { Don't know 3 <input type="radio"/></p> <p>At night: { 6 p.m. - 12 midnight 4 <input type="radio"/></p> <p> { 12 midnight - 8 a.m. 5 <input type="radio"/></p> <p> { Don't know 6 <input type="radio"/></p> <p>Don't know 7 <input type="radio"/></p> | <p>F6. Did this incident take place in a city, town, village or a rural area?</p> <p>City 1 <input type="radio"/></p> <p>Town 2 <input type="radio"/></p> <p>Village 3 <input type="radio"/></p> <p>Rural area 4 <input type="radio"/></p> |
| <p>F4. Did this accident take place in Canada?</p> <p>Yes ⁸ <input type="radio"/></p> <p>No ⁹ <input type="radio"/> → Go to F7</p> | <p>F7. Did this accident involve a motor vehicle such as a car, van, truck, motorcycle, snowmobile or an All Terrain Vehicle (ATV)?</p> <p>Yes ⁵ <input type="radio"/></p> <p>No ⁶ <input type="radio"/> → Go to F10</p> |

F19. Was there an object, product, substance or liquid which caused this injury?

Yes ⁷ → What was this? (Specify)

No ⁸

F20. Did you receive any medical attention at a hospital as a result of this accident?

Yes ¹ → Did you stay in hospital overnight?

Yes ³ → For how many nights? _____ } Go to F22

No ⁴ → _____

No ²

F21. Did you receive any medical attention from a doctor or a nurse?

Yes ⁵

No ⁶

Don't know ⁷

F22. As a result of this accident, did you have to stay in bed for all or most of a day?

Yes ⁸ → For how many days? _____

No ⁹

F23. Was anybody else injured in this accident?

Yes ¹

No ²

Don't know ³ } Go to F26

F24. Excluding yourself, how many persons were injured in this accident?

_____ persons

Don't know ⁴

F25. Were any of the persons injured in the accident less than 15 years of age?

Yes ⁵ → How many? _____

No ⁶

Don't know ⁷

F26. In your estimation, was this accident mainly:

Caused by carelessness or unsafe activity? ⁸

Something that could not have been predicted or avoided? ⁹ → Go to F28

F27. Was it: (Accept one response only)

An employer's carelessness or unsafe working conditions? ¹

Your own carelessness or unsafe activity? ²

Someone else's carelessness or unsafe activity? ³

F28. Which of the following best describes your main activity during the week of the accident? Were you ... (Accept one response only)

On holiday? ³

Working at a job or business? ⁴

Looking for work? ⁶

A student? ⁶

Keeping house? ⁷

Retired? ⁸

Other ⁹ ↓ (Specify)

F29. As a result of the accident, did you find it difficult or impossible to carry out this activity for all or most of a day?

Yes ¹ → For how many days? (Include any days spent in bed)

No ²

Don't know ³

F30. Did you suffer any financial loss or incur extra expenses as a result of this accident?

Yes ⁴

No ⁵ → Go to F33

F31. Did you recover any of these costs through insurance or Workers Compensation?

Yes ¹ → Was this from ...

Insurance? ³

Workers Compensation? ⁴

Both? ⁵

No ²

F32. For this accident, what is your best estimate of your out-of-pocket expenses, that is, expenses for which you do not expect to be reimbursed?

\$ _____ .00

No expenses ⁶

Don't know ⁷

F33. INTERVIEWER: Is this respondent having trouble recalling the details of this accident?

Yes ⁸

No ⁹ → Go to F36

F34. INTERVIEWER: Are there two or more Accident Reports remaining to be completed for the current screen question? (Refer to screening questionnaire)

Yes ¹

No ² → Go to F36

F35. How many other accidents with details similar to this one were there during 1987? Exclude accidents already reported.

_____ accidents (If none enter 00)

INTERVIEWER: If this number is two or more, this is a series report.

F36. INTERVIEWER: Briefly summarize this accident or series of accidents.

F37. INTERVIEWER: Go to F38 on front page of this form.



General Social Survey - Crime Incident Report

Confidential when completed

GSS 3 - 4

| | |
|---|--|
| G1. IDENTIFICATION | REPORT STATUS |
| TELEPHONE NO. [][]-[][]-[][][][] CRIME INCIDENT REPORT NO. [][] SCREEN QUESTION NO. [D][][] | G65. INTERVIEWER: What is the status of this Incident Report? SINGLE INCIDENT REPORT 1 <input type="radio"/> SERIES INCIDENT REPORT 2 <input type="radio"/> DUPLICATE INCIDENT REPORT 3 <input type="radio"/> OUT OF SCOPE (Date, respondent not victim) 4 <input type="radio"/> NO INFORMATION COLLECTED - SINGLE 5 <input type="radio"/> NO INFORMATION COLLECTED - MULTIPLE 6 <input type="radio"/> None of the above 7 <input type="radio"/> <div style="text-align: right;">↓ (Specify)</div> <hr/> <hr/> <hr/> |
| | G66. INTERVIEWER: Is this the last Crime Incident Report to be filled out? Yes ⁸ <input type="radio"/> → Thank respondent, end interview and complete Section E, GSS 3-2. No ⁹ <input type="radio"/> → Go to next Crime Incident Report. |
| G2. You said that during 1987 . . . (refer to appropriate screen question for description of incident). In what month did (this/the most recent) incident happen? In 1987 { <ul style="list-style-type: none"> January 01 <input type="radio"/> February 02 <input type="radio"/> March 03 <input type="radio"/> April 04 <input type="radio"/> May 05 <input type="radio"/> June 06 <input type="radio"/> July 07 <input type="radio"/> August 08 <input type="radio"/> September 09 <input type="radio"/> October 10 <input type="radio"/> November 11 <input type="radio"/> December 12 <input type="radio"/> Don't know 13 <input type="radio"/> Not in 1987 14 <input type="radio"/> → Go to G65 on this page | G4. Did this incident take place in Canada? Yes ⁸ <input type="radio"/> No ⁹ <input type="radio"/> → Go to G7 |
| G3. About what time of the day did it happen? During the day { <ul style="list-style-type: none"> 8:00 a.m. - 12 noon 1 <input type="radio"/> 12 noon - 6 p.m. 2 <input type="radio"/> Don't know 3 <input type="radio"/> At night { <ul style="list-style-type: none"> 6 p.m. - 12 midnight 4 <input type="radio"/> 12 midnight - 8 a.m. 5 <input type="radio"/> Don't know 6 <input type="radio"/> Don't know 7 <input type="radio"/> | G5. In which province or territory? Newfoundland 01 <input type="radio"/> Prince Edward Island 02 <input type="radio"/> Nova Scotia 03 <input type="radio"/> New Brunswick 04 <input type="radio"/> Quebec 05 <input type="radio"/> Ontario 06 <input type="radio"/> Manitoba 07 <input type="radio"/> Saskatchewan 08 <input type="radio"/> Alberta 09 <input type="radio"/> British Columbia 10 <input type="radio"/> Yukon Territory 11 <input type="radio"/> Northwest Territories 12 <input type="radio"/> |
| | G6. Did this incident take place in a city, town, village or a rural area? City 1 <input type="radio"/> Town 2 <input type="radio"/> Village 3 <input type="radio"/> Rural area 4 <input type="radio"/> |

G7. Did this incident happen at your place of work?

Yes ⁵ ○ → Go to G9

No ⁶ ○

G8. Where did this incident take place? For example, was it at home, on a street or at school? (Mark all that apply) (If more than one marked, choose first "Go to")

Inside respondent's own home/apartment (Include attempted break-in) ⁰¹ ○ → Go to G10

Inside garage or other building on respondent's property (Include attempted break-in) ⁰² ○ } Go to G12

Inside vacation home (Include attempted break-in) ⁰³ ○ }

Outside respondent's house, including yard, driveway or in shared areas related to home such as apartment hallway or laundry room ⁰⁴ ○ }

In parking lot of respondent's home/apartment ⁰⁵ ○ }

In other parking lot ⁰⁶ ○ }

On sidewalk/street/highway in respondent's neighbourhood . . . ⁰⁷ ○ }

On any other sidewalk/street/highway ⁰⁸ ○ }

In a restaurant or bar ⁰⁹ ○ }

Inside school or on school grounds ¹⁰ ○ } Go to G16

In a hospital, prison or rehabilitation centre ¹¹ ○ }

In a commercial or office building or a factory ¹² ○ }

At an indoor or outdoor sports facility ¹³ ○ }

In a park (Include national, provincial or local park, or conservation area) ¹⁴ ○ }

In a rural area ¹⁵ ○ }

Elsewhere ¹⁶ ○ } (Specify)

Three rows of 15 vertical tick marks for specifying details.

G9. Where was your place of work at the time? For example, was it an office building, factory or school. (Mark all that apply) (If more than one marked, choose first "Go to")

Inside respondent's own home/apartment (Include attempted break-in) ¹⁷ ○ → Go to G10

Inside garage or other building on respondent's property (Include attempted break-in) ¹⁸ ○ } Go to G12

Inside vacation home (Include attempted break-in) ¹⁹ ○ }

Outside respondent's house, including yard, driveway or in shared areas related to home such as apartment hallway or laundry room ²⁰ ○ }

In parking lot of respondent's home/apartment ²¹ ○ }

In other parking lot ²² ○ }

On sidewalk/street/highway in respondent's neighbourhood . . . ²³ ○ }

On any other sidewalk/street/highway ²⁴ ○ }

In a restaurant or bar ²⁵ ○ }

Inside school or on school grounds ²⁶ ○ } Go to G16

In a hospital, prison or rehabilitation centre ²⁷ ○ }

In a commercial or office building or a factory ²⁸ ○ }

At an indoor or outdoor sports facility ²⁹ ○ }

In a park (Include national, provincial or local park, or conservation area) ³⁰ ○ }

In a rural area ³¹ ○ }

Elsewhere ³² ○ } (Specify)

Three rows of 15 vertical tick marks for specifying details.

G10. Was that the same dwelling that you are living in now?

Yes ¹ ○ → Go to G12

No ² ○

| <p>G40. INTERVIEWER: GO TO G43</p> <p>G41. Did this person attempt to take anything that belonged to you or your household? Do not include attempted thefts from a business.</p> <p>Yes ⁶ <input type="radio"/></p> <p>No ⁷ <input type="radio"/></p> <p>Don't know ⁸ <input type="radio"/> } Go to G43</p> <p>G42. What property did they attempt to take? (Mark all that apply)</p> <p>Cash ¹ <input type="radio"/></p> <p>Respondent's personal property ² <input type="radio"/></p> <p>Personal property of someone else ³ <input type="radio"/></p> <p>Motor vehicle or part of a motor vehicle ⁴ <input type="radio"/></p> <p>Household property ⁵ <input type="radio"/></p> <p>G43. Was anything that belonged to you or a member of this household damaged BUT NOT TAKEN in this incident?</p> <p>Yes ⁶ <input type="radio"/></p> <p>No ⁷ <input type="radio"/></p> <p>Don't know ⁸ <input type="radio"/> } Go to G48</p> <p>G44. What was damaged? (Mark all that apply)</p> <p>Respondent's personal property ¹ <input type="radio"/></p> <p>Personal property of someone else ² <input type="radio"/></p> <p>Motor vehicle or part of a motor vehicle ³ <input type="radio"/></p> <p>Dwelling or other building on property ⁴ <input type="radio"/></p> <p>Household property ⁵ <input type="radio"/></p> <p>G45. What is your best estimate of the value of all damage done in this incident?</p> <p>\$ <input style="width: 100px;" type="text"/> .00</p> <p>No value ⁶ <input type="radio"/></p> <p>Don't know ⁷ <input type="radio"/></p> <p>G46. Have any of the damaged items been repaired or replaced?</p> <p>Yes ¹ <input type="radio"/> → Go to G48</p> <p>No ² <input type="radio"/></p> <p>Don't know ³ <input type="radio"/></p> <p>G47. Will they be repaired or replaced?</p> <p>Yes ⁴ <input type="radio"/></p> <p>No ⁵ <input type="radio"/></p> <p>Don't know ⁶ <input type="radio"/></p> <p>G48. Did you obtain or attempt to obtain compensation for this incident in any of the following ways?</p> <p>a) Through an insurance company?</p> <p>Yes ¹ <input type="radio"/> → Did you obtain any compensation?</p> <p style="padding-left: 40px;">Yes ³ <input type="radio"/></p> <p style="padding-left: 40px;">No ⁴ <input type="radio"/></p> <p style="padding-left: 40px;">Not yet resolved ⁵ <input type="radio"/></p> <p>No ² <input type="radio"/></p> <p>b) Through a civil or criminal court?</p> <p>Yes ⁵ <input type="radio"/> → Did you obtain any compensation?</p> <p style="padding-left: 40px;">Yes ⁷ <input type="radio"/></p> <p style="padding-left: 40px;">No ⁸ <input type="radio"/></p> <p style="padding-left: 40px;">Not yet resolved ⁹ <input type="radio"/></p> <p>No ⁶ <input type="radio"/></p> | <p>G49. For this incident, what is your best estimate of your out-of-pocket expenses, that is, expenses for which you do not expect to be reimbursed?</p> <p>\$ <input style="width: 100px;" type="text"/> .00</p> <p>No expenses ¹ <input type="radio"/></p> <p>Don't know ² <input type="radio"/></p> <p>G50. Which of the following best describes your main activity during the week of the incident? Were you ... (Accept one response only)</p> <p>On holiday? ³ <input type="radio"/></p> <p>Working at a job or business? ⁴ <input type="radio"/></p> <p>Looking for work? ⁵ <input type="radio"/></p> <p>A student? ⁶ <input type="radio"/></p> <p>Keeping house? ⁷ <input type="radio"/></p> <p>Retired? ⁸ <input type="radio"/></p> <p>Other ⁹ <input type="radio"/></p> <p style="text-align: right;">↓ (Specify)</p> <p><input style="width: 100%; height: 15px;" type="text"/></p> <p><input style="width: 100%; height: 15px;" type="text"/></p> <p>G51. As a result of this incident, did you find it difficult or impossible to carry out your main activity for all or most of a day?</p> <p>Yes ¹ <input type="radio"/> → For how many days?</p> <p style="padding-left: 100px;"><input style="width: 50px;" type="text"/></p> <p>No ² <input type="radio"/></p> <p>Don't know ³ <input type="radio"/></p> <p>G52. Did the police find out about this incident in any way?</p> <p>Yes ⁴ <input type="radio"/></p> <p>No ⁵ <input type="radio"/> → Go to G56</p> <p>Don't know ⁶ <input type="radio"/> → Go to G57</p> <p>G53. How did they learn about it? Was it from you or some other way?</p> <p>Respondent ... ⁷ <input type="radio"/></p> <p>Some other way ⁸ <input type="radio"/> → Go to G57</p> <p>G54. People have different reasons for reporting incidents to the police. Did any of the following have anything to do with why you reported this incident?</p> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Yes</th> <th style="text-align: center;">No</th> <th style="text-align: center;">Don't know</th> </tr> </thead> <tbody> <tr> <td>a) Stop the incident or prevent a recurrence</td> <td style="text-align: center;">⁰¹ <input type="radio"/></td> <td style="text-align: center;">⁰² <input type="radio"/></td> <td style="text-align: center;">⁰³ <input type="radio"/></td> </tr> <tr> <td>b) File a report to claim insurance or compensation</td> <td style="text-align: center;">⁰⁴ <input type="radio"/></td> <td style="text-align: center;">⁰⁵ <input type="radio"/></td> <td style="text-align: center;">⁰⁶ <input type="radio"/></td> </tr> <tr> <td>c) Receive protection</td> <td style="text-align: center;">⁰⁷ <input type="radio"/></td> <td style="text-align: center;">⁰⁸ <input type="radio"/></td> <td style="text-align: center;">⁰⁹ <input type="radio"/></td> </tr> <tr> <td>d) Catch and punish the offender</td> <td style="text-align: center;">¹⁰ <input type="radio"/></td> <td style="text-align: center;">¹¹ <input type="radio"/></td> <td style="text-align: center;">¹² <input type="radio"/></td> </tr> </tbody> </table> | | Yes | No | Don't know | a) Stop the incident or prevent a recurrence | ⁰¹ <input type="radio"/> | ⁰² <input type="radio"/> | ⁰³ <input type="radio"/> | b) File a report to claim insurance or compensation | ⁰⁴ <input type="radio"/> | ⁰⁵ <input type="radio"/> | ⁰⁶ <input type="radio"/> | c) Receive protection | ⁰⁷ <input type="radio"/> | ⁰⁸ <input type="radio"/> | ⁰⁹ <input type="radio"/> | d) Catch and punish the offender | ¹⁰ <input type="radio"/> | ¹¹ <input type="radio"/> | ¹² <input type="radio"/> |
|--|--|-------------------------------------|-------------------------------------|----|------------|--|-------------------------------------|-------------------------------------|-------------------------------------|---|-------------------------------------|-------------------------------------|-------------------------------------|-----------------------|-------------------------------------|-------------------------------------|-------------------------------------|----------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| | Yes | No | Don't know | | | | | | | | | | | | | | | | | | |
| a) Stop the incident or prevent a recurrence | ⁰¹ <input type="radio"/> | ⁰² <input type="radio"/> | ⁰³ <input type="radio"/> | | | | | | | | | | | | | | | | | | |
| b) File a report to claim insurance or compensation | ⁰⁴ <input type="radio"/> | ⁰⁵ <input type="radio"/> | ⁰⁶ <input type="radio"/> | | | | | | | | | | | | | | | | | | |
| c) Receive protection | ⁰⁷ <input type="radio"/> | ⁰⁸ <input type="radio"/> | ⁰⁹ <input type="radio"/> | | | | | | | | | | | | | | | | | | |
| d) Catch and punish the offender | ¹⁰ <input type="radio"/> | ¹¹ <input type="radio"/> | ¹² <input type="radio"/> | | | | | | | | | | | | | | | | | | |
| G55. INTERVIEWER: Go to G57 | | | | | | | | | | | | | | | | | | | | | |

