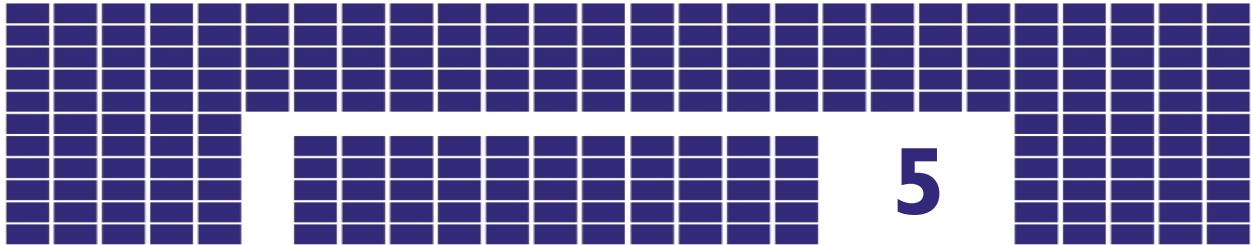




Housing, Family and Social Statistics Division
General Social Survey 1990

Cycle 5: Family and Friends

Questionnaire Package



Statistics
Canada

Statistique
Canada

Canada

GENERAL SOCIAL SURVEY

CYCLE FIVE QUESTIONNAIRE PACKAGE

This package briefly describes the content, methodology and sample of the fifth cycle of the General Social Survey (GSS). Copies of the questionnaires used in Cycle 5 are attached as appendices: the Control Form (GSS 5-1) as Appendix A; and the 'Family and Friends Questionnaire' (GSS 5-2) as Appendix B. Another form was used, the GSS 5-1B, but is not presented here as it is nearly identical to the GSS 5-1.

Content and Questionnaire

The fifth cycle of the General Social Survey collected data from January 22, 1990 to the end of February 1990. The survey collects information on: the availability and frequency of contact with parents, brothers and sisters, children, and friends; children, and their living arrangements; fertility intentions; marriage and common-law history; division of labour in the household; and social support. Three questionnaires were used to conduct the interviews:

QUESTIONNAIRE	AGE GROUP	TITLE
GSS 5-1	All age groups	Control Form
GSS 5-1B	Age 65 and over (LFS oversample only)	Control Form
GSS 5-2	Age 15 and over	Family and Friends Questionnaire

The GSS 5-1 was completed for each telephone number selected in the sample. It lists all household members and collects basic demographic information, specifically, age, sex, marital status and relation to the head of the family. A respondent, 15 years of age or older, was then randomly selected and a GSS 5-2 was completed for this person. In the case of the elderly oversample, a GSS 5-1B was used to select a respondent from those 65 years and older.

Aussi disponible en français

The content of the main questionnaire is listed below:

<u>Section of GSS 5-2</u>	<u>Content</u>
A.	Parents and grandparents
B.	Brothers and sisters
C.	Children
D.	Fertility intentions
E.	Friends
F.	Household help
G.	Supports
H.	Marriages
J.	Common-law partnerships
K.	Satisfaction
L.	Classification
M.	Contacts for follow-up

Sample

The sample for Cycle 5 consisted of persons 15 years of age or older from across the ten provinces. The majority of the sample was selected through random digit dialing (RDD).

Each computer generated telephone number in the sample is called and an interviewer completes a Control Form. When they contact a private household, all the members of the household are enumerated and then one member 15 years and over is randomly selected and interviewed.

The target sample size for the survey was originally 10,000 individuals 15 years of age and older. In addition, there was an extra sample of approximately 2,000 for the province of Ontario that was funded by the provincial government in order to provide more detailed and reliable data for that province. In total, the sample interviewed using random digit dialing techniques is expected to be about 12,000.

Cycle 5 also includes an oversample of the elderly. The telephone numbers for the elderly sample were drawn from the groups that rotated out of the Labour Force Survey (LFS) in the month of December, and in addition, October and November for the province of Ontario. All households thought to contain at least one individual 65 years and older were contacted. Household members were enumerated and then a random selection was made of all those aged 65 years and over to determine who should be interviewed. Approximately 2,100 additional telephone interviews are expected from this oversample.

Cycle 5's total sample is expected to be 14,000 interviews.

February 1990

**General Social Survey
Control Form**

**Enquête sociale générale
Formule de contrôle**

CONFIDENTIAL
when completed

CONFIDENTIEL
une fois rempli

1: 2:

3: 4: 5:

TELEPHONE NUMBER LABEL
ÉTIQUETTE NUMÉRO DE TÉLÉPHONE

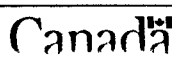
Authority: Statistics Act,
Revised Statutes of Canada,
1985, Chapter S19.

Déclaration exigée en vertu de la
Loi sur la statistique,
Lois révisées du Canada,
1985, chapitre S19.

RECORD OF CALLS - REGISTRE DES APPELS

10	11 Date		12 Start Début		13 Finish Fin		14	15	16
	Day Jour	Month Mois	Hour Heure	Min. Min.	Hour Heure	Min. Min.	Result Résultat	Interviewer's Name Nom de l'intervieweur	
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17. Call Coverage by Time of Day and Day of Week Appels selon l'heure et le jour								18. Forms Control Contrôle des formules		19. Interviewer Number N° de l'intervieweur	
Time Period Heure	Mon. Lun.	Tues. Mar.	Wed. Mer.	Thur. Jeu.	Fri. Ven.	Sat. Sam.		Form Formule	Number of forms Nombre de formules	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
09:00 - 12:00								GSS / ESG 5 - 1	<input type="text"/>		
12:01 - 16:00								GSS / ESG 5 - 2	<input type="text"/>	Senior Interviewer Only Intervieweur principal seulement 20. Final Status Etat final	
16:01 - 19:00									<input type="text"/>		
19:01 - 21:00										<input type="text"/>	



<p>30. Hello, I'm from Statistics Canada. I'm calling you for a survey on family and friends. (My supervisor is working with me today and may listen to the interview to evaluate the survey.)</p>	<p>Bonjour, ici de Statistique Canada. Nous vous appelons concernant une enquête sur la famille et les amis. (Mon surveillant travaille avec moi aujourd'hui. Il se peut qu'il écoute notre conversation pour évaluer l'enquête.)</p>
<p>31. I'd like to make sure that I've dialed the right number. Is this (read number)? Yes <input type="radio"/> No <input type="radio"/> → Dial again, if still wrong, END</p>	<p>J'aimerais m'assurer que j'ai composé le bon numéro. S'agit-il du n° ... (lire le numéro)? Oui <input type="radio"/> Non <input type="radio"/> → Composez de nouveau. S'il s'agit encore d'un mauvais numéro, METTEZ FIN À L'INTERVIEW.</p>
<p>32. All information we collect in this voluntary survey will be kept confidential. Your participation is essential if the survey results are to be accurate.</p>	<p>Tous les renseignements que vous fournirez pour cette enquête volontaire resteront confidentiels. Votre participation est essentielle afin que les résultats soient précis.</p>
<p>33. Is this the number for a business, an institution or a private home? Private home <input type="radio"/> Both home and business <input type="radio"/> → Go to 36 Business, institution or other non residence <input type="radio"/></p>	<p>S'agit-il du numéro d'une entreprise, d'un établissement ou d'une maison privée? Maison privée <input type="radio"/> Entreprise et maison privée <input type="radio"/> → Passez à 36 Entreprise, établissement ou autre immeuble non résidentiel <input type="radio"/></p>
<p>34. Does anyone use this telephone number as a home phone number? Yes <input type="radio"/> No <input type="radio"/> → Thank respondent and END</p>	<p>Quelqu'un utilise-t-il ce numéro de téléphone comme numéro personnel? Oui <input type="radio"/> Non <input type="radio"/> → Remerciez le répondant et METTEZ FIN À L'INTERVIEW.</p>
<p>35. How many persons live or stay at this address and use this number as a home phone number? Less than 15 ... <input type="radio"/> 15 or more <input type="radio"/> → Make appointment.</p>	<p>Combien de personnes vivent ou demeurent à cette adresse et utilisent ce numéro de téléphone comme numéro personnel? Moins de 15 <input type="radio"/> 15 ou plus . <input type="radio"/> → Fixez un rendez-vous.</p>
<p>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.)</p>	<p>Je dois choisir une personne de votre ménage pour une interview. En commençant par la personne la plus âgée du ménage, quel est le nom et l'âge de chaque personne qui vit ou demeure à cet endroit et qui n'a pas d'autre lieu habituel de résidence. (Inscrivez le nom et l'âge aux rubriques 42 et 44.)</p>
<p>37. INTERVIEWER: Complete items 45 through 51 for each person recorded in item 42. Refer to Interviewer Reference Card for instructions and codes. Then go to item 60.</p>	<p>INTERVIEWEUR: Remplissez les rubriques 45 à 51 pour chaque personne inscrite à la rubrique 42. Pour les instructions et les codes, voir la Fiche de référence de l'intervieweur. Puis, passez à la rubrique 60.</p>

1: [] [] [] [] - [] [] [] [] - [] [] [] [] 2: [] []

SELECTION GRID LABEL
ÉTIQUETTE GRILLE DE SÉLECTION

A = Eligible Household Members **Membres admissibles du ménage**
B = Selection Number **Numéro de sélection**

40.	41.	42.	43.	44.
Page	Line	Names of Household Members	Sel. No.	Age
Page	Ligne	Noms des membres du ménage	Nº de Sél.	Âge
	1	_____		
	2	_____		
	3	_____		
	4	_____		
	5	_____		
	6	_____		
	7	_____		
	8	_____		

60. INTERVIEWER: Enter the Page-Line Number of person giving the preceding information <div style="text-align: right; margin-top: 10px;"> Page-Line Number of household respondent <input style="width: 40px;" type="text"/> </div>	INTERVIEWEUR: Inscrivez le numéro de page-ligne de la personne qui donne les renseignements précédents ... <div style="text-align: right; margin-top: 10px;"> Numéro de page-ligne du répondant du ménage <input style="width: 40px;" type="text"/> </div>
61. Are there any persons away from this household attending school, visiting, travelling or in the hospital who USUALLY live there? Yes <input type="radio"/> → Enter names and complete items 44 through 51. No <input type="radio"/>	Y a-t-il d'autres personnes qui sont absentes du ménage parce qu'elles sont aux études, en visite, en voyage ou à l'hôpital mais qui demeurent HABITUELLEMENT là? Oui <input type="radio"/> → Inscrivez leur nom et remplissez les rubriques 44 à 51. Non <input type="radio"/>
62. Does anyone else live there, such as other relatives, roomers, boarders or employees? Yes <input type="radio"/> → Enter names and complete items 44 through 51. No <input type="radio"/>	Y a-t-il d'autres personnes qui demeurent là, par exemple des personnes apparentées, des chambreurs, des pensionnaires ou des employés? Oui <input type="radio"/> → Inscrivez leur nom et remplissez les rubriques 44 à 51. Non <input type="radio"/>
63. 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... <div style="text-align: right; margin-top: 10px;"> Number of eligible household members <input style="width: 40px;" type="text"/> </div>	INTERVIEWEUR: À la rubrique 43, attribuez un numéro aux personnes âgées de 15 ans et plus - de la plus âgée à la plus jeune. Inscrivez le nombre de personnes admissibles du ménage ... <div style="text-align: right; margin-top: 10px;"> Nombre de personnes admissibles du ménage <input style="width: 40px;" type="text"/> </div>
64. INTERVIEWER: Determine the selected respondent by referring to the Selection Grid Label. In item 43 circle the selection number of the selected respondent and enter Page-Line Number ... <div style="text-align: right; margin-top: 10px;"> Page-Line Number of selected respondent <input style="width: 40px;" type="text"/> </div>	INTERVIEWEUR: Déterminez le répondant sélectionné en utilisant l'étiquette grille de sélection. À la rubrique 43, encerclez le numéro de sélection du répondant sélectionné et inscrivez le numéro de page-ligne ... <div style="text-align: right; margin-top: 10px;"> Numéro de page-ligne du répondant sélectionné <input style="width: 40px;" type="text"/> </div>
65. The person I am to interview is (read name). (Is he/she there?) Yes <input type="radio"/> → Go to Form GSS 5-2 and begin interview. No <input type="radio"/> → Set up appointment and enter details in item 16.	La personne que je vais interviewer est (lisez le nom). (Est-Il/elle là?) Oui <input type="radio"/> → Passez à la formule ESG 5-2 et commencez l'interview. Non <input type="radio"/> → Fixez un rendez-vous et inscrivez les détails à la rubrique 16.

45. Sex		46. What is ... 's marital status?				47. Family Identifier	48. What is ... 's relationship to ... (Head of Family)?				Page-Line Number of: / Numéro de page-ligne de:		
Sexe		Quel est l'état matrimonial de ... ?				Code-famille	Quel est le lien de ... avec ... (chef de famille)?				49. Spouse / Partner	50. Mother	51. Father
M	F	M	W/V	Div.	Single Cel.					Conjoint / partenaire	Mère	Père	
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<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="checkbox"/> If "0", specify - Si "0", précisez	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>
								499 <input type="radio"/> n/a-s/o	599 <input type="radio"/> n/a-s/o	699 <input type="radio"/> n/a-s/o			
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="checkbox"/> If "0", specify - Si "0", précisez	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>
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								199 <input type="radio"/> n/a-s/o	299 <input type="radio"/> n/a-s/o	399 <input type="radio"/> n/a-s/o			
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								499 <input type="radio"/> n/a-s/o	599 <input type="radio"/> n/a-s/o	699 <input type="radio"/> n/a-s/o			

RECORD OF CALLS - REGISTRE DES APPELS									
10	11 Date		12 Start Début		13 Finish Fin		14 Result Résultat	15 Interviewer's Name Nom de l'intervieweur	16 Comments Remarques
	Day Jour	Month Mois	Hour Heure	Min. Min.	Hour Heure	Min. Min.			
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Interviewer's Name

1: [] - [] - [] Telephone Number

5: [] Label Identification Number

[] Page-Line Number

1 Type

GSS 5-2

Confidential when completed

Authority:
Statistics Act,
Revised Statutes of Canada,
1985, Chapter S19.

GENERAL SOCIAL SURVEY
FAMILY AND FRIENDS
QUESTIONNAIRE
AGES 15 YEARS AND OVER

<p>A SECTION A: Parents and grandparents</p> <p>A0. INTERVIEWER:</p> <p><i>Repeat the introduction below if selected respondent is different from household respondent.</i></p> <p>Hello, I'm from Statistics Canada. I'm calling you for a survey on family and friends.</p> <p>All the information we collect in this voluntary survey will be kept confidential. Your participation is essential if the survey results are to be accurate.</p>	<p>A8. Does she live within ...</p> <p>10 km (6 miles or 10 minutes by car)? ... <input type="radio"/> 1</p> <p>50 km (30 miles or 30 minutes by car)? ... <input type="radio"/> 2</p> <p>100 km (60 miles or 1 hour by car)? ... <input type="radio"/> 3</p> <p>200 km (120 miles or 2 hours by car)? ... <input type="radio"/> 4</p> <p>400 km (240 miles or 4 hours by car)? ... <input type="radio"/> 5</p> <p>1000 km (600 miles or 10 hours by car)? ... <input type="radio"/> 6</p> <p>Beyond 1000 km and living in Canada or United States (more than 600 miles or 10 hours by car)? ... <input type="radio"/> 7</p> <p>Outside Canada or United States? ... <input type="radio"/> 8</p> <p>Don't know ... <input type="radio"/> 9</p>																																								
<p>A1. The following questions are about your parents and grandparents.</p>	<p>A9. During the past 12 months how often did you see your mother? Did you see her ...</p> <p>Daily? ... <input type="radio"/> 1</p> <p>At least once a week? ... <input type="radio"/> 2</p> <p>At least once a month? ... <input type="radio"/> 3</p> <p>Less than once a month? ... <input type="radio"/> 4</p> <p>Not at all? ... <input type="radio"/> 5 → GO TO A11</p>																																								
<p>A2. In what country was your mother born?</p> <p>Canada <input type="radio"/> 1 → In which province or territory?</p> <p>Newfoundland ... <input type="radio"/> 01</p> <p>Prince Edward Island ... <input type="radio"/> 02</p> <p>Nova Scotia ... <input type="radio"/> 03</p> <p>New Brunswick ... <input type="radio"/> 04</p> <p>Quebec ... <input type="radio"/> 05</p> <p>Ontario ... <input type="radio"/> 06</p> <p>Manitoba ... <input type="radio"/> 07</p> <p>Saskatchewan ... <input type="radio"/> 08</p> <p>Alberta ... <input type="radio"/> 09</p> <p>British Columbia ... <input type="radio"/> 10</p> <p>Yukon Territory ... <input type="radio"/> 11</p> <p>Northwest Territories ... <input type="radio"/> 12</p> <p>Country outside Canada <input type="radio"/> 2</p> <p style="margin-left: 40px;">↓</p> <p style="margin-left: 40px;"><i>Specify</i></p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> </tr> </table>																					<p>A10. Did you usually see her ...</p> <p>At your home? ... <input type="radio"/> 6</p> <p>At her usual place of residence? ... <input type="radio"/> 7</p> <p>Somewhere else? ... <input type="radio"/> 8</p> <p style="margin-left: 40px;">↓</p> <p style="margin-left: 40px;"><i>Specify</i></p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> </tr> </table> <p>Equally at both residences ... <input type="radio"/> 9</p>																				
<p>A3. Is your mother still living?</p> <p>Yes ... <input type="radio"/> 3</p> <p>No ... <input type="radio"/> 4</p> <p style="margin-left: 40px;">↓</p> <p style="margin-left: 40px;">When did she die?</p> <p style="margin-left: 40px;">[] [] year</p> <p style="margin-left: 40px;">Don't know <input type="radio"/> 98 → GO TO A22</p> <p>Don't know <input type="radio"/> 5 → GO TO A22</p>	<p>A11. Do you see your mother ...</p> <p>Less often than you would like? ... <input type="radio"/> 1</p> <p>More often than you would like? ... <input type="radio"/> 2</p> <p>About the right amount? ... <input type="radio"/> 3 } GO TO A13</p>																																								
<p>A4. How old is your mother?</p> <p>[] [] years</p> <p>Don't know <input type="radio"/> 00</p>	<p>A12. What prevents you from seeing her more often?</p> <p><i>(Mark all that apply)</i></p> <p>Distance ... <input type="radio"/> 01</p> <p>Poor relationship with her ... <input type="radio"/> 02</p> <p>Shortage of your time ... <input type="radio"/> 03</p> <p>Shortage of her time ... <input type="radio"/> 04</p> <p>Your health problems ... <input type="radio"/> 05</p> <p>Her health problems ... <input type="radio"/> 06</p> <p>Financial reasons ... <input type="radio"/> 07</p> <p>Transportation problems ... <input type="radio"/> 08</p> <p>Other family responsibilities ... <input type="radio"/> 09</p> <p>Other ... <input type="radio"/> 10</p> <p style="margin-left: 40px;">↓</p> <p style="margin-left: 40px;"><i>Specify</i></p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> </tr> </table> <p>No particular reason ... <input type="radio"/> 11</p>																																								
<p>A5. Does your mother live ...</p> <p>In this household? ... <input type="radio"/> 6 → GO TO A15</p> <p>In another household? ... <input type="radio"/> 7</p> <p>In an institution? ... <input type="radio"/> 8 → GO TO A8</p>	<p>A6. Does she live alone?</p> <p>Yes ... <input type="radio"/> 1 → GO TO A8</p> <p>No ... <input type="radio"/> 2</p>																																								
<p>A7. Does she live ...</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"></td> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> </tr> <tr> <td>With her spouse/partner? ...</td> <td style="text-align: center;"><input type="radio"/> 3</td> <td style="text-align: center;"><input type="radio"/> 4</td> </tr> <tr> <td>With any of her children? ...</td> <td style="text-align: center;"><input type="radio"/> 5</td> <td style="text-align: center;"><input type="radio"/> 6</td> </tr> <tr> <td>With others? ...</td> <td style="text-align: center;"><input type="radio"/> 7</td> <td style="text-align: center;"><input type="radio"/> 8</td> </tr> </table>		Yes	No	With her spouse/partner? ...	<input type="radio"/> 3	<input type="radio"/> 4	With any of her children? ...	<input type="radio"/> 5	<input type="radio"/> 6	With others? ...	<input type="radio"/> 7	<input type="radio"/> 8	<p>Specify</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> </tr> </table>																												
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<p>A13. During the past 12 months, how often did you have contact by letter or telephone with her? Was it ...</p> <p>Daily? 4 <input type="radio"/></p> <p>At least once a week? 5 <input type="radio"/></p> <p>At least once a month? 6 <input type="radio"/></p> <p>Less than once a month? .. 7 <input type="radio"/></p> <p>Not at all? 8 <input type="radio"/></p>	<p>A22. In what country was your father born?</p> <p>Canada 1 <input type="radio"/> → 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>Country outside Canada 2 <input type="radio"/> ↓ <i>Specify</i></p> <p>_____</p> <p>_____</p>												
<p>A14. INTERVIEWER:</p> <p>GO TO A22</p>													
<p>A15. During the past 12 months, what best describes your mother's MAIN activity? Was she mainly ...</p> <p>Working at a job or business? 1 <input type="radio"/> → GO TO A18</p> <p>Looking for work? 2 <input type="radio"/> → GO TO A17</p> <p>A student? 3 <input type="radio"/></p> <p>Keeping house? 4 <input type="radio"/></p> <p>Retired? 5 <input type="radio"/> } GO TO A17</p> <p>Other 6 <input type="radio"/> } ↓ <i>Specify</i></p> <p>_____</p> <p>_____</p>													
<p>A16. Was she studying full-time or part-time?</p> <p>Full-time 7 <input type="radio"/></p> <p>Part-time 8 <input type="radio"/></p>	<p>A23. Is your father still living?</p> <p>Yes 3 <input type="radio"/></p> <p>No 4 <input type="radio"/> ↓ When did he die?</p> <p>____ year } GO TO A45</p> <p>Don't know 98 <input type="radio"/> } GO TO A45</p> <p>Don't know 5 <input type="radio"/> → GO TO A45</p>												
<p>A17. Did your mother have a job or was she self-employed at any time during the past 12 months?</p> <p>Yes 1 <input type="radio"/></p> <p>No 2 <input type="radio"/> → GO TO A22</p>	<p>A24. How old is your father?</p> <p>____ years</p> <p>Don't know 00 <input type="radio"/></p>												
<p>A18. Including vacation, illness, strikes, lock-outs and maternity leave, for how many weeks during the past 12 months did she work at a job or business?</p> <p>____ weeks</p>	<p>A25. Does your father live in this household?</p> <p>Yes 6 <input type="radio"/> → GO TO A38</p> <p>No 7 <input type="radio"/></p>												
<p>A19. During those weeks, was her work mainly full-time or part-time?</p> <p>Full-time 3 <input type="radio"/></p> <p>Part-time 4 <input type="radio"/></p>	<p>A26. INTERVIEWER CHECK ITEM:</p> <p>Review A3.</p> <p>Is the respondent's mother still living (A3 = Yes)?</p> <p>Yes 1 <input type="radio"/></p> <p>No 2 <input type="radio"/> → GO TO A28</p>												
<p>A20. Did she regularly work evening or night shifts?</p> <p>Yes 5 <input type="radio"/></p> <p>No 6 <input type="radio"/></p>	<p>A27. Do your mother and father live together?</p> <p>Yes 3 <input type="radio"/> → GO TO A45</p> <p>No 4 <input type="radio"/></p>												
<p>A21. Did she regularly work on Saturday or Sunday?</p> <p>Yes 7 <input type="radio"/></p> <p>No 8 <input type="radio"/></p>	<p>A28. Does your father live ...</p> <p>In another household? 5 <input type="radio"/></p> <p>In an institution? 6 <input type="radio"/> → GO TO A31</p>												
	<p>A29. Does he live alone?</p> <p>Yes 7 <input type="radio"/> → GO TO A31</p> <p>No 8 <input type="radio"/></p>												
	<p>A30. Does he live ...</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>With his spouse/partner? ..</td> <td style="text-align: center;">4 <input type="radio"/></td> <td style="text-align: center;">5 <input type="radio"/></td> </tr> <tr> <td>With any of his children? .</td> <td style="text-align: center;">6 <input type="radio"/></td> <td style="text-align: center;">7 <input type="radio"/></td> </tr> <tr> <td>With others?</td> <td style="text-align: center;">8 <input type="radio"/></td> <td style="text-align: center;">9 <input type="radio"/></td> </tr> </table>		Yes	No	With his spouse/partner? ..	4 <input type="radio"/>	5 <input type="radio"/>	With any of his children? .	6 <input type="radio"/>	7 <input type="radio"/>	With others?	8 <input type="radio"/>	9 <input type="radio"/>
	Yes	No											
With his spouse/partner? ..	4 <input type="radio"/>	5 <input type="radio"/>											
With any of his children? .	6 <input type="radio"/>	7 <input type="radio"/>											
With others?	8 <input type="radio"/>	9 <input type="radio"/>											

A31. Does he live within ...

10 km (6 miles or 10 minutes by car)? ... 1

50 km (30 miles or 30 minutes by car)? ... 2

100 km (60 miles or 1 hour by car)? ... 3

200 km (120 miles or 2 hours by car)? ... 4

400 km (240 miles or 4 hours by car)? ... 5

1000 km (600 miles or 10 hours by car)? ... 6

Beyond 1000 km and living in Canada or United States (more than 600 miles or 10 hours by car)? ... 7

Outside Canada or United States? ... 8

Don't know ... 9

A32. During the past 12 months how often did you see your father? Did you see him ...

Daily? ... 1

At least once a week? ... 2

At least once a month? ... 3

Less than once a month? ... 4

Not at all? ... 5 → GO TO A34

A33. Did you usually see him ...

At his home? ... 6

At his usual place of residence? ... 7

Somewhere else? ... 8

↓
Specify

Equally at both residences ... 9

A34. Do you see your father ...

Less often than you would like? ... 1

More often than you would like? ... 2

About the right amount? ... 3

} GO TO A36

A35. What prevents you from seeing him more often?

(Mark all that apply)

Distance ... 01

Poor relationship with him ... 02

Shortage of your time ... 03

Shortage of his time ... 04

Your health problems ... 05

His health problems ... 06

Financial reasons ... 07

Transportation problems ... 08

Other family responsibilities ... 09

Other ... 10

↓
Specify

No particular reason ... 11

A36. During the past 12 months, how often did you have contact by letter or telephone with him? Was it ...

Daily? ... 4

At least once a week? ... 5

At least once a month? ... 6

Less than once a month? ... 7

Not at all? ... 8

A37. INTERVIEWER:

GO TO A45

A38. During the past 12 months, what best describes your father's MAIN activity? Was he mainly ...

Working at a job or business? ... 3 → GO TO A41

Looking for work? ... 4 → GO TO A40

A student? ... 5

Keeping house? ... 6

Retired? ... 7

Other ... 8

} GO TO A40

↓
Specify

A39. Was he studying full-time or part-time?

Full-time ... 7

Part-time ... 8

A40. Did your father have a job or was he self-employed at any time during the past 12 months?

Yes ... 1

No ... 2 → GO TO A45

A41. Including vacation, illness, strikes, lock-outs and paternity leave, for how many weeks during the past 12 months did he do any work at a job or business?

_____ weeks

A42. During those weeks, was his work mainly full-time or part-time?

Full-time ... 3

Part-time ... 4

A43. Did he regularly work evening or night shifts?

Yes ... 5

No ... 6

A44. Did he regularly work on Saturday or Sunday?

Yes ... 7

No ... 8

A45. INTERVIEWER CHECK ITEM:

Review A5 and A25.

Does either of the respondent's mother or father live in the household (A5 = In this household or A25 = Yes)?

Yes ... 1 → GO TO A49

No ... 2

<p>A46. How old were you when you last lived with one or both your parents?</p> <p><input type="text"/> <input type="text"/> years</p>	<p>SECTION B: Brothers and sisters B</p>
<p>A47. What was the main reason for your move?</p> <p>Was it ...</p> <p>To get married? 3 <input type="radio"/></p> <p>To move because of a job? 4 <input type="radio"/></p> <p>To attend school? 5 <input type="radio"/></p> <p>To be independent / move into own place? 6 <input type="radio"/></p> <p>For some other reason? 7 <input type="radio"/></p>	<p>B1. The following questions are about your brothers and sisters. Include step-, adopted and half-brothers and sisters.</p>
<p>A48. INTERVIEWER: GO TO A53</p>	<p>B2. How many brothers and sisters did you have? Include those who may have died.</p> <p><input type="text"/> <input type="text"/> <input type="text"/></p> <p>None 100 <input type="radio"/> → GO TO C1</p>
<p>A49. Have you always lived with at least one of your parents?</p> <p>Yes 8 <input type="radio"/> → GO TO A53</p> <p>No 9 <input type="radio"/></p>	<p>B3. How many brothers do you have still living?</p> <p><input type="text"/> <input type="text"/> <input type="text"/> brother(s) living</p> <p>None 200 <input type="radio"/> → GO TO B5</p>
<p>A50. How old were you when you last left home to live on your own?</p> <p><input type="text"/> <input type="text"/> years</p>	<p>B4. How many of your (living) brothers are older than you?</p> <p><input type="text"/> <input type="text"/> <input type="text"/> brother(s) older</p> <p>None 300 <input type="radio"/></p>
<p>A51. What was the main reason for this move?</p> <p>Was it ...</p> <p>To get married? 1 <input type="radio"/></p> <p>To move because of a job? 2 <input type="radio"/></p> <p>To attend school? 3 <input type="radio"/></p> <p>To be independent / move into own place? 4 <input type="radio"/></p> <p>For some other reason? 5 <input type="radio"/></p>	<p>B5. How many sisters do you have still living?</p> <p><input type="text"/> <input type="text"/> <input type="text"/> sister(s) living</p> <p>None 400 <input type="radio"/> → GO TO B7</p>
<p>A52. When did you start living with your parents again?</p> <p>19 <input type="text"/> <input type="text"/></p>	<p>B6. How many of your (living) sisters are older than you?</p> <p><input type="text"/> <input type="text"/> <input type="text"/> sister(s) older</p> <p>None 500 <input type="radio"/></p>
<p>A53. Are any of your grandparents still living?</p> <p>Yes ... 1 <input type="radio"/> → Who?</p> <p>Mother's mother 3 <input type="radio"/></p> <p>Mother's father 4 <input type="radio"/></p> <p>Father's mother 5 <input type="radio"/></p> <p>Father's father 6 <input type="radio"/></p> <p>No ... 2 <input type="radio"/> → GO TO B1</p>	<p>B7. INTERVIEWER CHECK ITEM: Review B3 and B5. Does the respondent have any living brothers or sisters?</p> <p>Yes 1 <input type="radio"/></p> <p>No 2 <input type="radio"/> → GO TO C1</p>
<p>A54. Do any of them live outside this household?</p> <p>Yes 7 <input type="radio"/></p> <p>No 8 <input type="radio"/> → GO TO B1</p>	<p>B8. Do you have any brothers or sisters living outside this household?</p> <p>Yes 3 <input type="radio"/></p> <p>No 4 <input type="radio"/> → GO TO C1</p>
<p>A55. The next questions concern your grandparents living outside this household.</p>	<p>B9. The next questions concern your brothers and sisters living outside this household.</p>
<p>A56. During the past 12 months, how often did you see any of your grandparents? Was it ...</p> <p>Daily? 1 <input type="radio"/></p> <p>At least once a week? 2 <input type="radio"/></p> <p>At least once a month? 3 <input type="radio"/></p> <p>Less than once a month? .. 4 <input type="radio"/></p> <p>Not at all? 5 <input type="radio"/></p>	<p>B10. During the past 12 months, how often did you see any of your brothers or sisters? Was it ...</p> <p>Daily? 5 <input type="radio"/></p> <p>At least once a week? 6 <input type="radio"/></p> <p>At least once a month? 7 <input type="radio"/></p> <p>Less than once a month? .. 8 <input type="radio"/></p> <p>Not at all? 9 <input type="radio"/></p>
<p>A57. During the past 12 months, how often did you have contact by letter or telephone with any of your grandparents? Was it ...</p> <p>Daily? 5 <input type="radio"/></p> <p>At least once a week? 6 <input type="radio"/></p> <p>At least once a month? 7 <input type="radio"/></p> <p>Less than once a month? .. 8 <input type="radio"/></p> <p>Not at all? 9 <input type="radio"/></p>	<p>B11. During the past 12 months, how often did you have contact by letter or telephone with any of your brothers or sisters? Was it ...</p> <p>Daily? 1 <input type="radio"/></p> <p>At least once a week? 2 <input type="radio"/></p> <p>At least once a month? 3 <input type="radio"/></p> <p>Less than once a month? .. 4 <input type="radio"/></p> <p>Not at all? 5 <input type="radio"/></p>

C SECTION C: Children

C1. Now some questions about your children and grandchildren.

C7. Starting with the oldest, what is the first name and age of each child you have ever raised or (given birth to / fathered). Include those who may have died.

Interviewer: Ask questions B to E for at most 22 children - the 21 oldest and the youngest.

C2. Have you ever raised step-children? By step-children we mean children from a former union of a spouse or common-law partner.

Yes . 1 → How many?

No . 2

IDENTIFICATION
CHILD I.D. # Name

A.
AGE

B. In what month and year was . . . (your first (second, ...) child) born?

DATE OF BIRTH
Month Year

C3. Have you ever adopted children? (Exclude any step-children mentioned in the previous question.)

Yes . 3 → How many?

No . 4

01. _____ 2 | | | years 3 | | | | |

02. _____ 5 | | | years 6 | | | | |

03. _____ 2 | | | years 3 | | | | |

04. _____ 5 | | | years 6 | | | | |

05. _____ 2 | | | years 3 | | | | |

C4. Have you ever (given birth to /fathered) a child of your own? (Do not count stillbirths.)

Yes . 5 → How many?

No . 6

06. _____ 5 | | | years 6 | | | | |

07. _____ 2 | | | years 3 | | | | |

08. _____ 5 | | | years 6 | | | | |

C5. INTERVIEWER:
Compute total number of step-, adopted, natural children. Add entries in C2, C3, C4.

Total number of children

None 00 → GO TO D1

09. _____ 2 | | | years 3 | | | | |

10. _____ 5 | | | years 6 | | | | |

11. _____ 2 | | | years 3 | | | | |

12. _____ 5 | | | years 6 | | | | |

13. _____ 2 | | | years 3 | | | | |

C6. Do you have any grandchildren?

Yes . 7 → How many?

No . 8

14. _____ 5 | | | years 6 | | | | |

15. _____ 2 | | | years 3 | | | | |

16. _____ 5 | | | years 6 | | | | |

17. _____ 2 | | | years 3 | | | | |

18. _____ 5 | | | years 6 | | | | |

19. _____ 2 | | | years 3 | | | | |

20. _____ 5 | | | years 6 | | | | |

21. _____ 2 | | | years 3 | | | | |

22. _____ 5 | | | years 6 | | | | |

C. Was . . . (your first (second, ...) child) male or female?		D. Was . . . (your first (second, ...) child) a natural, step- or adopted child?			E. Does . . . (your first (second, ...) child) live in this household?			<i>(If No is marked ask:)</i> How old was . . . (your first (second, ...) child) when he/she last left home?	
Male	Female	Natural	Step	Adopted	Deceased	Yes	No	Age	
4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>	9 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/> →	3	years
7 <input type="radio"/>	8 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/> →	7	years
4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>	9 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/> →	3	years
7 <input type="radio"/>	8 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/> →	7	years
4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>	9 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/> →	3	years
7 <input type="radio"/>	8 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/> →	7	years
4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>	9 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/> →	3	years
7 <input type="radio"/>	8 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/> →	7	years
4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>	9 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/> →	3	years
7 <input type="radio"/>	8 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/> →	7	years
4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>	9 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/> →	3	years
7 <input type="radio"/>	8 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/> →	7	years
4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>	9 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/> →	3	years
7 <input type="radio"/>	8 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/> →	7	years
4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>	9 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/> →	3	years
7 <input type="radio"/>	8 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/> →	7	years
4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>	9 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/> →	3	years
7 <input type="radio"/>	8 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/> →	7	years
4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>	9 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/> →	3	years
7 <input type="radio"/>	8 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/> →	7	years

C22. What prevents you from seeing ... (this child) more often?
(Mark all that apply)

Distance 01

Poor relationship with child 02

Shortage of your time 03

Your health problems 04

Financial reasons 05

Transportation problems 06

Other family responsibilities 07

Custodial arrangements 08

Poor relationship with custodian 09

Other 10

↓
Specify

No particular reason 11

C23. During the past 12 months, how often did you have contact by letter or telephone with ... (this child)? Was it ...

Daily? 1

At least once a week? 2

At least once a month? 3

Less than once a month? 4

Not at all? 5

C24. INTERVIEWER CHECK ITEM:
 Review C7, columns A and E.
 Number of children 15 years of age and older, living outside household?

None 1 → GO TO D1

One 2 → GO TO C30

Two or more ... 3

C25. Of your children 15 years of age and older living outside your household, how many live within 100 km (60 miles or one hour by car)?

[4] [] [] child(ren)

C26. Of your children 15 years of age and older living outside your household, with whom do you have the most contact?
If necessary, use birth order, date and sex to probe.

CHILD I. D. # [5] [] [] → GO TO C28

No particular child 500

C27. Of those children with whom you have the most contact, who is the oldest?

CHILD I. D. # [6] [] []

C28. The next questions are about this child.

C29. INTERVIEWER:
 GO TO C31

C30. The next questions are about your child, 15 years of age or older, living outside your household.

C31. Does ... (this child) live alone?

Yes 1 → GO TO C33

No 2

C32. Does ... (this child) live with ...

	Yes	No
His/her spouse/partner?	4 <input type="radio"/>	5 <input type="radio"/>
His/her children?	6 <input type="radio"/>	7 <input type="radio"/>
Someone else?	8 <input type="radio"/>	9 <input type="radio"/>

↓
Who?

(Mark all that apply)

Friend/roommate 1

Child's mother/father 2

Other relative 3

C33. Does ... (this child) live within ...

10 km (6 miles or 10 minutes by car)? ... 2

50 km (30 miles or 30 minutes by car)? ... 3

100 km (60 miles or 1 hour by car)? ... 4

200 km (120 miles or 2 hours by car)? ... 5

400 km (240 miles or 4 hours by car)? ... 6

1000 km (600 miles or 10 hours by car)? ... 7

Beyond 1000 km (more than 600 miles or 10 hours by car)? ... 8

Don't know 9

C34. During the past 12 months, what best describes ... (this child's) MAIN activity? Was he/she mainly ...

Working at a job or business? 1

Looking for work? 2

A student? 3

Keeping house? 4

Other 5

↓
Specify

C35. During the past 12 months, how often did you see ... (this child)? Was it ...

Daily? 5

At least once a week? 6

At least once a month? 7

Less than once a month? ... 8

Not at all? 9 → GO TO C37

C36. Did you usually see ... (this child) ...

At your home? 1

At his/her usual place of residence? 2

Somewhere else? 3

↓
Specify

Equally at both residences ... 4

C37. Do you see ... (this child) ...

Less often than you would like? 5

More often than you would like? 6

About the right amount? ... 7

} GO TO C39

<p>C38. What prevents you from seeing . . . (this child) more often? <i>(Mark all that apply)</i></p> <ul style="list-style-type: none"> Distance 01 <input type="checkbox"/> Poor relationship with child 02 <input type="checkbox"/> Shortage of your time 03 <input type="checkbox"/> Shortage of his/her time 04 <input type="checkbox"/> Your health problems 05 <input type="checkbox"/> His/her health problems 06 <input type="checkbox"/> Financial reasons 07 <input type="checkbox"/> Transportation problems 08 <input type="checkbox"/> Other family responsibilities 09 <input type="checkbox"/> Other 10 <input type="checkbox"/> <p style="text-align: right; margin-right: 20px;"><i>Specify</i></p> <table style="width: 100%; border-collapse: collapse; margin-left: 20px;"> <tr> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> </tr> <tr> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> </tr> </table> <p>No particular reason 11 <input type="checkbox"/></p>																																									<p style="text-align: center;">SECTION E: Friends</p> <p style="text-align: right;">E</p> <p>E1. Other than your immediate family, how many people do you consider close friends? <i>(Exclude spouse, parents, brothers, sisters and children. Include friends, aunts, uncles, cousins, nieces, nephews, in-laws, etc.)</i></p> <p style="margin-left: 20px;">[] friends</p> <p>None 00 <input type="checkbox"/> → GO TO F1</p> <p>E2. The next few questions are about your closest friend. Your immediate family should be excluded.</p> <p>E3. Is your closest friend male or female?</p> <p>Male 1 <input type="checkbox"/> Female 2 <input type="checkbox"/></p> <p>E4. Where did this friendship start?</p> <ul style="list-style-type: none"> At school 2 <input type="checkbox"/> At work 3 <input type="checkbox"/> At club / organization 4 <input type="checkbox"/> At church 5 <input type="checkbox"/> At home or in the neighbourhood 6 <input type="checkbox"/> Through family 7 <input type="checkbox"/> Through a friend 8 <input type="checkbox"/> Other 9 <input type="checkbox"/> <p style="text-align: right; margin-right: 20px;"><i>Specify</i></p> <table style="width: 100%; border-collapse: collapse; margin-left: 20px;"> <tr> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> </tr> <tr> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> </tr> </table> <p>E5. Does your friend live within ...</p> <ul style="list-style-type: none"> 10 km (6 miles or 10 minutes by car)? . . . 1 <input type="checkbox"/> 50 km (30 miles or 30 minutes by car)? . . . 2 <input type="checkbox"/> 100 km (60 miles or 1 hour by car)? 3 <input type="checkbox"/> 200 km (120 miles or 2 hours by car)? . . . 4 <input type="checkbox"/> 400 km (240 miles or 4 hours by car)? . . . 5 <input type="checkbox"/> 1000 km (600 miles or 10 hours by car)? . . 6 <input type="checkbox"/> Beyond 1000 km (more than 600 miles or 10 hours by car)? 7 <input type="checkbox"/> Same household 8 <input type="checkbox"/> Don't know 9 <input type="checkbox"/> <p style="text-align: right; margin-right: 20px;">GO TO F1 ←</p> <p>E6. During the past 12 months, how often did you see your friend? Was it ...</p> <ul style="list-style-type: none"> Daily? 2 <input type="checkbox"/> At least once a week? 3 <input type="checkbox"/> At least once a month? 4 <input type="checkbox"/> Less than once a month? 5 <input type="checkbox"/> Not at all? 6 <input type="checkbox"/> <p>E7. During the past 12 months, how often did you have contact by letter or telephone with your friend? Was it...</p> <ul style="list-style-type: none"> Daily? 5 <input type="checkbox"/> At least once a week? 6 <input type="checkbox"/> At least once a month? 7 <input type="checkbox"/> Less than once a month? 8 <input type="checkbox"/> Not at all? 9 <input type="checkbox"/> 																																								
<p>D SECTION D: Fertility Intentions</p> <p>D1. INTERVIEWER CHECK ITEM: <i>Review GSS 5-1, Item 44 for respondent only. Is age of respondent...</i></p> <p>45 or older? . . . 6 <input type="checkbox"/> → GO TO E1 44 or younger? . . . 7 <input type="checkbox"/></p> <p>D2. The next questions are about your intentions to have (more) children.</p> <p>D3. INTERVIEWER CHECK ITEM: <i>Review GSS 5-1, Item 49 for respondent only. If respondent is living with a spouse/partner, phrase questions D4 and D5 to include spouse/partner.</i></p> <p>D4. Have you (or your spouse/partner) had an operation that makes it impossible for you to have a/another child?</p> <p>Yes 8 <input type="checkbox"/> → GO TO E1 No 9 <input type="checkbox"/></p> <p>D5. Have you ever been told that you (or your partner) cannot have any(more) children?</p> <p>Yes 1 <input type="checkbox"/> → GO TO E1 No 2 <input type="checkbox"/></p> <p>D6. Do you intend to have a/another child sometime?</p> <p>Yes 3 <input type="checkbox"/> No 4 <input type="checkbox"/> } → GO TO E1 Don't know 5 <input type="checkbox"/></p> <p>D7. What is the total number of children that you intend to have (including those you have now)?</p> <p>[] child(ren) Don't know 98 <input type="checkbox"/></p>																																																																																	

SECTION F: Household help F

F1. **INTERVIEWER CHECK ITEM: Review GSS 5-1.**
 Single person household ... 1 → GO TO F7
 Otherwise 2

F2. **The next questions are about people who helped with the work around your house during the past 12 months. Include only household members.**

F3. a) Who helps with meal preparation in your household?
 (Enter Page-Line Number of each household member - review GSS 5-1, Items 40 and 41)

	Less than 1/4	Less than 1/2	1/2 or more	All?	
<input type="text"/>	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>
<input type="text"/>	06 <input type="radio"/>	07 <input type="radio"/>	08 <input type="radio"/>	09 <input type="radio"/>	10 <input type="radio"/>
<input type="text"/>	11 <input type="radio"/>	12 <input type="radio"/>	13 <input type="radio"/>	14 <input type="radio"/>	15 <input type="radio"/>
<input type="text"/>	16 <input type="radio"/>	17 <input type="radio"/>	18 <input type="radio"/>	19 <input type="radio"/>	20 <input type="radio"/>

Not applicable / no one in household 97 → GO TO F4

22 Someone from outside household

F4. a) Who helps with meal cleanup in your household?
 (Enter Page-Line Number of each household member - review GSS 5-1, Items 40 and 41)

	Less than 1/4	Less than 1/2	1/2 or more	All?	
<input type="text"/>	23 <input type="radio"/>	24 <input type="radio"/>	25 <input type="radio"/>	26 <input type="radio"/>	27 <input type="radio"/>
<input type="text"/>	28 <input type="radio"/>	29 <input type="radio"/>	30 <input type="radio"/>	31 <input type="radio"/>	32 <input type="radio"/>
<input type="text"/>	33 <input type="radio"/>	34 <input type="radio"/>	35 <input type="radio"/>	36 <input type="radio"/>	37 <input type="radio"/>
<input type="text"/>	38 <input type="radio"/>	39 <input type="radio"/>	40 <input type="radio"/>	41 <input type="radio"/>	42 <input type="radio"/>

Not applicable / no one in household 97 → GO TO F5

44 Someone from outside household

F5. a) Who helps with house cleaning and laundry in your household?
 (Enter Page-Line Number of each household member - review GSS 5-1, Items 40 and 41)

	Less than 1/4	Less than 1/2	1/2 or more	All?	
<input type="text"/>	45 <input type="radio"/>	46 <input type="radio"/>	47 <input type="radio"/>	48 <input type="radio"/>	49 <input type="radio"/>
<input type="text"/>	50 <input type="radio"/>	51 <input type="radio"/>	52 <input type="radio"/>	53 <input type="radio"/>	54 <input type="radio"/>
<input type="text"/>	55 <input type="radio"/>	56 <input type="radio"/>	57 <input type="radio"/>	58 <input type="radio"/>	59 <input type="radio"/>
<input type="text"/>	60 <input type="radio"/>	61 <input type="radio"/>	62 <input type="radio"/>	63 <input type="radio"/>	64 <input type="radio"/>

Not applicable / no one in household 97 → GO TO F6

66 Someone from outside household

F6. a) Who helps with house maintenance and outside work such as repairs, painting, carpentry, lawn mowing, shovelling snow?
 (Enter Page-Line Number of each household member - review GSS 5-1, Items 40 and 41)

	Less than 1/4	Less than 1/2	1/2 or more	All?	
<input type="text"/>	67 <input type="radio"/>	68 <input type="radio"/>	69 <input type="radio"/>	70 <input type="radio"/>	71 <input type="radio"/>
<input type="text"/>	72 <input type="radio"/>	73 <input type="radio"/>	74 <input type="radio"/>	75 <input type="radio"/>	76 <input type="radio"/>
<input type="text"/>	77 <input type="radio"/>	78 <input type="radio"/>	79 <input type="radio"/>	80 <input type="radio"/>	81 <input type="radio"/>
<input type="text"/>	82 <input type="radio"/>	83 <input type="radio"/>	84 <input type="radio"/>	85 <input type="radio"/>	86 <input type="radio"/>

Not applicable / no one in household 97 → GO TO F7

88 Someone from outside household

F7. The next few questions are about any unpaid help you have given to others or received from others. Include organizations and people who are not part of your household, such as family, friends, neighbours, etc.

F8. During the past 12 months, have you done any unpaid housework outside your home such as cooking, sewing or cleaning?

- Yes 1
 No 2 → GO TO F10

F9. For which person or organization?

(Mark all that apply)

(For each circle marked, ask:)

How often did you provide this help?

		At least once a week	At least once a month	Less than once a month
Son	01 <input type="radio"/> →	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>
Daughter	05 <input type="radio"/> →	06 <input type="radio"/>	07 <input type="radio"/>	08 <input type="radio"/>
Parent	09 <input type="radio"/> →	10 <input type="radio"/>	11 <input type="radio"/>	12 <input type="radio"/>
Brother / sister	13 <input type="radio"/> →	14 <input type="radio"/>	15 <input type="radio"/>	16 <input type="radio"/>
Other relative	17 <input type="radio"/> →	18 <input type="radio"/>	19 <input type="radio"/>	20 <input type="radio"/>
Friend / neighbour	21 <input type="radio"/> →	22 <input type="radio"/>	23 <input type="radio"/>	24 <input type="radio"/>
Organization / other	25 <input type="radio"/> →	26 <input type="radio"/>	27 <input type="radio"/>	28 <input type="radio"/>

Specify

F10. During the past 12 months, has anyone from outside your household helped with unpaid housework such as cooking, sewing or cleaning?

- Yes 3
 No 4 → GO TO F12

F11. Who provided such help?

(Mark all that apply)

(For each circle marked, ask:)

How often did they provide this help?

		At least once a week	At least once a month	Less than once a month
Son	29 <input type="radio"/> →	30 <input type="radio"/>	31 <input type="radio"/>	32 <input type="radio"/>
Daughter	33 <input type="radio"/> →	34 <input type="radio"/>	35 <input type="radio"/>	36 <input type="radio"/>
Parent	37 <input type="radio"/> →	38 <input type="radio"/>	39 <input type="radio"/>	40 <input type="radio"/>
Brother / sister	41 <input type="radio"/> →	42 <input type="radio"/>	43 <input type="radio"/>	44 <input type="radio"/>
Other relative	45 <input type="radio"/> →	46 <input type="radio"/>	47 <input type="radio"/>	48 <input type="radio"/>
Friend / neighbour	49 <input type="radio"/> →	50 <input type="radio"/>	51 <input type="radio"/>	52 <input type="radio"/>
Organization / other	53 <input type="radio"/> →	54 <input type="radio"/>	55 <input type="radio"/>	56 <input type="radio"/>

Specify

F12. During the past 12 months, have you helped anyone outside your household with house maintenance or outside work such as repairs, painting, carpentry, lawn mowing or shovelling snow?

- Yes 5
 No 6 → GO TO F14

F13. For which person or organization?
(Mark all that apply)

(For each circle marked, ask:)
How often did you provide this help?

		At least once a week	At least once a month	Less than once a month
Son	01 <input type="radio"/> →	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>
Daughter	05 <input type="radio"/> →	06 <input type="radio"/>	07 <input type="radio"/>	08 <input type="radio"/>
Parent	09 <input type="radio"/> →	10 <input type="radio"/>	11 <input type="radio"/>	12 <input type="radio"/>
Brother / sister	13 <input type="radio"/> →	14 <input type="radio"/>	15 <input type="radio"/>	16 <input type="radio"/>
Other relative	17 <input type="radio"/> →	18 <input type="radio"/>	19 <input type="radio"/>	20 <input type="radio"/>
Friend / neighbour	21 <input type="radio"/> →	22 <input type="radio"/>	23 <input type="radio"/>	24 <input type="radio"/>
Organization / other	25 <input type="radio"/> →	26 <input type="radio"/>	27 <input type="radio"/>	28 <input type="radio"/>

↓
Specify

F14. During the past 12 months, has anyone from outside your household helped on an unpaid basis with house maintenance or outside work such as repairs, painting, carpentry, lawn mowing or shovelling snow?

- Yes 7
- No 8 } → GO TO F16
- Not applicable 9

F15. Who provided such help?
(Mark all that apply)

(For each circle marked, ask:)
How often did they provide this help?

		At least once a week	At least once a month	Less than once a month
Son	29 <input type="radio"/> →	30 <input type="radio"/>	31 <input type="radio"/>	32 <input type="radio"/>
Daughter	33 <input type="radio"/> →	34 <input type="radio"/>	35 <input type="radio"/>	36 <input type="radio"/>
Parent	37 <input type="radio"/> →	38 <input type="radio"/>	39 <input type="radio"/>	40 <input type="radio"/>
Brother / sister	41 <input type="radio"/> →	42 <input type="radio"/>	43 <input type="radio"/>	44 <input type="radio"/>
Other relative	45 <input type="radio"/> →	46 <input type="radio"/>	47 <input type="radio"/>	48 <input type="radio"/>
Friend / neighbour	49 <input type="radio"/> →	50 <input type="radio"/>	51 <input type="radio"/>	52 <input type="radio"/>
Organization / other	53 <input type="radio"/> →	54 <input type="radio"/>	55 <input type="radio"/>	56 <input type="radio"/>

↓
Specify

F16. During the past 12 months, have you provided unpaid transportation to anyone outside your household, such as driving them to an appointment or shopping?

- Yes 1
- No 2 → GO TO F18

F17. For which person or organization?
(Mark all that apply)

(For each circle marked, ask:)
How often did you provide this help?

		At least once a week	At least once a month	Less than once a month
Son	01 <input type="radio"/> →	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>
Daughter	05 <input type="radio"/> →	06 <input type="radio"/>	07 <input type="radio"/>	08 <input type="radio"/>
Parent	09 <input type="radio"/> →	10 <input type="radio"/>	11 <input type="radio"/>	12 <input type="radio"/>
Brother / sister	13 <input type="radio"/> →	14 <input type="radio"/>	15 <input type="radio"/>	16 <input type="radio"/>
Other relative	17 <input type="radio"/> →	18 <input type="radio"/>	19 <input type="radio"/>	20 <input type="radio"/>
Friend / neighbour	21 <input type="radio"/> →	22 <input type="radio"/>	23 <input type="radio"/>	24 <input type="radio"/>
Organization / other	25 <input type="radio"/> →	26 <input type="radio"/>	27 <input type="radio"/>	28 <input type="radio"/>

↓
Specify

F18. During the past 12 months, has anyone from outside your household provided you with unpaid transportation, such as driving you to an appointment or shopping ?
 Yes 3
 No 4 → GO TO F20

F19. Who provided such help?
 (Mark all that apply)

(For each circle marked, ask:)
How often did they provide this help?

		At least once a week	At least once a month	Less than once a month
Son	29 <input type="radio"/> →	30 <input type="radio"/>	31 <input type="radio"/>	32 <input type="radio"/>
Daughter	33 <input type="radio"/> →	34 <input type="radio"/>	35 <input type="radio"/>	36 <input type="radio"/>
Parent	37 <input type="radio"/> →	38 <input type="radio"/>	39 <input type="radio"/>	40 <input type="radio"/>
Brother / sister	41 <input type="radio"/> →	42 <input type="radio"/>	43 <input type="radio"/>	44 <input type="radio"/>
Other relative	45 <input type="radio"/> →	46 <input type="radio"/>	47 <input type="radio"/>	48 <input type="radio"/>
Friend / neighbour	49 <input type="radio"/> →	50 <input type="radio"/>	51 <input type="radio"/>	52 <input type="radio"/>
Organization / other	53 <input type="radio"/> →	54 <input type="radio"/>	55 <input type="radio"/>	56 <input type="radio"/>

↓
Specify

F20. During the past 12 months, have you provided any unpaid childcare for anyone outside your household?
 Yes 5
 No 6 → GO TO F22

F21. For whose children did you provide this care?
 (Mark all that apply)

(For each circle marked, ask:)
How often did you provide this help?

		At least once a week	At least once a month	Less than once a month
Son	01 <input type="radio"/> →	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>
Daughter	05 <input type="radio"/> →	06 <input type="radio"/>	07 <input type="radio"/>	08 <input type="radio"/>
Parent	09 <input type="radio"/> →	10 <input type="radio"/>	11 <input type="radio"/>	12 <input type="radio"/>
Brother / sister	13 <input type="radio"/> →	14 <input type="radio"/>	15 <input type="radio"/>	16 <input type="radio"/>
Other relative	17 <input type="radio"/> →	18 <input type="radio"/>	19 <input type="radio"/>	20 <input type="radio"/>
Friend / neighbour	21 <input type="radio"/> →	22 <input type="radio"/>	23 <input type="radio"/>	24 <input type="radio"/>
Organization / other	25 <input type="radio"/> →	26 <input type="radio"/>	27 <input type="radio"/>	28 <input type="radio"/>

↓
Specify

F22. During the past 12 months, have you provided any unpaid personal care, such as help bathing or dressing, to anyone outside your household?
 Yes 7
 No 8 → GO TO F24

F23. For which person or organization?
 (Mark all that apply)

(For each circle marked, ask:)
How often did you provide this help?

		At least once a week	At least once a month	Less than once a month
Son	29 <input type="radio"/> →	30 <input type="radio"/>	31 <input type="radio"/>	32 <input type="radio"/>
Daughter	33 <input type="radio"/> →	34 <input type="radio"/>	35 <input type="radio"/>	36 <input type="radio"/>
Parent	37 <input type="radio"/> →	38 <input type="radio"/>	39 <input type="radio"/>	40 <input type="radio"/>
Brother / sister	41 <input type="radio"/> →	42 <input type="radio"/>	43 <input type="radio"/>	44 <input type="radio"/>
Other relative	45 <input type="radio"/> →	46 <input type="radio"/>	47 <input type="radio"/>	48 <input type="radio"/>
Friend / neighbour	49 <input type="radio"/> →	50 <input type="radio"/>	51 <input type="radio"/>	52 <input type="radio"/>
Organization / other	53 <input type="radio"/> →	54 <input type="radio"/>	55 <input type="radio"/>	56 <input type="radio"/>

↓
Specify

F24. During the past 12 months, have you provided financial support to anyone outside your household?

- Yes 1
- No 2 → **GO TO F26**

F25. For which person or organization?

(Mark all that apply)

(For each circle marked, ask:)

How often did you provide this help?

- | | | At least
once a week | At least
once a month | Less than
once a month |
|----------------------------|----------------------------|--------------------------|--------------------------|---------------------------|
| Son | 01 <input type="radio"/> → | 02 <input type="radio"/> | 03 <input type="radio"/> | 04 <input type="radio"/> |
| Daughter | 05 <input type="radio"/> → | 06 <input type="radio"/> | 07 <input type="radio"/> | 08 <input type="radio"/> |
| Parent | 09 <input type="radio"/> → | 10 <input type="radio"/> | 11 <input type="radio"/> | 12 <input type="radio"/> |
| Brother / sister | 13 <input type="radio"/> → | 14 <input type="radio"/> | 15 <input type="radio"/> | 16 <input type="radio"/> |
| Other relative | 17 <input type="radio"/> → | 18 <input type="radio"/> | 19 <input type="radio"/> | 20 <input type="radio"/> |
| Friend / neighbour | 21 <input type="radio"/> → | 22 <input type="radio"/> | 23 <input type="radio"/> | 24 <input type="radio"/> |
| Organization / other | 25 <input type="radio"/> → | 26 <input type="radio"/> | 27 <input type="radio"/> | 28 <input type="radio"/> |

Specify

F26. During the past 12 months, has anyone from outside your household provided you with financial support?

- Yes 3
- No 4 → **GO TO F28**

F27. Who provided such help?

(Mark all that apply)

(For each circle marked, ask:)

How often did they provide this help?

- | | | At least
once a week | At least
once a month | Less than
once a month |
|----------------------------|----------------------------|--------------------------|--------------------------|---------------------------|
| Son | 29 <input type="radio"/> → | 30 <input type="radio"/> | 31 <input type="radio"/> | 32 <input type="radio"/> |
| Daughter | 33 <input type="radio"/> → | 34 <input type="radio"/> | 35 <input type="radio"/> | 36 <input type="radio"/> |
| Parent | 37 <input type="radio"/> → | 38 <input type="radio"/> | 39 <input type="radio"/> | 40 <input type="radio"/> |
| Brother / sister | 41 <input type="radio"/> → | 42 <input type="radio"/> | 43 <input type="radio"/> | 44 <input type="radio"/> |
| Other relative | 45 <input type="radio"/> → | 46 <input type="radio"/> | 47 <input type="radio"/> | 48 <input type="radio"/> |
| Friend / neighbour | 49 <input type="radio"/> → | 50 <input type="radio"/> | 51 <input type="radio"/> | 52 <input type="radio"/> |
| Organization / other | 53 <input type="radio"/> → | 54 <input type="radio"/> | 55 <input type="radio"/> | 56 <input type="radio"/> |

Specify

G SECTION G: Supports

G1. In the next two questions we would like to ask you who you would turn to for help. Include spouse, relatives, friends, social services, clergy, professional counsellors, etc.

G2. Suppose you feel just a bit down or depressed, and you wanted to talk about it.

G3. Now suppose you were very upset about a problem with your husband, wife or partner and hadn't been able to work it out.

A. Whom would you turn to first for help?

- Spouse/partner 01
- Parent 02
- Daughter 03
- Son 04
- Sister / brother 05
- Other relative including in-laws 06
- Friend 07
- Neighbour 08
- Someone you work with 09
- Church / clergy / priest 10
- God 11
- Family doctor / GP 12
- Psychologist / psychiatrist / marriage counsellor / other professional counsellor 13
- Other 14

↓
Specify

- No one 15
 - Don't know 16
- } GO TO G3

A. Whom would you turn to first for help?

- Parent 33
- Daughter 34
- Son 35
- Sister / brother 36
- Other relative including in-laws 37
- Friend 38
- Neighbour 39
- Someone you work with 40
- Church / clergy / priest 41
- God 42
- Family doctor / GP 43
- Psychologist / psychiatrist / marriage counsellor / other professional counsellor 44
- Other 45

↓
Specify

- No one 46
 - Don't know 47
- } GO TO H1

B. Whom would you turn to second for help?

- Spouse/partner 17
- Parent 18
- Daughter 19
- Son 20
- Sister / brother 21
- Other relative including in-laws 22
- Friend 23
- Neighbour 24
- Someone you work with 25
- Church / clergy / priest 26
- God 27
- Family doctor / GP 28
- Psychologist / psychiatrist / marriage counsellor / other professional counsellor 29
- Other 30

↓
Specify

- No one 31
- Don't know 32

B. Whom would you turn to second for help?

- Parent 48
- Daughter 49
- Son 50
- Sister / brother 51
- Other relative including in-laws 52
- Friend 53
- Neighbour 54
- Someone you work with 55
- Church / clergy / priest 56
- God 57
- Family doctor / GP 58
- Psychologist / psychiatrist / marriage counsellor / other professional counsellor 59
- Other 60

↓
Specify

- No one 61
- Don't know 62

H SECTION H: Marriages	
<p>H1. The next questions are about marriages and common-law partnerships. Your answers will help us better measure how family relationships are changing.</p>	<p>H14. Is this your first marriage? Yes 5 <input type="radio"/> No 6 <input type="radio"/> → GO TO H16</p>
<p>H2. Have you ever been a partner in a common-law relationship? By this we mean partners living together as husband and wife without being legally married. Yes 1 <input type="radio"/> No 2 <input type="radio"/></p>	<p>H15. INTERVIEWER CHECK ITEM: Review H6. Is the respondent currently separated (H6 = Yes)? Yes 7 <input type="radio"/> → GO TO J1 No 8 <input type="radio"/> → GO TO J3</p>
<p>H3. Are you now legally married? Yes 3 <input type="radio"/> → GO TO H5 No 4 <input type="radio"/></p>	<p>H16. What was the date of your first marriage? [] [] [] [] Month Year</p>
<p>H4. Have you ever been legally married? Yes 5 <input type="radio"/> → GO TO H16 No 6 <input type="radio"/> → GO TO H37</p>	<p>H17. What was your first husband/wife's marital status before entering into that marriage? Was it ... Widowed? 1 <input type="radio"/> Divorced? 2 <input type="radio"/> Single? 3 <input type="radio"/></p>
<p>H5. Are you living with your spouse? Yes 7 <input type="radio"/> → GO TO H8 No 8 <input type="radio"/></p>	<p>H18. What was his/her date of birth? [] [] [] [] Month Year</p>
<p>H6. Are you separated? Yes 1 <input type="radio"/> No 2 <input type="radio"/> → GO TO H8</p>	<p>H19. INTERVIEWER CHECK ITEM: Review H2. Has the respondent ever been a partner in a common-law relationship (H2 = Yes)? Yes 4 <input type="radio"/> No 5 <input type="radio"/> → GO TO H22</p>
<p>H7. When did you separate? [3] [] [4] [] Month Year</p>	<p>H20. Did you and your first spouse live common-law before entering into this marriage? Yes 6 <input type="radio"/> No 7 <input type="radio"/> → GO TO H22</p>
<p>H8. What was the date of your current marriage? [5] [] [6] [] Month Year</p>	<p>H21. Approximately when did you and your first husband/wife begin to live together? [] [] [] [] Month Year</p>
<p>H9. What was your spouse's marital status before entering into this marriage? Was it ... Widowed? 7 <input type="radio"/> Divorced? 8 <input type="radio"/> Single? 9 <input type="radio"/></p>	<p>H22. Did your first marriage end in ... (Read categories and record month and year) When? Month Year Separation and then divorce or annulment? ... 1 <input type="radio"/> { sep. [2] [] [3] [] div./ann. [4] [] [5] [] Separation only? 6 <input type="radio"/> → [] [] [] [] Death of spouse? 7 <input type="radio"/> → [] [] [] [] Other 8 <input type="radio"/> → [] [] [] []</p>
<p>H10. What is your spouse's date of birth? [] [] [] [] Month Year</p>	<p>H23. INTERVIEWER CHECK ITEM: Review H3. Is respondent currently married (H3 = Yes)? Yes 1 <input type="radio"/> No 2 <input type="radio"/> → GO TO H26</p>
<p>H11. INTERVIEWER CHECK ITEM: Review H2. Has the respondent ever been a partner in a common-law relationship (H2 = Yes)? Yes 1 <input type="radio"/> No 2 <input type="radio"/> → GO TO H14</p>	
<p>H12. Did you and your spouse live common-law before entering into this marriage? Yes 3 <input type="radio"/> No 4 <input type="radio"/> → GO TO H14</p>	
<p>H13. Approximately when did you and your current spouse begin to live together? [] [] [] [] Month Year</p>	

H24. Is your current marriage your second?
 Yes 3
 No 4 → GO TO H27

H25. INTERVIEWER CHECK ITEM:
 Review H6.
 Is respondent currently separated (H6 = Yes)?
 Yes 5 → GO TO J1
 No 6 → GO TO J3

H26. Have you been legally married a second time?
 Yes 7
 No 8 → GO TO H38

H27. What was the date of your second marriage?
 [] [] [] []
 Month Year

H28. What was your second husband/wife's marital status before entering into that marriage? Was it ...
 Widowed? 1
 Divorced? 2
 Single? 3

H29. What was his/her date of birth?
 [] [] [] []
 Month Year

H30. INTERVIEWER CHECK ITEM:
 Review H2.
 Has the respondent ever been a partner in a common-law relationship (H2 = Yes)?
 Yes 4
 No 5 → GO TO H33

H31. Did you and your second spouse live common-law before entering into this marriage?
 Yes 6
 No 7 → GO TO H33

H32. Approximately when did you and your second husband/wife begin to live together?
 [] [] [] []
 Month Year

H33. Did your second marriage end in ...
 (Read categories and record month and year)
 When?
 Month Year

Separation and then divorce or annulment? ... 1 { sep. [2] [] [3] []
 div. / ann. [4] [] [5] []

Separation only? 6 → [] [] [] []

Death of spouse? 7 → [] [] [] []

Other 8 → [] [] [] []

H34. In total, how many times have you been legally married?
 [] [] times

H35. INTERVIEWER CHECK ITEM:
 Review H3.
 Is respondent currently married (H3 = Yes)?
 Yes 1
 No 2 → GO TO H38

H36. INTERVIEWER CHECK ITEM:
 Review H6.
 Is respondent currently separated (H6 = Yes)?
 Yes 3 → GO TO J1
 No 4 → GO TO J3

H37. Do you think you will ever marry?
 Yes 7 → GO TO H39
 No 8 } → GO TO J1
 Don't know 9 }

H38. Do you think you will ever marry again?
 Yes 4
 No 5 } → GO TO J1
 Don't know 6 }

H39. At what age would you like to get married/remarried?
 [] [] years
 Don't know 98

SECTION J: Common-law partnerships J

J1. INTERVIEWER CHECK ITEM:
 Review H2.
 Has the respondent ever been a partner in a common-law relationship (H2 = Yes)?
 Yes 1
 No 2 → GO TO K1

J2. Are you now living with a common-law partner?
 Yes 3 → GO TO J5
 No 4 → GO TO J4

J3. INTERVIEWER CHECK ITEM:
 Review H2.
 Has the respondent ever been a partner in a common-law relationship (H2 = Yes)?
 Yes 5
 No 6 → GO TO K1

J4. Have you ever been a partner in a common-law relationship that was not followed by marriage?
 Yes 7 → GO TO J9
 No 8 → GO TO K1

J5. Approximately when did you and your partner begin to live together?
 [] [] [] []
 Month Year

J6. What was your partner's marital status before entering into this union? Was it ...
 Widowed? 1
 Separated? 2
 Divorced? 3
 Single? 4

<p>J7. What is your partner's date of birth?</p> <p> Month Year</p>	<p>SECTION K: Satisfaction K</p>
<p>J8. Have you had a previous common-law relationship that was not followed by marriage?</p> <p>Yes 5 <input type="radio"/></p> <p>No 6 <input type="radio"/> → GO TO K1</p>	<p>K1. Now, I am going to ask you to rate certain areas of your life.</p> <p>K2. Would you describe yourself as ...</p> <p>Very happy? 1 <input type="radio"/></p> <p>Somewhat happy? 2 <input type="radio"/></p> <p>Somewhat unhappy? 3 <input type="radio"/></p> <p>Very unhappy? 4 <input type="radio"/></p> <p>No opinion 5 <input type="radio"/></p>
<p>J9. Approximately when did you begin your first common-law relationship that was not followed by marriage?</p> <p> Month Year</p>	<p>K3. How would you describe your state of health? Compared to other persons your age, would you say it is ...</p> <p>Excellent? 6 <input type="radio"/></p> <p>Good? 7 <input type="radio"/></p> <p>Fair? 8 <input type="radio"/></p> <p>Poor? 9 <input type="radio"/></p>
<p>J10. What was that partner's marital status before entering into that union? Was it ...</p> <p>Widowed? 2 <input type="radio"/></p> <p>Separated? 3 <input type="radio"/></p> <p>Divorced? 4 <input type="radio"/></p> <p>Single? 5 <input type="radio"/></p>	
<p>J11. What was that partner's date of birth?</p> <p> Month Year</p>	
<p>J12. Did this partnership end by separation or by the death of your partner?</p> <p>(Record reason, month and year)</p> <p style="text-align: center;">When?</p> <p style="text-align: center;">Month Year</p> <p>Separation 6 <input type="radio"/> → </p> <p>Death of partner 7 <input type="radio"/> → </p>	
<p>J13. Have you been a partner in any other common-law relationships that were not followed by marriage?</p> <p>Yes 8 <input type="radio"/></p> <p>No 9 <input type="radio"/> → GO TO K1</p>	
<p>J14. Approximately when did you begin your second common-law relationship that was not followed by marriage?</p> <p> Month Year</p>	
<p>J15. What was that partner's marital status before entering into that union? Was it ...</p> <p>Widowed? 1 <input type="radio"/></p> <p>Separated? 2 <input type="radio"/></p> <p>Divorced? 3 <input type="radio"/></p> <p>Single? 4 <input type="radio"/></p>	
<p>J16. What was that partner's date of birth?</p> <p> Month Year</p>	
<p>J17. Did this partnership end by separation or by the death of your partner?</p> <p>(Record reason, month and year)</p> <p style="text-align: center;">When?</p> <p style="text-align: center;">Month Year</p> <p>Separation 5 <input type="radio"/> → </p> <p>Death of partner 6 <input type="radio"/> → </p>	
<p>J18. In total, how many times have you been a partner in common-law relationships that were not followed by marriage?</p> <p> times</p>	

K4. Are you satisfied or dissatisfied with ...

Is that somewhat or very?

Somewhat

Very

- | | | | | | | |
|--|-----------------|--------------------------|---|--------------------------|--|--------------------------|
| a) Your relationship with your spouse/partner, or your single status? | Satisfied | 01 <input type="radio"/> | → | 02 <input type="radio"/> | | 03 <input type="radio"/> |
| | Dissatisfied .. | 04 <input type="radio"/> | → | 05 <input type="radio"/> | | 06 <input type="radio"/> |
| | No opinion .. | 07 <input type="radio"/> | | | | |
| b) Your relationship with your immediate family? | Satisfied | 08 <input type="radio"/> | → | 09 <input type="radio"/> | | 10 <input type="radio"/> |
| | Dissatisfied .. | 11 <input type="radio"/> | → | 12 <input type="radio"/> | | 13 <input type="radio"/> |
| | No opinion .. | 14 <input type="radio"/> | | | | |
| c) The way housework is shared in your home? | Satisfied | 15 <input type="radio"/> | → | 16 <input type="radio"/> | | 17 <input type="radio"/> |
| | Dissatisfied .. | 18 <input type="radio"/> | → | 19 <input type="radio"/> | | 20 <input type="radio"/> |
| | No opinion .. | 21 <input type="radio"/> | | | | |
| d) Your job or main activity? .. | Satisfied | 22 <input type="radio"/> | → | 23 <input type="radio"/> | | 24 <input type="radio"/> |
| | Dissatisfied .. | 25 <input type="radio"/> | → | 26 <input type="radio"/> | | 27 <input type="radio"/> |
| | No opinion .. | 28 <input type="radio"/> | | | | |
| e) The balance between your job or main activity and family and home life? | Satisfied | 29 <input type="radio"/> | → | 30 <input type="radio"/> | | 31 <input type="radio"/> |
| | Dissatisfied .. | 32 <input type="radio"/> | → | 33 <input type="radio"/> | | 34 <input type="radio"/> |
| | No opinion .. | 35 <input type="radio"/> | | | | |
| f) The amount of time you have to pursue other interests? .. | Satisfied | 36 <input type="radio"/> | → | 37 <input type="radio"/> | | 38 <input type="radio"/> |
| | Dissatisfied .. | 39 <input type="radio"/> | → | 40 <input type="radio"/> | | 41 <input type="radio"/> |
| | No opinion .. | 42 <input type="radio"/> | | | | |
| g) Your relationship with your friends? | Satisfied | 43 <input type="radio"/> | → | 44 <input type="radio"/> | | 45 <input type="radio"/> |
| | Dissatisfied .. | 46 <input type="radio"/> | → | 47 <input type="radio"/> | | 48 <input type="radio"/> |
| | No opinion .. | 49 <input type="radio"/> | | | | |
| h) Your current accommodation or housing? | Satisfied | 50 <input type="radio"/> | → | 51 <input type="radio"/> | | 52 <input type="radio"/> |
| | Dissatisfied .. | 53 <input type="radio"/> | → | 54 <input type="radio"/> | | 55 <input type="radio"/> |
| | No opinion .. | 56 <input type="radio"/> | | | | |

Why are you dissatisfied with your accommodation or housing?

(Mark all that apply)

- Cost of mortgage-rent 57
- Property taxes 58
- Traffic in neighbourhood 59
- Other neighbourhood dislikes 60
- Accommodation too small 61
- Accommodation too large 62
- Would like to own 63
- Building maintenance 64
- Maintenance costs 65
- Transportation difficulties 66
- Other 67

Specify

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

<p>L SECTION L: Classification</p> <p>L1. Now a few general questions.</p> <p>L2. How many times did you move in the last 10 years, that is since January 1980?</p> <p style="margin-left: 20px;"> <input type="text" value="2"/> times None 00 <input type="radio"/> </p> <p>L3. When did you move to your present address?</p> <p style="margin-left: 20px;"> <input type="text" value="2"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Month Year Always lived there 1 <input type="radio"/> → GO TO L6 </p> <p>L4. How far away did you last live before moving to your present address? Was it within ...</p> <p style="margin-left: 20px;"> 10 km (6 miles or 10 minutes by car)? ... 2 <input type="radio"/> 50 km (30 miles or 30 minutes by car)? ... 3 <input type="radio"/> 100 km (60 miles or 1 hour by car)? ... 4 <input type="radio"/> 200 km (120 miles or 2 hours by car)? ... 5 <input type="radio"/> 400 km (240 miles or 4 hours by car)? ... 6 <input type="radio"/> 1000 km (600 miles or 10 hours by car)? ... 7 <input type="radio"/> Beyond 1000 km (more than 600 miles or 10 hours by car)? ... 8 <input type="radio"/> </p> <p>L5. What were your reasons for this move? (Mark all that apply)</p> <p style="margin-left: 20px;"> Your work 01 <input type="radio"/> Other family member's work 02 <input type="radio"/> To be closer to family 03 <input type="radio"/> To take care of family member 04 <input type="radio"/> Marriage 05 <input type="radio"/> Separation 06 <input type="radio"/> To move to own dwelling/ independence 07 <input type="radio"/> To move to a larger home 08 <input type="radio"/> To move to a smaller home 09 <input type="radio"/> To move to a less expensive home 10 <input type="radio"/> To purchase a home 11 <input type="radio"/> To move to a better neighbourhood/ change in neighbourhood 12 <input type="radio"/> To attend school 13 <input type="radio"/> Financial reasons 14 <input type="radio"/> Other 15 <input type="radio"/> </p> <p style="text-align: right; margin-right: 20px;">↓ Specify</p> <p style="margin-left: 20px;"> <input style="width: 100%;" type="text"/> <input style="width: 100%;" type="text"/> </p>	<p>L6. In what type of dwelling are you now living? Is it a...</p> <p style="margin-left: 20px;"> Single detached house? 1 <input type="radio"/> Semi-detached or double (side-by-side)? 2 <input type="radio"/> Garden house, town house or row house? 3 <input type="radio"/> Duplex (one above the other)? 4 <input type="radio"/> Low-rise apartment (less than 5 stories)? 5 <input type="radio"/> High-rise apartment (5 or more stories)? 6 <input type="radio"/> Mobile home? 7 <input type="radio"/> Other 8 <input type="radio"/> </p> <p style="text-align: right; margin-right: 20px;">↓ Specify</p> <p style="margin-left: 20px;"> <input style="width: 100%;" type="text"/> <input style="width: 100%;" type="text"/> </p> <p>L7. Is this dwelling owned by a member of this household?</p> <p style="margin-left: 20px;"> Yes 1 <input type="radio"/> No 2 <input type="radio"/> </p> <p>L8. What is your postal code?</p> <p style="margin-left: 20px;"> <input style="width: 50%;" type="text"/> <input style="width: 50%;" type="text"/> Don't know 3 <input type="radio"/> </p> <p>L9. How many telephones, including extensions, are there in your dwelling?</p> <p style="margin-left: 20px;"> One 4 <input type="radio"/> → GO TO L14 Two or more 5 <input type="radio"/> </p> <p>L10. Do all the telephones have the same number?</p> <p style="margin-left: 20px;"> Yes 6 <input type="radio"/> → GO TO L14 No 7 <input type="radio"/> </p> <p>L11. How many different numbers are there?</p> <p style="margin-left: 20px;"> <input style="width: 50%;" type="text"/> </p> <p>L12. Are any of these numbers for business use only?</p> <p style="margin-left: 20px;"> Yes 8 <input type="radio"/> No 9 <input type="radio"/> → GO TO L14 </p> <p>L13. How many are for business use only?</p> <p style="margin-left: 20px;"> <input style="width: 50%;" type="text"/> </p>
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L14. In what country were you born?

Canada 1 ○ → In which province or territory?

- Newfoundland 01 ○
- Prince Edward Island .. 02 ○
- Nova Scotia 03 ○
- New Brunswick 04 ○
- Quebec 05 ○
- Ontario 06 ○
- Manitoba 07 ○
- Saskatchewan 08 ○
- Alberta 09 ○
- British Columbia 10 ○
- Yukon Territory 11 ○
- Northwest Territories .. 12 ○

GO
TO
L16

Country outside Canada 2 ○

Specify

[] []

L15. In what year did you first immigrate to Canada?

[1] []

Canadian citizen by birth 997 ○

L16. What is your date of birth?

[] []

Day Month Year

L17. What language did you first speak in childhood?
(Accept multiple response only if languages were used equally)

Do you still understand that/those language(s)?

Yes No

- English 3 ○
- French 4 ○ → 03 ○ 04 ○
- Italian 5 ○ → 05 ○ 06 ○
- German 6 ○ → 07 ○ 08 ○
- Ukrainian 7 ○ → 09 ○ 10 ○
- Other 8 ○ → 11 ○ 12 ○

Specify

[] []

L18. What language do you speak most often at home?

(Accept multiple response only if languages are spoken equally.)

- English 1 ○
- French 2 ○
- Italian 3 ○
- Chinese 4 ○
- German 5 ○
- Other 6 ○

Specify

[] []

L19. Excluding kindergarten, how many years of elementary and high school education have you successfully completed?

- No schooling 01 ○ → GO TO L23
- One to five years .. 02 ○
- Six 03 ○
- Seven 04 ○ → GO TO L21
- Eight 05 ○
- Nine 06 ○
- Ten 07 ○
- Eleven 08 ○
- Twelve 09 ○
- Thirteen 10 ○

L20. Have you graduated from high school?

- Yes 1 ○
- No 2 ○

L21. Have you had any further schooling beyond elementary/high school?

- Yes 3 ○
- No 4 ○ → GO TO L23

L22. What is the highest level of education that you have attained?

Masters 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

L23. What, if any, is your religion?

No religion 01 → GO TO L25

Roman Catholic 02

United Church 03

Anglican 04

Presbyterian 05

Lutheran 06

Baptist 07

Eastern Orthodox 08

Jewish 09

Other 10

↓
Specify

L24. Other than on special occasions, such as weddings, funerals or baptisms, how often did you attend services or meetings connected with your religion in the last 12 months?

Was it ...

At least once a week? ... 1

At least once a month? ... 2

A few times a year? ... 3

At least once a year? ... 4

Not at all? ... 5

L25. To which ethnic or cultural group do you or did your ancestors belong? Would it be ...

(Accept multiple responses)

English? 02

Irish? 03

Scottish? 04

French? 01

German? 05

Italian? 06

Ukrainian? 07

Other 08

↓
Specify

Canadian (Probe) 09

Don't know 10

L26. During the past 12 months, what best describes your MAIN activity? Were you mainly ...

Working at a job or business? 1 → GO TO L29

Looking for work? 2 → GO TO L28

A student? 3

Keeping house? 4

Retired? 5 } GO TO L28

Other 6

↓
Specify

L27. Were you studying full-time or part-time?

Full-time 7

Part-time 8

L28. Did you have a job or were you self-employed at any time during the past 12 months?

Yes 1

No 2 → GO TO L36

L29. Including vacation, illness, strikes, lock-outs and maternity/paternity leave, for how many weeks during the past 12 months did you do any work at a job or business?

[3] [] [] weeks

L30. During those weeks, how many hours per week did you usually work?

[4] [] [] hours

L31. Did you regularly work evening or night shifts?

Yes 5

No 6

<p>L32. Did you regularly work on Saturday or Sunday?</p> <p>Yes 7 <input type="radio"/></p> <p>No 8 <input type="radio"/></p>	<p>L39. Was he/she studying full-time or part-time?</p> <p>Full-time 1 <input type="radio"/></p> <p>Part-time 2 <input type="radio"/></p>
<p>L33. For whom did you work for the longest time during the past 12 months? (Name of business, government department or agency, or person)</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>L40. Did your spouse have a job or was he/she self-employed at any time during the past 12 months?</p> <p>Yes 3 <input type="radio"/></p> <p>No 4 <input type="radio"/> → GO TO L45</p>
<p>L34. What kind of business, industry or service was this? (Give full description: e.g. paper box manufacturing, retail shoe store, municipal board of education)</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>L41. Including vacation, illness, strikes, lock-outs and maternity/paternity leave, for how many weeks during the past 12 months did he/she do any work at a job or business?</p> <p>5 weeks</p>
<p>L35. What kind of work were you doing? (Give full description: e.g. accounts clerk, dairy farmer, primary school teacher)</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>L42. During those weeks, how many hours per week did he/she usually work?</p> <p>6 hours</p>
<p>L36. INTERVIEWER CHECK ITEM: Review H5 and J2. Is the respondent living with his/her spouse or partner (H5 = Yes or J2 = Yes)?</p> <p>Yes 1 <input type="radio"/></p> <p>No 2 <input type="radio"/> → GO TO L46</p>	<p>L43. Did he/she regularly work evening or night shifts?</p> <p>Yes 7 <input type="radio"/></p> <p>No 8 <input type="radio"/></p>
<p>L37. The next few questions are about your spouse/partner.</p>	<p>L44. Did he/she regularly work on Saturday or Sunday?</p> <p>Yes 1 <input type="radio"/></p> <p>No 2 <input type="radio"/></p>
<p>L38. During the past 12 months, what best describes your spouse's MAIN activity? Was he/she mainly ...</p> <p>Working at a job or business? 3 <input type="radio"/> → GO TO L41</p> <p>Looking for work? 4 <input type="radio"/> → GO TO L40</p> <p>A student? 5 <input type="radio"/></p> <p>Keeping house? 6 <input type="radio"/></p> <p>Retired? 7 <input type="radio"/> } GO TO L40</p> <p>Other 8 <input type="radio"/> } ↓ Specify</p> <p>_____</p> <p>_____</p>	<p>L45. What is the highest level of education your spouse attained?</p> <p>Masters or earned doctorate 01 <input type="radio"/></p> <p>Bachelor or undergraduate degree, or teacher's college 02 <input type="radio"/></p> <p>Diploma or certificate from community college, CEGEP or nursing school 03 <input type="radio"/></p> <p>Diploma or certificate from trade, technical or vocational school, or business college 04 <input type="radio"/></p> <p>Some university 05 <input type="radio"/></p> <p>Some community college, CEGEP or nursing school 06 <input type="radio"/></p> <p>Some trade, technical or vocational school, or business college 07 <input type="radio"/></p> <p>Secondary/high school graduation 08 <input type="radio"/></p> <p>Some secondary/high school 09 <input type="radio"/></p> <p>Elementary school (some or completed) 10 <input type="radio"/></p> <p>No schooling 11 <input type="radio"/></p> <p>Other 12 <input type="radio"/></p> <p style="text-align: right;">↓ Specify</p> <p>_____</p> <p>_____</p>

L46. During 1989, did you receive income ...

	Yes	No
a) From wages, salary or self-employment?	1 <input type="radio"/>	2 <input type="radio"/>
b) From government, such as Family Allowance, Unemployment Insurance, Social Assistance, Canada or Quebec Pension Plan or Old Age Security?	3 <input type="radio"/>	4 <input type="radio"/>
c) From interest, dividends, investments or private pensions?	5 <input type="radio"/>	6 <input type="radio"/>
d) From any other sources, such as alimony, scholarships, etc.?	7 <input type="radio"/>	8 <input type="radio"/>

L47. What is your best estimate of your total personal income in 1989 from all sources, including those just mentioned?

Income 1 → \$

--	--	--	--	--	--	--	--	--	--

 .00

No income 2

Don't know 3

L48. Including yourself, how many persons in your household received income from any source, during 1989?

--	--

 persons

L49. INTERVIEWER CHECK ITEM:

Review L48.

If L48 = 01 4 → GO TO M1

Otherwise 5

L50. What is your best estimate of the total income of all household members from all sources in 1989? Was the total household income . . .

Less than \$20,000? 01 {

- Less than \$10,000? 05 {
 - Less than \$5,000? 09
 - \$5,000 and more? 10
- \$10,000 and more? 06 {
 - Less than \$15,000? 11
 - \$15,000 and more? 12

\$20,000 and more? 02 {

- Less than \$40,000? 07 {
 - Less than \$30,000? 13
 - \$30,000 and more? 14
- \$40,000 and more? 08 {
 - Less than \$60,000? 15
 - \$60,000 to \$79,999? 16
 - \$80,000 and more? 17

No income 03

Don't know . . . 04

SECTION M: Contacts for follow-up

M

M1. INTERVIEWER:

Read and complete the following section for each person interviewed.

This survey is part of a longer-term project to investigate the relationship between the family and other issues such as health. For this reason, we may need to recontact your household in a year or more from now.

In case you move or change phone numbers, we would like to obtain your complete name and address. This information will be kept strictly confidential and will only be used to maintain contact with you.

Refused to provide information . . . 6 ○ → GO TO M8

M2. NAME OF RESPONDENT

Given name [| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |]

Surname [| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |]

M3. ADDRESS OF RESPONDENT

Street and Number/
Lot and Concession . [| | | | | | | | | | | | | | | | | | | | | | | | | | | |]

City, Town, Village,
Municipality [| | | | | | | | | | | | | | | | | | | | | | | | | | | |]

Province/
Territory [| | | | | | | | | | | | | | | | | | | | | | | | | | |]

M4. In addition, we would like the name, address and phone number of a friend, relative or neighbour whom we could contact to obtain your new address or telephone number in the event that you move. I want to emphasize that we will contact this person only if you move or change your telephone number and then only to obtain your new address or telephone number.

Refused to provide contact 7 ○ → GO TO M8

M5. NAME OF CONTACT

Given name [| | | | | | | | | | | | | | | | | | | | | | | | | | | |]

Surname [| | | | | | | | | | | | | | | | | | | | | | | | | | | |]

M6. ADDRESS OF CONTACT

Street and Number/
Lot and Concession . [| | | | | | | | | | | | | | | | | | | | | | | | | | | |]

City, Town, Village,
Municipality [| | | | | | | | | | | | | | | | | | | | | | | | | | | |]

Province/
Territory [| | | | | | | | | | | | | | | | | | | | | | | | | | |]

Postal code [| |] [| |] [| |]

M7. HOME TELEPHONE OF CONTACT

[| |] - [| | | |] - [| | | |]

(Area code)

M8. INTERVIEWER:

Thank respondent and end interview.

M9. INTERVIEWER CHECK ITEM:

What is the sex of the respondent?

Male 8 ○

Female 9 ○

99. COMMENTS

99. COMMENTS

Lined area for comments.