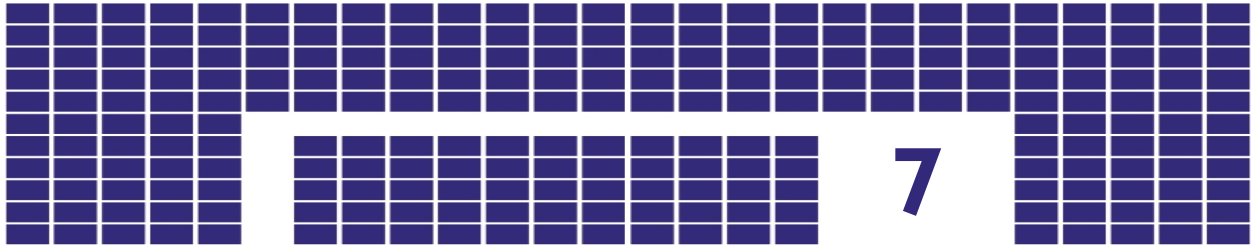




Housing, Family and Social Statistics Division
General Social Survey 1992

Cycle 7: Time Use

Questionnaire Package



Statistics
Canada

Statistique
Canada

Canada

GENERAL SOCIAL SURVEY

CYCLE SEVEN QUESTIONNAIRE PACKAGE

This package briefly describes the content, methodology and sample and the seventh cycle of the General Social Survey (GSS). Copies of the questionnaires used in Cycle 7 are attached as appendices: the Control Form (GSS 7-1) as Appendix A; and the 'Time Use Questionnaire' (GSS 7-2) as Appendix B. The daily activity list can be found in Appendix C.

Two questionnaires are used to conduct the interviews:

QUESTIONNAIRE	AGE GROUP	TITLE
GSS 7-1	All age groups	Control Form
GSS 7-2	Age 15 and over	Time Use Questionnaire

The GSS 7-1 is 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 household reference person. A respondent, 15 years of age or older, is then randomly selected and a GSS 7-2 is completed for this person.

The seventh cycle of the GSS marks the first repeat of the GSS core subject on Time Use (Cycle 2, 1986). Data collection for this cycle will be monthly from January 1992 to December 1992.

The content of the main questionnaire includes:

Section of GSS 7-2

Content

A.	General Questions
B.	Time Use Diary
C.	Questions about the Designated Day
D.	Paid and Unpaid Help
E.	Perceptions of Time
F.	Educational, Cultural and Recreational Activities
G.	Organized Sport
H.	Respondent's Main Activity
J.	Spouse's Main Activity
K.	Classification
M.	Contacts for Follow-up
N.	Interviewer Check Items

Sample

The Cycle 7 sample includes persons 15 years of age or older selected from the ten provinces. The sample is selected through random digit dialing (RDD).

Each computer generated telephone number in the sample is called and an interviewer completes a Control Form. When a private household is contacted, all the members of the household are enumerated and then one member age 15 or over is randomly selected and interviewed. No proxy responses to the 7-2 questionnaire are accepted.

The expected sample size for Cycle 7 is 10,000.

April 1992

APPENDIX A

GSS CONTROL FORM 7-1

<p>29. INTERVIEWER: Enter the Page-Line Number of person giving the preceding information ...</p> <p style="text-align: right;">Page-Line Number of household respondent</p> <p style="text-align: center;">7 </p>	<p>INTERVIEWEUR: Inscrivez le numero de page-ligne de la personne qui donne les renseignements précédents ...</p> <p style="text-align: right;">Numéro de page-ligne du répondant du ménage</p> <p style="text-align: center;">7 </p>
<p>30. Are there any people away from this household attending school, visiting, travelling or in the hospital who USUALLY live there?</p> <p>Yes 1 <input type="radio"/> ► Enter names and complete items Z5 through Z12.</p> <p>No 2 <input type="radio"/></p>	<p>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?</p> <p>Oui 1 <input type="radio"/> ► Inscrivez leur nom et remplissez les rubriques Z5 à Z12.</p> <p>Non 2 <input type="radio"/></p>
<p>31. Does anyone else live there, such as other relatives, roomers, boarders or employees?</p> <p>Yes 3 <input type="radio"/> ► Enter names and complete items Z5 through Z12.</p> <p>No 4 <input type="radio"/></p>	<p>Y a-t-il d'autres personnes qui demeurent là, par exemple des personnes apparentées, des chambreurs, des pensionnaires ou des employés?</p> <p>Oui 3 <input type="radio"/> ► Inscrivez leur nom et remplissez les rubriques Z5 à Z12.</p> <p>Non 4 <input type="radio"/></p>
<p>32. INTERVIEWER: In item Z4 number the people 15 years of age and over, in order, from oldest to youngest. Enter number of eligible household members...</p> <p style="text-align: right;">Number of eligible household members</p> <p style="text-align: center;">8 </p>	<p>INTERVIEWEUR: À la rubrique Z4, 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 ...</p> <p style="text-align: right;">Nombre de personnes admissibles du ménage</p> <p style="text-align: center;">8 </p>
<p>33. INTERVIEWER: Determine the selected respondent by referring to the Selection Grid Label. In item Z4 circle the selection number of the selected respondent and enter Page-Line Number ...</p> <p style="text-align: right;">Page-Line Number of selected respondent</p> <p style="text-align: center;">9 </p>	<p>INTERVIEWEUR: Déterminez le répondant sélectionné en utilisant l'étiquette grille de sélection. À la rubrique Z4, encerclez le numéro de sélection du répondant sélectionné et inscrivez le numéro de page-ligne ...</p> <p style="text-align: right;">Numéro de page-ligne du répondant sélectionné</p> <p style="text-align: center;">9 </p>
<p>34. The person I am to interview is ... (read name). (Is he/she there?)</p> <p>Yes <input type="radio"/> ► Go to Form GSS 7-2 and begin interview.</p> <p>No <input type="radio"/> ► Set up appointment and enter details in item 16.</p>	<p>La personne que je vais interviewer est ... (lisez le nom). (Est-il/elle là?)</p> <p>Oui <input type="radio"/> ► Passez à la formule ESG 7-2 et commencez l'interview.</p> <p>Non <input type="radio"/> ► Fixez un rendez-vous et inscrivez les détails à la rubrique 16.</p>

Z6. Sex	Z7. Is ...'s marital status ... (refer to form GSS 7-5)	Z8. Family Identifier	Z9. What is ...'s relationship to ...? (the family reference person)?	Page-Line Number of: Numéro de page-ligne de:		
				Z10. Spouse / Partner	Z11. Mother	Z12. Father
M F	1 2 3 4 5 6 M/CL? W? Sep./Div.? Single? M/UL? V? Sep./Div.? Cét.?	Code-famille	Code-famille	1 2 3 199 0 n/a-s/o	4 5 6 299 0 n/a-s/o	7 8 9 399 0 n/a-s/o
			<input type="checkbox"/> If "0", specify - Si "0", précisez			
			<input type="checkbox"/> If "0", specify - Si "0", précisez			
			<input type="checkbox"/> If "0", specify - Si "0", précisez			
			<input type="checkbox"/> If "0", specify - Si "0", précisez			
			<input type="checkbox"/> If "0", specify - Si "0", précisez			
			<input type="checkbox"/> If "0", specify - Si "0", précisez			
			<input type="checkbox"/> If "0", specify - Si "0", précisez			
			<input type="checkbox"/> If "0", specify - Si "0", précisez			

RECORD OF CALLS - REGISTRE DES APPELS

10	11 Date		12 Start Début		13 Finish Fin		14 Result	15 Interviewer's Name Nom de l'intervieweur	16 Comments Remarques
	Day Jour	Month Mois	Hour Heure	Min. Min.	Hour Heure	Min. Min.	Résultat		
24									
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60									

If the last call to the household is recorded on this page, transcribe the information for this call to line 99 on page 1.

Si le dernier appel effectué pour ce ménage est enregistré sur cette page, veuillez transcrire l'information relative à cet appel à la ligne 99 de la page 1.



APPENDIX B

GSS 7-2 Time Use Questionnaire

(C7_MAIN.009)

Housing Family and Social Statistics Division
General Social Survey
Time Use Questionnaire
Ages 15 Years and over

GSS 7-2

Confidential when completed

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

Telephone Number

Label Identification Number

Page-line Number

1 Type

Name of Interviewer

8-4500-63.1

Section A: General Questions

A1. Start Time

:

A2. INTERVIEWER:

Repeat the introduction below if the selected respondent is different from household respondent.

Hello, I'm... from Statistics Canada. I'm calling you for a study on the way Canadians spend their time.

All the information we provide in this voluntary survey will be kept strictly confidential. Your participation is essential if the survey results are to be accurate.

A3. I will start with a few general questions related to time.

A4. How often do you feel rushed? Would you say it is....

every day?

a few times a week?

about once a week?

about once a month?

less than once a month?

Never?

A5. Compared to five years ago, do you feel more rushed, about the same or less rushed?

More rushed

About the same

Less rushed

A6. How often do you feel you have time on your hands that you don't know what to do with? Would you say it is....

every day?

a few times a week?

about once a week?

about once a month?

Less than once a month?

Never?

Section B: Time Use Diary

B1. Interviewer - "X" day to which activities refer

- Sunday
- Monday
- Tuesday
- Wednesday
- Thursday
- Friday
- Saturday

The best way to collect accurate information on the way people use their time is to complete a diary listing all of their activities over a 24-hour period. We start our diary at 4:00 in the morning because most of the people are asleep at that time.

(Optional):

Let me give you an example: (read only the example that is most appropriate for this household)

EXAMPLE 1: (Family with children)

Yesterday morning I was asleep until 7:15. From 7:15 to 7:30 I got dressed. Then from 7:30 to 7:45 I made breakfast. Then I ate breakfast with my husband and children until 8:10.

EXAMPLE 2: (Person living alone)

Yesterday morning I was asleep until 8:30. From 8:30 to 8:40 I had a shower and got dressed. Then from 8:40 until 8:55, I made breakfast.

EXAMPLE 3: (Spouse with no children)

Yesterday morning I was asleep until 6:00. From 6:00 to 6:15 I got dressed. Then from 6:15 until 6:25 I made breakfast. From 6:25 to 6:35 I ate breakfast with my spouse.

Do not ask question "e" about sleep, sex or other personal care activities.

B2. **Let's begin.**

1 (a) **On (designated day), at 4:00 a.m. what were you doing?** __ __ __

(Interviewer: If the respondent's activity was sleep,
then ask: **What time did you fall asleep?** __ : __

* Not Applicable

(b) Time **0 4 : 0 0**

(c) **When did this end?** __ : __

- (d) **Where were you?**
- respondent's home
 - work place
 - someone else's home
 - other place

OR IN TRANSIT:

- car (driver)
- car (passenger)
- walk
- bus & subway
- bicycle
- other

- (e) **Who was with you?**
- alone
 - spouse/partner
 - child(ren) of the household
 - other family members
 - friend(s)
 - other person(s)
-

2 (a) **And then, what did you do next?** _ _ _

(b) **When did this start?** _ _ : _ _

(c) **When did this end?** _ _ : _ _

(d) **Where were you?/Were you still ...**

- respondent's home
- work place
- someone else's home
- other place

OR IN TRANSIT:

- car (driver)
- car (passenger)
- walk
- bus & subway
- bicycle
- other

(e) **Who was with you?/Were you still ...**

- alone
- spouse/partner
- child(ren) of the household
- other family members
- friend(s)
- other person(s)

(In last area before Section C)

INTERVIEWER:

Number of episodes

To record additional activities, use another GSS 7-2, transcribe telephone label information on front of form and indicate the number of 7-2 forms used.

Number of forms

Section C: Questions about the Designated Day

C1. **Of the activities that you just reported, which one did you enjoy the most?**

(record the episode number from B2)

None

All ▶ (INTERVIEWER: Probe the respondent for the most enjoyable activity)

(record the episode number from B2)

C2. INTERVIEWER CHECK ITEM

Does the respondent have a child(ren) less than 15 years old living in the household? (Review Z5 of GSS 7-1)

Yes

No ▶ Go To D1

Refused ▶ Go To D1

C3. **I'd like to quickly go back over your day and find out when you were looking after your children.**

Looking after children is an activity that places many demands on our time, but which is often missed by the kind of diary we've just completed because we often do something else at the same time such as preparing meals or watching TV.

C4. **When did your child/children wake up on (designated day) ?**
(INTERVIEWER: Record the time of the child who woke up first.)

 4 :

C5. **When did your child/children go to sleep on (designated day)?**
(INTERVIEWER: Record the time of the child who went to sleep last.)

 5 :

C6. On (designated day), at what times were you looking after your child/children?

	Start	End
1)	__ __: __ __	__ __: __ __
2)	__ __: __ __	__ __: __ __
3)	__ __: __ __	__ __: __ __
4)	__ __: __ __	__ __: __ __
5)	__ __: __ __	__ __: __ __
6)	__ __: __ __	__ __: __ __
7)	__ __: __ __	__ __: __ __
8)	__ __: __ __	__ __: __ __
9)	__ __: __ __	__ __: __ __
10)	__ __: __ __	__ __: __ __

Section D: Paid and Unpaid Help

D1. INTERVIEWER CHECK ITEM

Is there anyone less than 15 years old living in the household?
(Review Z5 of GSS 7-1)

Yes

No ▶ Go To D3

Refused ▶ Go To D3

D2. **Last week, how many hours did you spend looking after children who live in your household?**

 __ __ __ . __ hours

D3. **Last week, did you spend any time doing housework including cooking, cleaning, grocery shopping and laundry for your household?**

Yes ▶ D3A. **For how many hours?** __ __ . __ hours

No

D4. **Last week, did you do any unpaid work to maintain or improve your house, yard or automobile?**

Yes ▶ D4A. **For how many hours?** __ __ . __ hours

No

D5. **Do you pay anyone, on a regular basis, to help out with cleaning your house?**

Yes

No ▶ Go to D7

Refused ▶ Go To D7

D6. **How often do you use this service?**

Every day

Every week

Every second week

Once a month

Less than once a month

D7. Now let's talk about unpaid help you may have given to friends, neighbours or relatives who did not live with you.

D8. Last month,

	No	Yes	▶	D8A.	For how many hours? (last month)
a) Did you help someone else with housework, including cooking, cleaning, grocery shopping and laundry?	___	___	▶	<input type="text" value="1"/>	___ . ___ hours
b) Did you help someone else with repairs or maintenance on a house, yard or automobile?	___	___	▶	<input type="text" value="2"/>	___ . ___ hours
c) Did you look after another person's child?	___	___	▶	<input type="text" value="3"/>	___ . ___ hours

D9. Now, I would like to ask about other types of unpaid help that you gave to organizations or persons including to other household members.

D10. Last month, ...

	No	Yes	▶	D10A.	For how many hours? (last month)
a) Did you help someone else with transportation, shopping or getting around outdoors?	___	___	▶	<input type="text" value="4"/>	___ . ___ hours
b) Did you provide personal care to someone who was disabled or ill?	___	___	▶	<input type="text" value="5"/>	___ . ___ hours
c) Did you help anyone to write letters, solve problems, find information or fill out forms?	___	___	▶	<input type="text" value="6"/>	___ . ___ hours
d) Did you help anyone with carrying on a business or with farming?	___	___	▶	<input type="text" value="7"/>	___ . ___ hours

D11. Last month, ...

	No	Yes	▶	D11A.	For how many hours? (last month)
a) Did you do any volunteer work that I have not mentioned so far for an organization?	___	___	▶	<input type="text" value="8"/>	___ . ___ hours
b) Did you help anyone in a way that I have not mentioned so far?	___	___	▶	<input type="text" value="9"/>	___ . ___ hours

Section E: Perceptions of Time

E1. Now I would like to ask you some questions on your outlook towards your use of time.

E2.

- | | | | | |
|----|---|-----|----|------------|
| a) | Do you plan to slow down in the coming year? | Yes | No | Don't know |
| b) | Do you consider yourself a workaholic? | Yes | No | Don't know |
| c) | When you need more time, do you tend to cut back on your sleep? | Yes | No | Don't know |
| d) | At the end of the day, do you often feel that you have not accomplished what you had set out to do? | Yes | No | Don't know |
| e) | Do you worry that you don't spend enough time with your family or friends? | Yes | No | Don't know |
| f) | Do you feel that you're constantly under stress trying to accomplish more than you can handle? | Yes | No | Don't know |
| g) | Do you feel trapped in a daily routine? | Yes | No | Don't know |
| h) | Do you feel that you just don't have time for fun any more? | Yes | No | Don't know |
| i) | Do you often feel under stress when you don't have enough time? | Yes | No | Don't know |
| j) | Would you like to spend more time alone? | Yes | No | Don't know |
-

Section F: Educational, Cultural and Recreational Activities

F1. Last month, did you attend any courses or training sessions?

Yes

No ▶ Go to F3

F2. Were these courses...

No Yes

a) Credit courses? ___ ___ ▶ F2A. For how many hours? (last month)

 ___ ___ . ___ hours

Non-credit courses? ___ ___ ▶ F2B. For how many hours? (last month)

 ___ ___ . ___ hours

F3. Now, I would like to ask you about your leisure activities.

F4. During the past 12 months, as a leisure activity (not for work or studies) did you read a

a) newspaper? No Yes ▶ F4A. Was this during the past month?

No Yes ▶ F4B. Was this during the past week?

No Yes

b) magazine? No Yes ▶ No Yes ▶ No Yes

c) book? No Yes ▶ No Yes ▶ No Yes

INTERVIEWER: If No or Refused ▶ Go to F6

F5. Was the last book you read fiction or non-fiction?

Fiction ▶ F5A. Was it a novel, poetry, a play or something else?

a novel
poetry
a play
other } Go to F6

Non-fiction ▶ F5B. Was it a biography, an autobiography, history, self-help or something else?

a biography or autobiography
history
self-help
other

F6. During the past 12 months did you...

a) borrow a book from a library (for self or family)?

No Yes ▶ F6A. Was this during the past month?

No Yes ▶ F6B. Was this during the past week?

No Yes

b) listen to records, cassettes or CDs?

No Yes ▶

No Yes ▶

No Yes

c) view a film, rented or purchased, on VCR (or videodisc player) at home or at a friend's home?

No Yes ▶

No Yes ▶

No Yes

F7. During the past 12 months did you attend any popular musical performance by professional artists such as folk, rock or jazz concerts?

Yes ▶ F7A. What type of musical performance? Was it ...

i) pop/rock music?

No Yes ▶ F7B. Was this during the past month?

No Yes ▶ F7C. Was this during the past week?

No Yes

ii) jazz/blues?

No Yes ▶ No Yes ▶ No Yes

iii) folk music?

No Yes ▶ No Yes ▶ No Yes

iv) country and western music?

No Yes ▶ No Yes ▶ No Yes

No

F8. During the past 12 months did you attend a concert or performance by professional artists such as music, dance, theatre or opera?

Yes

No ▶ Go to F12

Refused ▶ Go to F12

F9. Did you attend a dance performance?

Yes ▶ F9A. Was it ...

i) ballet?

No Yes ▶ F9B. Was this during
the past month?

No Yes ▶ F9C. Was this during
the past week?

No Yes

ii) contemporary dance?

No Yes ▶ No Yes ▶ No Yes

No

F10. Did you attend a symphonic or classical musical performance?

Yes ▶ F10A. Was it ...

i) symphonic music?

No Yes ▶ F10B. Was this during
the past month?

No Yes ▶ F10C. Was this during
the past week?

No Yes

ii) symphonic "pops" concerts?

No Yes ▶ No Yes ▶ No Yes

iii) contemporary classical music?

No Yes ▶ No Yes ▶ No Yes

iv) chamber music and classical soloists?

No Yes ▶ No Yes ▶ No Yes

v) opera?

No Yes ▶ No Yes ▶ No Yes

vi) choral music?

No Yes ▶ No Yes ▶ No Yes

No

F11. Did you attend a theatrical or stage performance?

Yes ► F11A. What type of theatrical performance?
Was it ...

i) drama?

No Yes ► F11B. Was this during
the past month?

No Yes ► F11C. Was this during
the past week?

No Yes

ii) comedy?

No Yes ► No Yes ► No Yes

iii) avant-garde theatre?

No Yes ► No Yes ► No Yes

iv) a musical?

No Yes ► No Yes ► No Yes

v) stand-up comedy?

No Yes ► No Yes ► No Yes

F12. During the past 12 months did you attend any ...

a) performance of children's music,
theatre and dance
by professional
artists? No Yes ► F12A. Was this during
the past month?

No Yes ► F12B. Was this during
the past week?

No Yes

b) performance of
ethnic and heritage
dance/music?

No Yes ► No Yes ► No Yes

F13. During the past 12 months did you attend any professional sporting event?

No Yes ► F13A. Was this during
the past month?

No Yes ► F13B. Was this during
the past week?

No Yes

F14. During the past 12 months did you go to a movie (at a commercial theatre)?

No Yes ▶

F14A. Was this during
the past month?

No Yes ▶

F14B. Was this during
the past week?

No Yes

F15. During the past 12 months did you go to a museum or an art gallery?

Yes

No ▶ Go to F17

Refused ▶ Go to F17

F16. Did you go to

a) a public art gallery
or art museum?

No Yes ▶

F16A. Was this during
the past month?

No Yes ▶

F16B. Was this during
the past week?

No Yes

b) a commercial art gallery?

No Yes ▶

No Yes ▶

No Yes

c) a science centre or science
and technology museum?

No Yes ▶

No Yes ▶

No Yes

d) a natural history or
natural science museum?

No Yes ▶

No Yes ▶

No Yes

e) a general or a human
history museum?

No Yes ▶

No Yes ▶

No Yes

f) a community museum?

No Yes ▶

No Yes ▶

No Yes

F17. During the past 12 months did you go to a(n)

a) archaeological site?

No Yes ▶ F17A. Was this during
the past month?

No Yes ▶ F17B. Was this during
the past week?

No Yes

b) historic site?

No Yes ▶ No Yes ▶ No Yes

b) zoo, aquarium, botanical
garden, planetarium or
observatory

No Yes ▶ No Yes ▶ No Yes

d) conservation area or nature park?

No Yes ▶ No Yes ▶ No Yes

F18. During the past 12 months did go to any ...

a) festivals, fairs
or exhibitions?

No Yes ▶ F18A. Was this during
the past month?

No Yes ▶ F18B. Was this during
the last week?

No Yes

b) other popular stage
performance such as
a circus, ice show, etc?

No Yes ▶ No Yes ▶ No Yes

F19. During the past 12 months did you

a) do any individual art activities such as painting or sculpturing?

No Yes ▶

F19A. Was this during the past month?

No Yes ▶

F19B. Was this during the past week?

No Yes

b) do any crafts such as woodcarving, knitting, pottery, jewellery making etc?

No Yes ▶

No Yes ▶

No Yes

c) play or practise a musical instrument?

No Yes ▶

No Yes ▶

No Yes

d) engage in artistic photography?

No Yes ▶

No Yes ▶

No Yes

F20. During the past 12 months did you take any courses or lessons for pleasure (not for work or studies)?

Yes

No ▶ Go to F22

Refused ▶ Go to F22

F21. **What type of courses or lessons were these?**
(Mark all that apply.)

**F21A. Was this during
the past month?**

	▶	No	Yes	▶	F21B. Was this during the past week?	No	Yes
a) music	▶	No	Yes	▶		No	Yes
b) singing	▶	No	Yes			No	Yes
c) ballet or other dance	▶	No	Yes			No	Yes
d) fine arts	▶	No	Yes			No	Yes
e) crafts	▶	No	Yes			No	Yes
f) acting or other theatre activities	▶	No	Yes			No	Yes
g) writing	▶	No	Yes			No	Yes
h) television, radio broadcasting or recording	▶	No	Yes			No	Yes
i) photography	▶	No	Yes			No	Yes
j) other	▶	No	Yes			No	Yes
(Specify) _____							
k) other	▶	No	Yes			No	Yes
(Specify) _____							
l) other	▶	No	Yes			No	Yes
(Specify) _____							

F22. **How many hours did you watch CBC (Radio Canada) television last week?**
Was it ...

None at all?

1 to 2 hours?

3 to 4 hours?

5 to 9 hours?

10 or more hours?

Don't know

F23. How many hours did you listen to CBC radio last week?

Was it ...

None at all?

1 to 2 hours?

3 to 4 hours?

5 to 9 hours?

10 or more hours?

Don't know

Section G: Organized Sport

G1. **During the past 12 months did you regularly participate in any sports such as - volleyball, bowling or skiing?**

Yes

No ▶ Go to G4

Refused ▶ Go to G6

G2. **Which sports do you participate in?**

G2A. Was this organized through a club, a community recreation program, a league or a provincial sport organization?

G2B. Did you participate in a competition and/or tournament in the past 12 months?

(Sport code)

_____	__ __	▶	Yes	No	Yes	No
_____	__ __	▶	Yes	No	Yes	No
_____	__ __	▶	Yes	No	Yes	No
_____	__ __	▶	Yes	No	Yes	No
_____	__ __	▶	Yes	No	Yes	No

G3. **INTERVIEWER: Go to G6**

G4. **Are there any particular reasons why you did not participate regularly in any sports?**

Yes

No ▶ Go to G6

Refused ▶ Go to G6

G5. **What are they?** (mark all that apply)

Programs are not available in the community

Programs are not available for women

Not interested

Have not got time

Do not want to be committed to regular schedule

Facilities are not available

Too expensive

No one ever invited me to participate

Health

Age

Disability

Other

Specify _____

G6. INTERVIEWER CHECK ITEM

Is this a single-person household?
(Review Z3 of GSS 7-1)

Yes ▶ Go to G9

No

Refused ▶ Go to G9

G7. **During the past 12 months, did anyone else in your household participate regularly in any sports?**

Yes

No ▶ Go to G9

Refused ▶ Go to G9

G8. **Which members participate?**

G8A. **For which sports?**

Page-line			(Sport code)		(Sport code)
— —	▶	_____	— —	_____	— —
— —	▶	_____	— —	_____	— —
— —	▶	_____	— —	_____	— —
— —	▶	_____	— —	_____	— —

G9. Do you belong to a sport club or a local, provincial or national sport organization?

Yes

No

G10. During the past 12 months have you or any member of your household been involved in amateur sport as a

No Yes



G10A. Which members of your household?

(Page
-line)

(Page
-line)

a) coach? ▶

b) referee or umpire? ▶

c) volunteer helper as needed? ▶

d) spectator at competitions? ▶

G11. When you were/are at school, did/do you ever participate in organized school sport, other than in physical education classes?

Yes

No ▶ Go to H1

Refused ▶ Go to H1

G12. Were you ever involved in competition between schools?

Yes

No

Section H: Respondent's Main Activity

H1. **Last week, was your main activity working at a job or business, looking for work, going to school, keeping house, retired or something else?**

(Note: If sickness or short-term illness is reported, ask for usual major activity)

- | | | |
|------------------------------|---|-----------|
| Working at a job or business | ▶ | Go to H13 |
| Vacation (from paid work) | ▶ | Go to H13 |
| Looking for work | ▶ | Go to H3 |
| Going to school | | |
| Keeping house | ▶ | Go to H3 |
| Retired | ▶ | Go to H3 |
| Something else: | ▶ | Go to H3 |
| Maternity/paternity leave | ▶ | Go to H3 |
| Long term illness | ▶ | Go to H3 |
| Other | ▶ | Go to H3 |
| (Specify) ▶ _____ | | |
| Refused | ▶ | Go to H3 |
-

H2. **Were you studying full-time or part-time?**

Full-time

Part-time

H3. **Did you have a job or were you self-employed at any time last week?**

Yes ▶ Go to H13

No

H4. **Did you have a job or were you self-employed at any time during the past 12 months?**

Yes ▶ Go to H7

No

Refused

H5. **In what year did you last do any paid work?**

1 9 _ _

Never worked at a paid job

H6. INTERVIEWER: Go to Section J1.

H7. **For how many weeks during the past 12 months were you employed?**
(Include vacation, illness, strikes, lock-outs and maternity/paternity leave.)

__ __ weeks

H8. **For whom did you work the longest time during the past 12 months?**
(Name of business, government department or agency, or person)

H9. **What kind of business, industry or service was this?**
(Give full description: e.g. federal government, canning industry, forestry services)

H10. **What kind of work were you doing?**
(Give full description: e.g. office clerk, factory worker, forestry technician)

H11. **In that work, what were your most important activities or duties?**
(Give full description: e.g. filing documents, drying vegetables, forestry examiner)

H12. INTERVIEWER: Go to Section J1.

H13. **For how many weeks during the past 12 months were you employed?**
(Include vacation, illness, strikes, lock-outs and maternity/paternity leave.)
__ __ weeks

H14. **Were you a paid worker or self-employed?**

Paid worker ▶ Go to H17
Self-employed
Other ▶ Go to H17
Refused ▶ Go to H17

H15. **Did you have any paid employees?**

Yes
No ▶ Go to H18
Refused ▶ Go to H18

H16. **About how many employees did you have?**
(if range given, enter maximum)

__ __ employees ▶ Go to H18

H17. **For whom did you work last week?**

(Name of business, government department or agency, or person)

H18. **What kind of business, industry or service was this?**

(Give full description: e.g. federal government, canning industry, forestry services)

H19. **What kind of work were you doing?**

(Give full description: e.g. office clerk, factory worker, forestry technician)

H20. **In that work, what were your most important activities or duties?**
(Give full description: e.g. filing documents, drying vegetables, forestry examiner)

H21. **Are you a union member or covered by a union contract or collective agreement in this job?**

Yes

No

H22. **Did you have more than one paid job last week?**

Yes

No

H23. **How many hours a week do you usually work at your...**

(main) job? __ __ . __ hours

other jobs? __ __ . __ hours

(Only if H22 = Yes.)

H24. INTERVIEWER: Is total in H23 30 or more hours?

Yes ▶ Go to H26

No

Refused ▶ Go to H26

H25. **Why do you usually work less than 30 hours a week?**

(Mark all that apply)

Own illness or disability

Child care responsibilities

Elderly care responsibilities

Other personal or family responsibilities

Going to school

Could only find part-time work

Did not want full-time work

Full-time work under 30 hours per week

Other:

(Specify) ► _____

H26. **Which of the following best describes the hours you usually work at this job?**

(For respondent's main job.)

A regular daytime schedule or shift?

A regular evening shift?

A regular night shift?

A rotating shift? (one that changes periodically
from days to evenings to/or nights)

A split shift? (one consisting of two or more
distinct periods each day)

Other?

(Specify) ► _____

H27. **Do you have a flexible schedule that allows you to choose the time you begin and end your work day?**

Yes

No

Don't know

H28. **Excluding overtime, do you usually work any of your scheduled hours at home?**

Yes

No

H29. Do you

Yes

No

a) have a compressed work week?

b) do on call work?

Section J: Spouse's Main Activity

J1. INTERVIEWER CHECK ITEM

Is the respondent living with his/her spouse or partner?
(Review Z7 of GSS 7-1)

Yes

No ▶ Go to K1

Refused ▶ Go to K1

J2. **Last week, was your spouse's/partner's main activity working at a job or business, looking for work, going to school, keeping house, retired or something else?**

(Note: If sickness or short-term illness is reported, ask for usual major activity)

Working at a job or business ▶ Go to J5

Vacation (from self-employment
or paid work) ▶ Go to J4

Looking for work ▶ Go to J4

Going to school

Keeping house ▶ Go to J4

Retired ▶ Go to J4

Something else:

 Maternity/paternity leave ▶ Go to J4

 Long term illness ▶ Go to J4

 Other ▶ Go to J4

 (Specify) ▶ _____

Refused ▶ Go to J4

J3. **Was he/she studying full-time or part-time?**

Full-time

Part-time

J4. **Did he/she have a job or were they self-employed at any time last week?**

Yes

No ▶ Go to J8

Refused ▶ Go to J8

J5. How many hours did he/she work? (Include all jobs)

__ __. __ hours

J6. Did he/she work on (designated day)?

Yes

No ▶ Go to J8

Refused ▶ Go to J8

J7. What hours did he/she work?

Start time __ __ : __ __

Finish time __ __ : __ __

If he/she works a split shift:

2nd Start time __ __ : __ __

2nd Finish time __ __ : __ __

J8. Last week, did he/she spend any time doing housework including cooking, cleaning, grocery shopping and laundry for your household?

Yes ▶ J8A. For how many hours? __ __ . __ hours

No

J9. Last week, did he/she do any unpaid work to maintain or improve your house, yard or automobile?

Yes ▶ J9A. For how many hours? __ __ . __ hours

No

J10. INTERVIEWER CHECK ITEM

Is there anyone less than 15 years old living in the household?
(Review Z5 of GSS 7-1)

Yes

No ▶ Go To J12

Refused ▶ Go To J12

J11. Last week, how many hours did he/she spend looking after children who live in your household?

__ __ __ . __ hours

J12. **What is the highest level of education that he/she has attained?**

Masters (M.A., M.Sc., M.Ed.) or earned doctorate
(Ph.D., D.Sc., D.Ed.)

Degree in Medicine, Dentistry, Veterinary Medicine, or
Optometry (M.D., D.D.S., D.M.D., D.V.M., D.D.)

Bachelor or undergraduate degree, or teacher's college
(e.g. B.A., B.Sc., B.A.Sc., LL.B)

Diploma or certificate from community college, CEGEP or
nursing school

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

Some university

Some community college, CEGEP or nursing school

Some trade, technical or vocational school,
or business college

High School diploma

Some High School

Elementary School diploma

Some Elementary

No schooling

Other

(Specify) ► _____

Section K: Classification

K1. **Now a few general questions.**

K2. **Is this dwelling owned by a member of this household?**

Yes

No

K3. **What is your postal code (for this residence)?**

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

Don't know

K4. **Do you have more than one telephone in your home?**

Yes

No ► Go to K10

K5. **Do all the telephones have the same number?**

Yes ► Go to K10

No

K6. Households with more than one telephone number have a greater chance of being selected by the survey. We ask these questions to adjust for this.

K7. **How many different numbers are there?**

--	--

K8. **Are any of these numbers for business use only?**

Yes

No ► Go to K10

K9. **How many are for business use only?**

--	--

Business numbers

K10. In what country were you born?

Canada ► In which province or territory?

Newfoundland/Labrador
Prince Edward Island
Nova Scotia
New Brunswick
Quebec
Ontario
Manitoba
Saskatchewan
Alberta
British Columbia
Yukon Territory
Northwest Territories

Go to K12

Country outside Canada

China
England
France
Germany
Haiti
Holland
India
Ireland
Italy
Jamaica
Philippines
Poland
Portugal
Scotland
United States
USSR
Other
(Specify)

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

Refused ► Go to K12

K11. In what year did you first immigrate to Canada?

1				
---	--	--	--	--

Canadian citizen by birth

K12. What is your date of birth?

				1				
Day	Month	Year						

Refused

K13. **What language did you first speak in childhood?**
(Accept multiple responses only if languages were used equally)

K13A. **Do you still understand
that/those language(s)?**

Yes No

English
French
Italian
German
Ukrainian
Dutch
Chinese
Hungarian
Portuguese
Polish
Other

(Specify) ▶ _____

K14. **What language do you speak most often at home?**
(Accept multiple responses only if languages are spoken equally)

English
French
Italian
German
Ukrainian
Dutch
Chinese
Hungarian
Portuguese
Polish
Other

(Specify) ▶ _____

K15. **Excluding kindergarten, how many years of elementary and
high school education have you successfully completed?**

No schooling ▶ Go to K19

One to five years }
Six }
Seven }
Eight }
Nine }
Ten } ▶ Go to K17

Eleven
Twelve
Thirteen

K16. **Have you graduated from high school?**

Yes

No

K17. **Have you had any further schooling beyond elementary/high school?**

Yes

No ► Go to K19

K18. **What is the highest level of education that you have attained?**

Masters (M.A., M.Sc., M.Ed.) or earned doctorate
(Ph.D., D.Sc., D.Ed.)

Degree in Medicine, Dentistry, Veterinary Medicine, or
Optometry (M.D., D.D.S., D.M.D., D.V.M., D.D.)

Bachelor or undergraduate degree, or teacher's college
(e.g. B.A., B.Sc., B.A.Sc., LL.B)

Diploma or certificate from community college, CEGEP or
nursing school

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

Some university

Some community college, CEGEP or nursing school

Some trade, technical or vocational school, or business college

Other

(Specify) ► _____

K19. **What, if any, is your religion?**

No religion ► Go to K21

Roman Catholic

United Church

Anglican

Presbyterian

Lutheran

Baptist

Eastern Orthodox

Jewish

Islam (Muslim)

Buddhist

Hindu

Sikh

Jehovah's Witnesses

Other

(Specify) _____

Refused ► Go to K21

K20. Other than on special occasions, (such as weddings, funerals or baptisms) how often did you attend religious services or meetings in the last 12 months? Was it ...

At least once a week?

At least once a month?

A few times a year?

At least once a year?

Not at all?

K21. Compared to other people your age, how would you describe your state of health? Would you say it was

Excellent?

Very Good?

Good?

Fair?

Poor?

K22. Are you limited in the amount or kind of activity you can do at home, at work or at school because of a long-term physical condition or health problem?

Yes

No ▶ Go to K24

Refused ▶ Go to K24

K23. What is the main condition or health problem that limits you?

K24. Do you regularly have trouble going to sleep or staying asleep?

Yes

No

K25. **In what country was your mother born?**

Canada

Country outside Canada

China
England
France
Germany
Haiti
Holland
India
Ireland
Italy
Jamaica
Philippines
Poland
Portugal
Scotland
United States
USSR
Other

(Specify) ▶ _____

Don't Know

K26. **In what country was your father born?**

Canada

Country outside Canada

China
England
France
Germany
Haiti
Holland
India
Ireland
Italy
Jamaica
Philippines
Poland
Portugal
Scotland
United States
USSR
Other

(Specify) ▶ _____

Don't Know

K27. Various measures of income are needed to study the relationship between an individual's overall economic situation and their use of time.

K28. INTERVIEWER CHECK ITEM

Review H14

If H14 = Paid worker ▶ Go to K29

If H14 = Self-employed ▶ Go to K30

If H14 = Other ▶ Go to K29

If H14 is blank ▶ Go To K30

Refused ▶ Go to K30

K29. **At your (main) job, what is your usual wage or salary before taxes and other deductions?**

\$ ___ ___ . ___ ___

Hourly

Daily

Weekly

Every two weeks

Twice a month

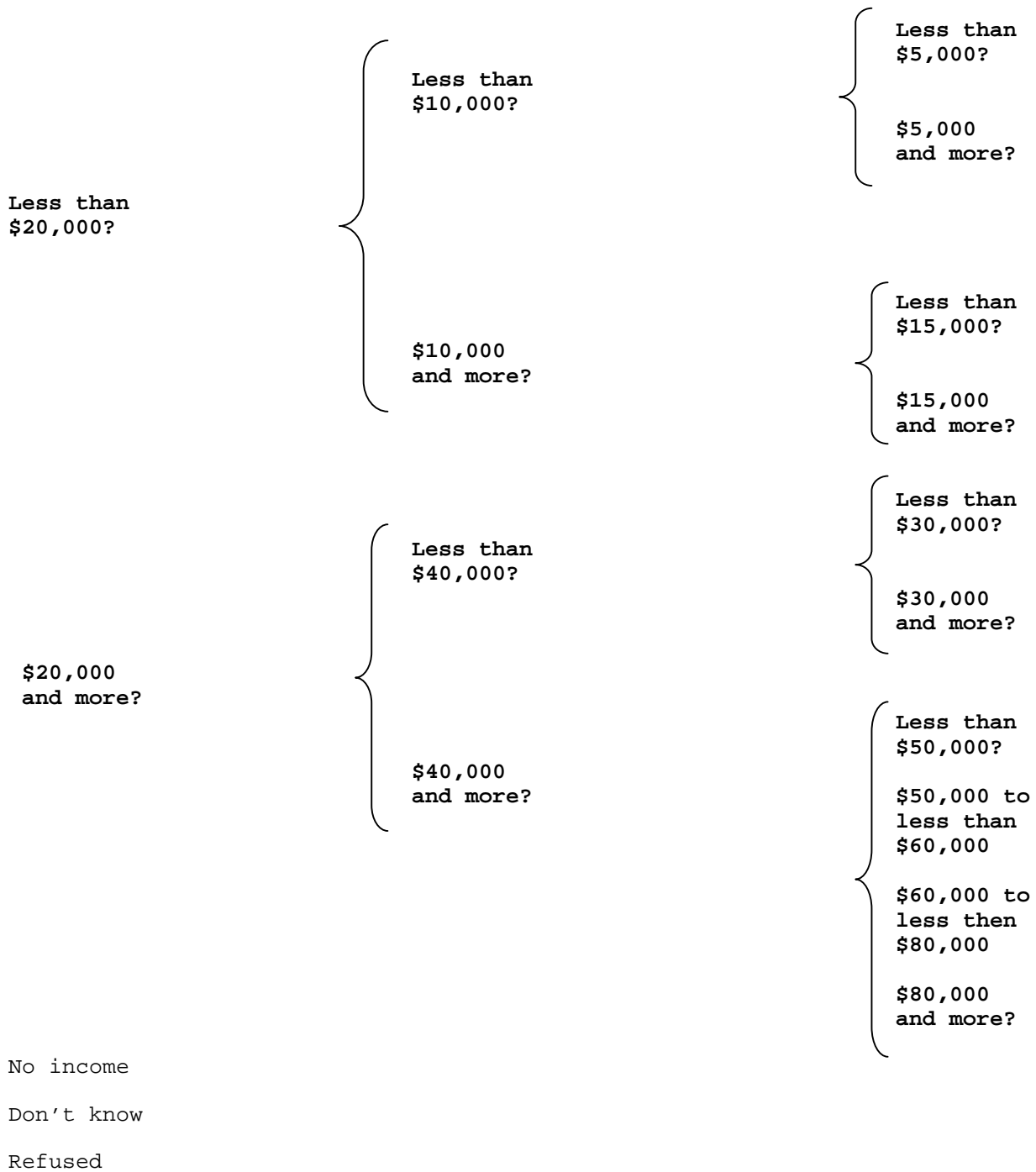
Monthly

Yearly

Other

(Specify) ▶ _____

K30. What is your best estimate of your own income before deductions from all sources during the past 12 months? Was your income



K31. INTERVIEWER CHECK ITEM:

Is this a single-person household?
(Review Z3 of GSS 7-1)

Yes ▶ Go to M1

No

Refused

K32. **Not including yourself, how many other people in your household received income from any source, during the past 12 months?**

People

K33. INTERVIEWER CHECK ITEM:

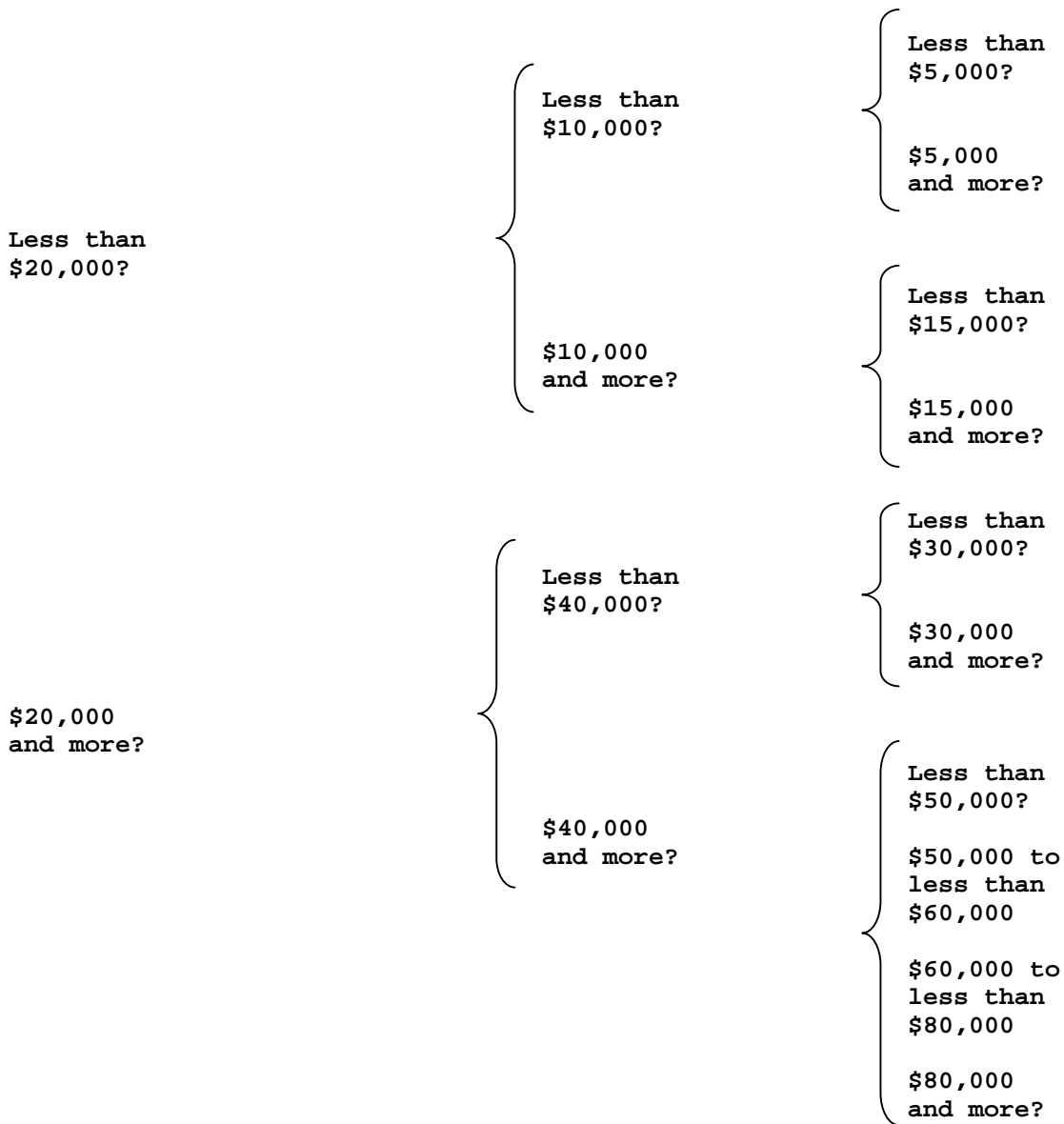
Review K32: Is K32=00?

Yes ▶ Go to M1

No

Refused

K34. What is your best estimate of the total income of all household members from all sources during the past 12 months? Was the total household income ...



No income
Don't know
Refused

Section M: Contacts for follow-up

M1. INTERVIEWER

Read the following section for each person interviewed.

This survey is part of a longer-term project to investigate the relationship between time use and other social issues. For this reason, we may need to contact 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 ▶ Go to N1

Refused to participate in future surveys ▶ Go to N1

M2. Name of Respondent

Given Name ▶ _____

Surname ▶ _____

M3. Address of Respondent

Street and Number/
Lot and Concession ▶ _____

City, Town, Village
Municipality ▶ _____

Province, Territory ▶ _____

Postal Code ▶ _____

M4. Would you please give me the name, address and telephone number of someone we could contact if you move, such as a friend, relative or neighbour. (I want to emphasize that we will contact this person only if you move and then only to obtain your new address or telephone number.)

Unable to provide contact ▶ Go to N1

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)

Section N: Interviewer Check Items

N1. INTERVIEWER:

Thank the respondent and end interview.

N2. INTERVIEWER CHECK ITEM

What is the sex of the respondent?

Male

Female

N3. End Time __ __ : __ __

APPENDIX C
ACTIVITY CODE LIST

DAILY ACTIVITY CODE LIST

<p>Employed Work</p> <p>Work for Pay</p> <p>011 Work for Pay at Main Job</p> <p>012 Work for Pay at Other Job(s)</p> <p>021 Overtime Work</p> <p>022 Looking for Work</p> <p>023 Unpaid Work in a Family Business or Farm</p> <p>030 Travel During Work</p> <p>040 Waiting/Delays at Work</p> <p>050 Meals/Snacks at Work</p> <p>060 Idle Time Before/After Work</p> <p>070 Coffee/Other Breaks</p> <p>080 Other Work Activity</p> <p>090 Travel: To/From Work</p> <p>Domestic Work</p> <p>Food Preparation</p> <p>101 Meal Preparation</p> <p>102 Baking, Preserving Food, Home Brewing, etc.</p> <p>110 Food (or Meal) Cleanup</p> <p>120 Indoor Cleaning</p> <p>130 Outdoor Cleaning</p> <p>140 Laundry, Ironing, Folding</p> <p>Sewing and Mending</p> <p>151 Mending/Shoe Care</p> <p>152 Dressmaking and Sewing</p> <p>Repair and Improvement</p> <p>161 Interior Maintenance and Repair</p> <p>162 Exterior Maintenance and Repair</p> <p>163 Vehicle Maintenance</p> <p>164 Other Home Improvements</p> <p>Gardening and Pet Care</p> <p>171 Gardening/Grounds Maintenance</p> <p>172 Pet Care</p> <p>173 Care of House Plants</p> <p>Other Domestic Work</p> <p>181 Household Administration, e.g. Paying Bills, Menu Planning, etc.</p> <p>182 Stacking and Cutting Firewood</p> <p>183 Other Domestic Work (not specified above)</p> <p>190 Travel: Domestic</p> <p>Care Giving for Household Members</p> <p>200 Baby Care - Household Child</p> <p>210 Child Care - Household Child</p> <p>220 Helping/Teaching/Reprimanding</p> <p>230 Reading/Talking/Conversation with Child</p> <p>240 Play with Children</p> <p>250 Medical Care - Household Child</p> <p>260 Unpaid Babysitting</p> <p>Help and Personal Care for Adults</p> <p>271 Personal Care - Household Adults</p> <p>272 Medical Care - Household Adults</p> <p>280 Other Child Care</p> <p>Travel: Household Members</p> <p>291 Travel: Household Child</p> <p>292 Travel: Household Adults</p>	<p>Shopping and Services</p> <p>Everyday Shopping</p> <p>301 Groceries</p> <p>302 Clothing, Gas, etc.</p> <p>303 Take-out Food</p> <p>310 Shopping for Durable Household Goods</p> <p>320 Personal Care Services (e.g. Haircut)</p> <p>Government and Financial Services</p> <p>331 Financial Services (e.g. banking)</p> <p>332 Government Services (e.g. UIC)</p> <p>340 Adult Medical and Dental Care</p> <p>350 Other Professional Services</p> <p>Maintenance and Repair Services</p> <p>361 Automobile Maintenance and Repair</p> <p>362 Other Repair Services (T.V., Appliance)</p> <p>370 Waiting for Purchases or Services</p> <p>380 Other Shopping and Services</p> <p>390 Travel: Goods/Services</p> <p>Personal Care</p> <p>400 Washing, Dressing</p> <p>410 Personal Medical Care (Home)</p> <p>430 Meals at Home/Snacks/Coffee</p> <p>440 Restaurant Meals</p> <p>450 Night Sleep/Essential Sleep</p> <p>460 Incidental Sleep, Naps</p> <p>470 Relaxing, Thinking, Resting</p> <p>480 Other Personal Care or Private Activities</p> <p>490 Travel: Personal</p> <p>School and Education</p> <p>500 Full-Time Classes</p> <p>Part-Time Classes</p> <p>511 Other Classes (Part-Time)</p> <p>512 Credit Courses on Television</p> <p>520 Special Lectures: Occasional</p> <p>530 Homework: Course, Career/Self-Development</p> <p>540 Meals/Snacks/Coffee at School</p> <p>550 Breaks/Waiting for Class</p> <p>560 Leisure and Special Interest Classes</p> <p>580 Other Study</p> <p>590 Travel: Education</p> <p>Organizational, Voluntary and Religious Activity</p> <p>600 Professional, Union, General</p> <p>610 Political, Civic Activity</p> <p>620 Child, Youth, Family Organization</p> <p>630 Religious Meetings, Organizations</p> <p>640 Religious Services/Prayer/Bible Readings</p> <p>Social Organizations and Support Groups</p> <p>651 Fraternal and Social Organizations (e.g. Lions' Club)</p> <p>652 Support Groups (e.g. Al-Anon, AA)</p> <p>660 Volunteer Work, (Organizations)</p> <p>Assistance to Member of Another Household</p> <p>671 Housework and Cooking Assistance</p> <p>672 House Maintenance and Repair Assistance</p> <p>673 Unpaid Babysitting</p> <p>674 Transportation Assistance</p> <p>675 Care for Disabled or Ill</p> <p>676 Correspondence Assistance</p> <p>677 Unpaid Help for a Business or Farm</p> <p>678 Other unpaid help</p> <p>680 Other Organizational, Voluntary and Religious Activity</p> <p>690 Travel: Organisations, Voluntary or Religious activities</p>
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DAILY ACTIVITY CODE LIST

Entertainment (Attending)

- Sports Events
 - 701 Professional
 - 702 Amateur
- Pop Music, Fairs, Concerts
 - 711 Pop Music, Concerts
 - 712 Fairs
 - 713 Zoos
- 720 Movies, Films
- 730 Opera, Ballet, Theatre
- Museums, Art Galleries and Heritage Sites
 - 741 Museums
 - 742 Art Galleries
 - 743 Heritage Sites
- Socializing with Friends, Relatives, Others (Private Residence)
 - 751 Socializing (No Meal)
 - 752 Socializing (w/Meal, Excl. Restaurants)
- 760 Socializing at Bars, Clubs (no meal)
- 780 Other Social Gatherings (Weddings, Wakes)
- 790 Travel: Entertainment

Sports and Hobbies (Participation)

- 800 Coaching
- Sports, Physical Exercise, Outdoors Activities
 - 801 Football, Baseball, Hockey, etc.
 - 802 Tennis, Squash, Racquetball, etc.
 - 803 Golf, Miniature Golf
 - 804 Swimming, Waterskiing
 - 805 Skiing, Ice Skating, etc.
 - 806 Bowling, Pool, etc.
 - 807 Exercises, Yoga, Weight Lifting
 - 808 Judo, Boxing, Wrestling, Fencing
 - 809 Rowing, Canoeing, Kayaking and Sailing
 - 810 Other Sports, e.g. Frisbee, Catch
 - 811 Hunting
 - 812 Fishing
 - 813 Boating
 - 814 Camping
 - 815 Horseback Riding, Rodeo, Jumping, Dressage
 - 816 Other Outdoor Activities - Excursions
- Walking, Hiking, Biking
 - 821 Walking, Hiking
 - 822 Biking
- Hobbies
 - 831 Hobbies Done Mainly for Pleasure
 - 832 Hobbies Done For Sale or Exchange of Items
- Domestic Home Crafts
 - 841 Domestic Home Crafts Done Mainly for Pleasure
 - 842 Domestic Home Crafts Done For Sale or Exchange of Items
- 850 Music, Theatre, Dance
- Games, Cards, Arcade, Video games
 - 861 Games, Cards, Arcade
 - 862 Video Games/Computer Games
 - 863 General Computer Use (Not Games)
- Pleasure Drives, Sightseeing
 - 871 Pleasure Drives as a Driver
 - 872 Pleasure Drives as a Passenger in a Car
 - 873 Other Pleasure Drives (e.g. bus tour)
- 880 Other Sport or Active Leisure
- 890 Travel: Sports, Hobbies

Media and Communication

- 900 Listening to the Radio
- Television, Rented Movies
 - 911 Watching Television (regular scheduled television)
 - 912 Watching Television (time-shifted television)
 - 913 Watching Rented or Purchased Movies
 - 914 Other Television Viewing (home recorded movies)
- 920 CD's, Tapes, Records, Listening
- Reading Books, Magazines
 - 931 Reading Books
 - 932 Reading Magazines
- 940 Reading Newspapers
- 950 Talking, Conversation, Phone Letters and Mail
 - 961 Reading Mail
 - 962 Other (Writing letters)
- 980 Other Media or Communication
- 990 Travel: Media or Communication

Problem Activities

- 000 Activity not coded
- 001 Missing Gap in Time
- 002 Refused Information