

**Households and the Environment Survey, 2006**  
**Questionnaire**

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**Section: Survey Introduction (SI)**

**SI\_BEG** Beginning of Section

**SI\_R01** **Statistics Canada is conducting a survey of households and the environment across Canada. The goal is to find out about people's activities that relate to the condition of our air, water and soils. The information collected will help governments and citizens better manage the quality of our environment.**

**SI\_R02** **While participation in this survey is voluntary, your assistance is essential if the results are to be accurate. Your answers will be kept confidential and only used for statistical purposes.**

**SI\_R03** **Please answer the questions thinking about your current primary residence.**

**SI\_C04** If HhldMem > 1 ..... (Go to SI\_R04)  
Else ..... (Go to SI\_END)

**SI\_R04** **Think of everyone in your household when answering.**

**SI\_END** End of Section

**Section: Water (WA)**

**WA\_BEG** Beginning of Section

**WA\_R01** **The first set of questions are about water.**

**WA\_Q01** **What is your home's main source of water?**

INTERVIEWER: Read categories to respondent.

- 1 Water supplied by your city, town or municipality
  - 2 Water from a private well
  - 3 Water from a surface source for example a spring, lake, river, dugout, etc.
  - 4 Other
- DK, RF

*Coverage: All respondents*

**WA\_Q02** **What type of water does your household primarily drink at home?**

INTERVIEWER: Read categories to respondent.

- 1 Tap water
  - 2 Bottled water ..... (Go to WA\_C05)
  - 3 Both
  - 4 Other
- DK, RF

*Coverage: All respondents*

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**WA\_Q03**      **Does your household do any of the following to your drinking water?**

INTERVIEWER: Read categories to respondent. Mark all that apply.

- 1            Use a filter or purifier on your taps or water supply pipe
- 2            Use a stand alone filter such as a 'Brita' jug
- 3            Usually boil your water before drinking it
- 4            Other - Specify..... (Go to WA\_S03)
- 5            Do nothing  
              DK, RF

*Coverage:*            Respondents in households that do not primarily drink bottled water

- WA\_C03**      If WA\_Q03=4 ..... (Go to WA\_S03)  
                  If WA\_Q03=5 ..... (Go to WA\_C05)  
                  Else ..... (Go to WA\_Q04)

**WA\_S03**      Does your household do any of the following to your drinking water?

\_\_\_\_\_ (80 spaces)

*Coverage:*            Respondents in households that do not primarily drink bottled water and do other things to their drinking water

**WA\_Q04**      **Why does your household treat its drinking water? Is it ...?**

INTERVIEWER: Read categories to respondent. Mark all that apply.

- 1            To improve the appearance, taste or odour
- 2            To remove water treatment chemicals such as chlorine
- 3            To remove metals or minerals
- 4            To remove possible bacterial contamination
- 5            Other  
              DK, RF

*Coverage:*            Respondents in households that do not primarily drink bottled water, and treat their drinking water

- WA\_C05**      If WA\_Q01 = 2 or 3 ..... (Go to WA\_Q05)  
                  Else ..... (Go to WA\_C08)

**WA\_Q05**      **In 2005, did you have your water tested by a laboratory?**

- 1            Yes
- 2            No ..... (Go to WA\_C08)  
              DK, RF ..... (Go to WA\_C08)

*Coverage:*            Respondents whose home's main source of water is well or surface source

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**WA\_Q06**      **Was a problem found?**

1              Yes

2              No .....(Go to WA\_C08)

                DK, RF .....(Go to WA\_C08)

*Coverage:*      *Respondents whose home's main source of water is well or surface source, and had their water tested by laboratory in 2005*

**WA\_Q07**      **Was the problem ...?**

INTERVIEWER: Read categories to respondent. Mark all that apply.

1              The presence of an unusual level of metals or minerals

2              The presence of bacteria

3              The presence of chemicals or other pollutants

4              Other

                DK, RF

*Coverage:*      *Respondents who had their water tested by a laboratory, and found a problem*

**WA\_C08**      If DWELCODE = 5 or 6 (apartment) .....(Go to WA\_R13)

                Else .....(Go to WA\_Q08)

**WA\_Q08**      **Is your home connected to ...?**

INTERVIEWER: Read categories to respondent.

1              The sewer system of your city, town or municipality .....(Go to WA\_C10)

2              A private septic system including holding tanks

3              A communal septic system .....(Go to WA\_C10)

4              Other .....(Go to WA\_C10)

                DK, RF .....(Go to WA\_C10)

*Coverage:*      *Respondents who do not live in an apartment*

**WA\_Q09**      **How often do you have your septic system pumped or maintained?**

INTERVIEWER: Read categories to respondent.

01             More than once a year

02             Once a year

03             Once every 2 to 3 years

04             Once every 4 or more years

05             Never

06             Other

                DK, RF

*Coverage:*      *Respondents who do not live in an apartment and whose home is connected to a private septic system*

**WA\_C10**      If WA\_Q01 = 1 .....(Go to WA\_Q10)

                Else .....(Go to WA\_R13)

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**WA\_Q10**      **Does your home have a water meter to measure your water use?**

INTERVIEWER: A water meter is a device installed inside or outside of the home that measures the volume of water entering the home.

- 1            Yes.....(Go to WA\_R13)
- 2            No  
              DK, RF .....(Go to WA\_R13)

*Coverage:*            Respondents who do not live in an apartment and whose main source of water is supplied by their city, town or municipality

**WA\_Q11**      **Would you be willing to have a water meter installed in your home by their city, town or municipality?**

- 1            Yes.....(Go to WA\_R13)
- 2            No  
              DK, RF .....(Go to WA\_R13)

*Coverage:*            Respondents who do not live in an apartment, whose main source of water is supplied by your city, town or municipality, and do not have a water meter

**WA\_Q12**      **Is there any specific reason?**

INTERVIEWER: Mark all that apply.

- 1            Don't want to pay for installation
- 2            Don't want my water bill to increase
- 3            Prefer to pay a flat rate rather than by the amount I use
- 4            No specific reason
- 5            Other  
              DK, RF

*Coverage:*            Respondents who do not live in an apartment, whose main source of water is supplied by their city, town or municipality, who do not have a water meter, and do not want one installed

**WA\_R13**      **Some people use devices or equipment to conserve water around their home.**

**WA\_Q13**      **Does your home have a water saving, low flow showerhead?**

- 1            Yes
- 2            No  
              DK, RF

*Coverage:*            All respondents

**WA\_Q14**      **Does your home have a water saving, low volume toilet or toilet tank with the water volume modified for example with a bottle or a brick?**

- 1            Yes
- 2            No  
              DK, RF

*Coverage:*            All respondents

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**WA\_C15** If DWELCODE = 5 or 6 (apartment) .....(Go to WA\_Q21)  
Else .....(Go to WA\_Q15)

**WA\_Q15** **Does your home have a rain barrel or cistern?**

- 1 Yes
- 2 No
- DK, RF

*Coverage: Respondents who do not live in an apartment*

**WA\_Q16** **Does your home have a lawn?**

- 1 Yes
- 2 No .....(Go to WA\_Q21)
- DK, RF .....(Go to WA\_Q21)

*Coverage: Respondents who do not live in an apartment*

**WA\_Q17** **Last summer, did you or someone else water your lawn?**

- 1 Yes
- 2 No .....(Go to WA\_Q21)
- 3 Not applicable (no lawn last summer) .....(Go to WA\_Q21)
- DK, RF .....(Go to WA\_Q21)

*Coverage: Respondents who do not live in an apartment and who have a lawn*

**WA\_Q18** **On average, how many times a week was it watered?**

- 1 Less than once a week
- 2 Once a week
- 3 Twice a week
- 4 Three times or more a week
- 5 Other
- DK, RF

*Coverage: Respondents who do not live in an apartment, who have a lawn, and it was watered last summer*

**WA\_Q19** **How was your lawn usually watered?**

INTERVIEWER: Read categories to respondent. Mark all that apply.

- 1 By hand using a watering can or a hose
- 2 With a sprinkler or sprinkler system
- 3 Other
- DK, RF

*Coverage: Respondents who do not live in an apartment, who have a lawn, and it was watered last summer*

**WA\_C20** If WA\_Q19=2 .....(Go to WA\_Q20)  
Else .....(Go to WA\_Q21)

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**WA\_Q20**      **Was the sprinkler or sprinkler system connected to a timer?**

- 1            Yes
- 2            No  
              DK, RF

*Coverage:*            *Respondents who do not live in an apartment and whose lawn was usually watered by sprinkler or sprinkler system*

**WA\_Q21**      **Does your home have a garden? Include areas with trees, shrubs, flowers, vegetables, and plants in pots outside.**

- 1            Yes
- 2            No ..... (Go to WA\_END)  
              DK, RF ..... (Go to WA\_END)

*Coverage:*            *All respondents*

**WA\_Q22**      **Last summer, did you or someone else water your garden?**

- 1            Yes
- 2            No ..... (Go to WA\_END)
- 3            Not applicable (no garden last summer) ..... (Go to WA\_END)  
              DK, RF ..... (Go to WA\_END)

*Coverage:*            *Respondents who have a garden*

**WA\_Q23**      **On average, how many times a week was it watered?**

- 1            Less than once a week
- 2            Once a week
- 3            Twice a week
- 4            Three times or more a week
- 5            Other  
              DK, RF

*Coverage:*            *Respondents who have a garden, and had it watered last summer*

**WA\_C24**      If DWELCODE = 5 or 6 (apartment) ..... (Go to WA\_END)  
              Else ..... (Go to WA\_Q24)

**WA\_Q24**      **How was your garden usually watered?**

INTERVIEWER: Read categories to respondent. Mark all that apply.

- 1            By hand using a watering can or a hose
- 2            With a sprinkler or sprinkler system
- 3            Other  
              DK, RF

*Coverage:*            *Respondents who have a garden, had it watered last summer and do not live in an apartment*

**WA\_C25**      If WA\_Q24=2 ..... (Go to WA\_Q25)  
              Else ..... (Go to WA\_END)

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**WA\_Q25**      **Was the sprinkler or sprinkler system connected to a timer?**

- 1              Yes
- 2              No  
                DK, RF

*Coverage:*              *Respondents whose garden was usually watered by sprinkler or sprinkler system*

**WA\_END**              End of Section

**Section:**              **Energy Use and Home Heating (EH)**

**EH\_BEG**              Beginning of Section

**EH\_R01**              **The next questions are about home energy use. Again, please answer for your current primary residence.**

**EH\_Q01**              **What is your home's main type of heating equipment?**

- 01              Forced air natural gas furnace
- 02              Forced air oil furnace
- 03              Forced air electric furnace
- 04              Forced air hot water system
- 05              Hot water radiators
- 06              Electric baseboards
- 07              Other electric heating
- 08              Wood stove or wood fireplace
- 09              Other  
                DK, RF

*Coverage:*              *All respondents*

**EH\_C02**              If DWELCODE = 5 or 6 (apartment).....(Go to EH\_C03)  
Else.....(Go to EH\_Q02)

**EH\_Q02**              **How old is your main type of heating equipment?**

INTERVIEWER: Read categories to respondent.

- 1              3 years old or less
- 2              4 to 10 years old
- 3              11 to 20 years old
- 4              21 years old or more  
                DK, RF

*Coverage:*              *Respondents who do not live in an apartment*

**EH\_C03**              If EH\_Q01=8 (wood stove or wood fireplace) .....(Go to EH\_Q04)  
Else.....(Go to EH\_Q03)



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- EH\_Q03**      **Do you have a wood stove or wood fireplace?**
- 1              Yes  
2              No .....(Go to EH\_Q05)  
                DK, RF .....(Go to EH\_Q05)

*Coverage:*              Respondents whose home's main type of heating equipment is not wood stove or wood fireplace

- EH\_Q04**      **On average how much wood do you burn in a heating season?**
- INTERVIEWER: Only enter the amount. Enter '0' if no wood is burned.  
Include fractions for example .5
- \_\_\_\_(6 spaces)              [Min: 0.0 Max: 9999.5]
- DK, RF .....(Go to EH\_Q05)

*Coverage:*              Respondents who have a wood stove or wood fireplace

- EH\_C04**      If EH\_Q04 = 0.....(Go to EH\_Q05)  
                Else.....(Go to EH\_N04)

- EH\_N04**      **Is this amount in face cords, full cords, bags or logs?**
- 1              Face cord(s) (8 feet long by 4 feet high by 12 or 16 inches wide)  
2              Full cord(s) (8 feet long by 4 feet high by 4 feet wide - or 3 to 4 face cords)  
3              Bag(s)  
4              Logs  
5              Other.....(Go to EH\_S04)  
                DK, RF

*Coverage:*              Respondents who have a wood stove or wood fireplace and burned wood during the heating season

- EH\_S04**      Is this amount in face cords, full cords, bags or logs?
- \_\_\_\_(80 spaces)

- EH\_Q05**      **Do you have an air conditioner?**
- 1              Yes  
2              No .....(Go to EH\_R07)  
                DK, RF .....(Go to EH\_R07)

*Coverage:*              All respondents

- EH\_Q06**      **Is it ...?**
- INTERVIEWER: Read categories to respondent.
- 1              Central air conditioning  
2              A stand alone unit in a window or elsewhere  
3              Other  
                DK, RF

*Coverage:*              Respondents who have an air conditioner

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**EH\_R07**      **Now I would like to ask you some questions about how you control the temperature in your home.**

**EH\_Q07**      **Do you have a thermostat in your home?**

INTERVIEWER: A thermostat can usually be found on an inside wall. This device operates as a control to regulate your heating and cooling equipment so that you can maintain and adjust the temperature in your home.

- 1            Yes
- 2            No .....(Go to EH\_Q12)
- DK, RF .....(Go to EH\_Q12)

*Coverage:*      *All respondents*

**EH\_Q08**      **Is it programmable? That is, one you can set to automatically adjust the temperature according to the time of day.**

- 1            Yes
- 2            No .....(Go to EH\_Q10)
- DK, RF .....(Go to EH\_Q10)

*Coverage:*      *Respondents who have a thermostat in their home*

**EH\_Q09**      **Is it programmed?**

- 1            Yes
- 2            No
- DK, RF

*Coverage:*      *Respondents who have a programmable thermostat in their home*

**EH\_Q10**      **During the heating season, at what temperature do you normally keep your home when you are there and awake?**

INTERVIEWER: Only enter the degree.

\_\_\_\_(2 spaces)      [Min: 0 Max: 94]

DK, RF .....(Go to EH\_Q12)

*Coverage:*      *Respondents who have a thermostat in their home*

**EH\_N10**      **Is this in Celsius or Fahrenheit?**

- 1            Celsius
- 2            Fahrenheit
- DK, RF

*Coverage:*      *Respondents who have a thermostat in their home*

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**EH\_Q11**      **During the heating season, at what temperature do you normally keep your home when you are asleep?**

INTERVIEWER: Only enter the degree.

\_\_\_\_(2 spaces)      [Min: 0 Max: 94]

DK, RF .....(Go to EH\_Q12)

*Coverage:*      *Respondents who have a thermostat in their home*

**EH\_N11**      **Is this in Celsius or Fahrenheit?**

- 1      Celsius
- 2      Fahrenheit
- DK, RF

*Coverage:*      *Respondents who have a thermostat in their home*

**EH\_Q12**      **Has your home ever had an energy audit?**

**An energy audit is an independent professional assessment of your home's heating, cooling and insulation.**

- 1      Yes
- 2      No
- DK, RF

*Coverage:*      *All respondents*

**EH\_Q13**      **Does your home have any energy saving compact fluorescent light bulbs?**

**These bulbs are often spiral shaped. They screw into regular sockets and can replace ordinary light bulbs.**

- 1      Yes
- 2      No
- DK, RF

*Coverage:*      *All respondents*

**EH\_END**      End of Section

**Section:**      **Gasoline Powered Equipment (GP)**

**GP\_BEG**      Beginning of Section

**GP\_R01**      **Now for some questions on gasoline powered equipment.**

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**GP\_Q01**      **Do you or someone in your household own a motor boat or other motorized watercraft for recreational purposes?**

1              Yes  
2              No ..... (Go to GP\_Q03)  
                DK, RF ..... (Go to GP\_Q03)

Coverage:      *All respondents*

**GP\_Q02**      **In 2005, approximately how much fuel was used in operating the motor boat or watercraft?**

INTERVIEWER: Read categories to respondent. Obtain respondent's best estimate. If more than one motor boat or watercraft, include all fuel used.

1              Less than 50 litres (less than 11 gallons)  
2              50 to 100 litres (11 to 22 gallons)  
3              101 to 500 litres (23 to 110 gallons)  
4              More than 500 litres (more than 110 gallons)  
5              Not applicable (no boat in 2005)  
                DK, RF

Coverage:      *Respondents in households that own a motor boat or other motorized watercraft*

**GP\_Q03**      **Do you or someone in your household own a snowmobile?**

1              Yes  
2              No .....(Go to GP\_C05)  
                DK, RF .....(Go to GP\_C05)

Coverage:      *All respondents*

**GP\_Q04**      **In 2005, approximately how much fuel was used in operating the snowmobile?**

INTERVIEWER: Read categories to respondent. Obtain respondent's best estimate. If more than one snowmobile, include all fuel used.

1              Less than 50 litres (less than 11 gallons)  
2              50 to 100 litres (11 to 22 gallons)  
3              101 to 500 litres (23 to 110 gallons)  
4              More than 500 litres (more than 110 gallons)  
5              Not applicable (no snowmobile in 2005)  
                DK, RF

Coverage:      *Respondents in households that own a snowmobile*

**GP\_C05**      If DWELCODE = 5 or 6 (apartment).....(Go to GP\_END)  
                Else..... (Go to GP\_Q05)

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**GP\_Q05**      **Do you or someone in your household own a gasoline powered snow blower?**

- 1            Yes
- 2            No
- DK, RF

*Coverage:*            *Respondents who do not live in an apartment*

**GP\_C06**      If WA\_Q16 = 1 or WA\_Q21 = 1 ..... (Go to GP\_Q06)  
Else.....(Go to GP\_END)

**GP\_Q06**      **Do you or someone in your household own a ...?**

INTERVIEWER: Read categories to respondent. Mark all that apply.

- 1            Gasoline powered lawn mower
- 2            Gasoline powered weed eater (trimmer)
- 3            Gasoline powered leaf blower
- 4            None of the above
- DK, RF

*Coverage:*            *Respondents who do not live in an apartment, and have a lawn or a garden*

**GP\_END**      End of Section

**Section:**      **Fertilizer and Pesticide use (FP)**

**FP\_BEG**      Beginning of Section

**FP\_C01**      If WA\_Q16 = 1 or WA\_Q21 = 1 ..... (Go to FP\_R01)  
Else..... (Go to FP\_END)

**FP\_R01**      **Now I have some questions about fertilizer and pesticide use.**

**FP\_Q01**      **In 2005, were any chemical fertilizers applied to your lawn/garden?**

INTERVIEWER: Include fertilizers applied by commercial operators.

- 1            Yes
- 2            No
- 3            Did not have a lawn or garden in 2005..... (Go to FP\_END)
- DK, RF

*Coverage:*            *Respondents who have a lawn or a garden*

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**FP\_Q02**      **In 2005, were any weed killers, pesticides, or fungicides applied to your lawn/garden? Include fertilizer and pesticide mixes like 'Weed and Feed'.**

INTERVIEWER: Include pesticides applied by commercial operators.

- 1            Yes
- 2            No ..... (Go to FP\_END)
- DK, RF ..... (Go to FP\_END)

*Coverage:*            *Respondents who had a lawn or a garden in 2005*

**FP\_Q03**      **Were the pesticide products applied to your lawn/garden ...?**

INTERVIEWER: Read categories to respondent. Mark all that apply.

- 1            As part of a regular maintenance schedule
- 2            When specific problems arose
- 3            Other
- DK, RF

*Coverage:*            *Respondents who had weedkillers, pesticides or fungicides applied to their lawn or garden*

**FP\_END**      End of Section

**Section:**      **Recycling (RC)**

**RC\_BEG**      Beginning of Section

**RC\_R01**      **The next questions are about recycling.**

**RC\_Q01**      **Does your household have access to a recycling program for glass bottles?**

INTERVIEWER: Include jars, soft drink (pop) bottles, vegetable juice bottles, preserved vegetable (e.g., pickles, onions, peppers) jars and any other glass containers.

- 1            Yes
- 2            No ..... (Go to RC\_Q03)
- DK, RF ..... (Go to RC\_Q03)

*Coverage:*            *All respondents*

**RC\_Q02**      **Do you use it?**

- 1            Yes
- 2            No
- DK, RF

*Coverage:*            *Respondents in households that had access to a recycling program for glass bottles*

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**RC\_Q03**      **Does your household have access to a recycling program for paper?**

INTERVIEWER: Include newsprint, office paper, cardboard, boxboard (e.g., cereal boxes), polycoats (e.g., milk containers).

1            Yes  
2            No ..... (Go to RC\_Q05)  
              DK, RF ..... (Go to RC\_Q05)

Coverage:      *All respondents*

**RC\_Q04**      **Do you use it?**

1            Yes  
2            No  
              DK, RF

Coverage:      *Respondents in households that had access to a recycling program for paper*

**RC\_Q05**      **Does your household have access to a recycling program for plastics?**

INTERVIEWER: Include plastic soft drink (pop) bottles, yogurt containers, margarine containers and any other plastic container.

1            Yes  
2            No ..... (Go to RC\_Q07)  
              DK, RF ..... (Go to RC\_Q07)

Coverage:      *All respondents*

**RC\_Q06**      **Do you use it?**

1            Yes  
2            No  
              DK, RF

Coverage:      *Respondents in households that had access to a recycling program for plastics*

**RC\_Q07**      **Does your household have access to a recycling program for metal cans?**

INTERVIEWER: Include soft drink (pop) cans, soup cans, juice cans and any other food containers (e.g., beans, peas, peaches, pears).

1            Yes  
2            No ..... (Go to RC\_Q09)  
              DK, RF ..... (Go to RC\_Q09)

Coverage:      *All respondents*

**RC\_Q08**      **Do you use it?**

1            Yes  
2            No  
              DK, RF

Coverage:      *Respondents in households that had access to a recycling program for metal cans*

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**RC\_Q09**      **In 2005, did your household have any leftover paint to dispose of?**

1              Yes  
2              No ..... (Go to RC\_Q11)  
                DK, RF ..... (Go to RC\_Q11)

Coverage:      *All respondents*

**RC\_Q10**      **What did you do with it?**

INTERVIEWER: Mark all that apply.

01              Put in garbage  
02              Still have them - didn't know what to do with them  
03              Took or sent to a depot/drop off center  
04              Supplier took them back  
05              Down the drain/sewer/ground/toilet  
06              Other  
                DK, RF

Coverage:      *Respondents in households that had leftover paint to dispose of*

**RC\_Q11**      **In 2005, did your household have any leftover or expired medication to dispose of?**

1              Yes  
2              No ..... (Go to RC\_Q13)  
                DK, RF ..... (Go to RC\_Q13)

Coverage:      *All respondents*

**RC\_Q12**      **What did you do with them?**

INTERVIEWER: Mark all that apply.

01              Put in garbage  
02              Still have them - didn't know what to do with them  
03              Took or sent to a depot/drop off center  
04              Supplier took them back  
05              Down the drain/sewer/ground/toilet  
06              Other  
                DK, RF

Coverage:      *Respondents in households that had leftover or expired medication to dispose of*

**RC\_Q13**      **In 2005, did your household have any dead or unwanted batteries to dispose of - excluding car batteries?**

1              Yes  
2              No ..... (Go to RC\_Q15)  
                DK, RF ..... (Go to RC\_Q15)

Coverage:      *All respondents*



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**RC\_Q14      What did you do with them?**

INTERVIEWER: Mark all that apply.

- 1            Put in garbage
  - 2            Still have them - didn't know what to do with them
  - 3            Took or sent to a depot/drop off center
  - 4            Supplier took them back
  - 5            Other
- DK, RF

*Coverage:*            Respondents in households that had dead or unwanted batteries to dispose of

**RC\_Q15      In 2005, did your household have any unwanted computer or communications devices to dispose of?**

INTERVIEWER: Include computers, monitors, printers, keyboards, scanners, hard and floppy drives, external drives, fax machines, telephones, cell phones and pagers.

Exclude: software, floppy discs, and CD-ROMs.

- 1            Yes
  - 2            No .....(Go to RC\_END)
- DK, RF .....(Go to RC\_END)

*Coverage:*            All respondents

**RC\_Q16      What did you do with it?**

INTERVIEWER: Mark all that apply.

- 01           Put in garbage
  - 02           Still have them - didn't know what to do with them
  - 03           Took or sent to a depot/drop off center
  - 04           Supplier took them back
  - 05           Donated or gave them away
  - 06           Other
- DK, RF

*Coverage:*            Respondents in households that had computer or communications devices to dispose of

**RC\_END**      End of Section

**Section:**      **Composting (CP)**

**CP\_BEG**      Beginning of Section

**CP\_R01**      **Now for some questions on composting.**

**Composting involves the separation of kitchen and or yard waste from the rest of your household garbage. The separated materials can be: Put in a compost bin, compost pile or your garden; picked up by your city, town, municipality or a private company; OR taken to a depot or drop off centre**

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**CP\_Q01**      **According to this definition, does your household compost?**

1              Yes

2              No .....(Go to CP\_Q08)

                 DK, RF .....(Go to CP\_Q08)

Coverage:      *All respondents*

**CP\_Q02**      **Does your household separate any kitchen waste such as food scraps, coffee grinds, eggshells, etc. for composting?**

INTERVIEWER: If respondent specifies a time period in which they do it, for example in the summer, record as a 'yes'.

1              Yes

2              No .....(Go to CP\_C06)

                 DK, RF .....(Go to CP\_C06)

Coverage:      *Respondents in households that compost*

**CP\_Q03**      **How is your kitchen waste composted? Do you ...?**

INTERVIEWER: Read categories to respondent. Mark all that apply.

1              Put it in a compost bin, pile or garden

2              Have it picked up by your city or private company

3              Take it to a drop off centre

4              Other

                 DK, RF

Coverage:      *Respondents in households that separate any kitchen waste*

**CP\_Q04**      **How many months a year do you compost your kitchen waste?**

INTERVIEWER: If less than 1 month, enter 1.

\_\_\_\_(2 spaces)      [Min: 1 Max: 12]

DK, RF

Coverage:      *Respondents in households that separate any kitchen waste*

**CP\_Q05**      **Thinking of a standard plastic grocery bag as a measure of volume, on average, how many grocery bags would you fill with kitchen waste for composting weekly?**

INTERVIEWER: Obtain respondent's best estimate. (Number of bags.) If less than 1 bag, enter 1.

\_\_\_\_(2 spaces)      [Min: 1 Max: 95]

DK, RF

Coverage:      *Respondents in households that separate any kitchen waste*

**CP\_C06**      If DWELCODE = 5 or 6 .....(Go to CP\_END)

                 ELSE..... (Go to CP\_C06A)

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**CP\_C06A** If WA\_Q16 = 1 or WA\_Q21 = 1 .....(Go to CP\_Q06)  
Else.....(Go to CP\_Q08)

**CP\_Q06** **Does your household separate or collect any yard waste such as leaves, plants or grass clippings for composting?**

INTERVIEWER: Composting includes putting yard waste out at the curbside for collection. If respondent specifies a time period in which they do it, for example in the summer, record as a 'yes'.

- 1 Yes
- 2 No .....(Go to CP\_Q08)
- DK, RF .....(Go to CP\_Q08)

*Coverage:* Respondents who do not live in an apartment, have a lawn or garden and whose households compost

**CP\_Q07** **How is your yard waste composted? Do you ...?**

INTERVIEWER: Read categories to respondent. Mark all that apply.

- 1 Put it in a compost bin, pile or garden
- 2 Have it picked up by your city or private company
- 3 Take it to a drop off centre
- 4 Other  
DK, RF

*Coverage:* Respondents in households that separate or collect any yard waste

**CP\_C08** If DWELCODE=5 or 6 .....(Go to CP\_END)  
Else.....(Go to CP\_Q08)

**CP\_Q08** **Do you or someone in your household burn yard waste on your property?**

INTERVIEWER: For example leaves, branches, grass clippings, etc.

- 1 Yes
- 2 No  
DK, RF

*Coverage:* Respondents who do not live in an apartment

**CP\_Q09** **Do you or someone in your household burn household waste on your property?**

INTERVIEWER: Include all household items that can be burned, excluding only yard waste and materials generated from the operation of a business.

- 1 Yes
- 2 No  
DK, RF

*Coverage:* Respondents who do not live in an apartment

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**CP\_END** End of Section

**Section:** **Air and Water Quality (AQ)**

**AQ\_BEG** Beginning of Section

**AQ\_R01** **Next, some questions on air and water quality.**

**AQ\_Q01** **In 2005, were you aware of any advisories such as smog, smoke or poor air quality alerts issued in your area?**

- 1 Yes
- 2 No ..... (Go to AQ\_Q03)
- DK, RF ..... (Go to AQ\_Q03)

*Coverage: All respondents*

**AQ\_Q02** **Did you or anyone in your household change your routine or activities because of any air quality advisories?**

- 1 Yes
- 2 No
- DK, RF

*Coverage: Respondents who were aware of any advisories such as smog, smoke or poor air quality alerts issued in their area*

**AQ\_Q03** **In 2005, did you or anyone in your household swim or plan to go swimming at any nearby public beaches?**

- 1 Yes
- 2 No .....(Go to AQ\_END)
- DK, RF .....(Go to AQ\_END)

*Coverage: All respondents*

**AQ\_Q04** **In 2005, were you aware of any closures or swimming restrictions at these beaches?**

- 1 Yes
- 2 No .....(Go to AQ\_END)
- DK, RF .....(Go to AQ\_END)

*Coverage: Respondents who swam or planned to go swimming at any nearby public beaches*

**AQ\_Q05** **Did these closures prevent you or anyone in your household from swimming at these beaches when you wanted to go?**

- 1 Yes
- 2 No
- DK, RF

*Coverage: Respondents who swam or planned to go swimming at any nearby public beaches and were aware of any closures or swimming restrictions at these beaches*

**AQ\_END** End of Section

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**Section:           Transportation Decisions (TD)**

**TD\_BEG**           Beginning of Section

**TD\_R01**           **The next questions are about motor vehicles and transportation.**

**TD\_Q01**           **Do you, or anyone in your household, own or lease a motor vehicle for personal use?**

INTERVIEWER: Include cars, pick-up trucks, minivans, vans, SUV's and street legal motorcycles. Exclude recreational vehicles (such as ATV's, off-road motorcycles, snowmobiles) and vehicles that are strictly for commercial use (such as backhoes, cube vans, dump trucks and tractor trailers).

- 1           Yes
- 2           No .....(Go to TD\_C06A)
- DK, RF .....(Go to TD\_C06A)

*Coverage:           All respondents*

**TD\_Q02**           **How many motor vehicles are owned or leased for personal use by your household?**

\_\_\_\_(2 spaces)           [Min: 1 Max: 20]

DK, RF .....(Go to TD\_Q04)

*Coverage:           Respondents in households that own or lease a motor vehicle for personal use*

**TD\_Q03**           **On average, how many kilometres are driven in a year by your household? Please include the total kilometres for the vehicle(s) owned or leased for personal use. Is it ...?**

INTERVIEWER: Read categories to respondent.

- 1           5,000 KM or less (approximately 3,106 miles or less)
- 2           5,001 to 10,000 KM (approximately 3,107 to 6,200 miles)
- 3           10,001 to 20,000 KM (approximately 6,201 to 12,400 miles)
- 4           20,001 to 40,000 KM (approximately 12,401 to 24,800 miles)
- 5           40,001 KM or more (24,801 miles or more)
- DK, RF

*Coverage:           Respondents in households that own or lease a motor vehicle for personal use*

**TD\_Q04**           **Are ethanol blended fuels available in your area?**

INTERVIEWER: Ethanol blended fuel is gasoline blended with ethanol. Ethanol is the alcohol produced from the starch portion of corn. This gasoline is usually marketed as more 'environmentally friendly' than other types of gasoline.

- 1           Yes
- 2           No .....(Go to TD\_C06A)
- DK, RF .....(Go to TD\_C06A)

*Coverage:           Respondents in households that own or lease a motor vehicle for personal use*

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**TD\_Q05**      **Does anyone in your household regularly purchase them?**

- 1            Yes
- 2            No  
              DK, RF

*Coverage:*            *Respondents in households that own or lease a motor vehicle for personal use and who have ethanol blended fuels available in their area*

**TD\_C06A**      If RANDIND = 1 and STATUS1 = 1 or 4 .....(Go to TD\_C06B)  
                  If RANDIND = 2 and STATUS1 = 1 or 4 ..... (Go to TD\_R06)  
                  Else ..... (Go to TD\_END)

**TD\_R06**      **The next set of questions will be about a randomly selected individual in your home and will focus on his/her transportation methods. Please only think of this person when answering the questions.**

**TD\_C06B**      If STATUS1 = 1 (Employed) .....(Go to TD\_Q07)  
                  Else STATUS1 = 4 (Unknown) .....(Go to TD\_Q06)

**TD\_Q06**      **Do you work outside the home?**

- 1            Yes
- 2            No .....(Go to TD\_END)  
              DK, RF .....(Go to TD\_END)

*Coverage:*            *Respondents whose work status is unknown*

**TD\_Q07**      **How do you usually get to work during the colder months?**

INTERVIEWER: Read categories to respondent. Mark all that apply.

- 01          Car, truck, van or SUV
- 02          Motorcycle
- 03          Public transit
- 04          Walk
- 05          Bicycle
- 06          Not applicable (work from home)
- 07          Other  
              DK, RF

*Coverage:*            *Respondents who work outside the home*

**TD\_C08A**      If TD\_Q07=more than one response .....(Go to TD\_Q08)  
                  Else if TD\_Q07=1 (only) .....(Go to TD\_Q09)  
                  Else if TD\_Q07 is one of the following: (2, 3 or 7) .....(Go to TD\_Q10)  
                  Else if TD\_Q07 = 4 or 5 .....(Go to TD\_Q11)  
                  Else .....(Go to TD\_END)

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**TD\_Q08**      **What is your main mode of transportation to work during the colder months?**

- 01      Car, truck, van or SUV
- 02      Motorcycle
- 03      Public transit
- 04      Walk
- 05      Bicycle
- 06      Combination of modes/cannot distinguish a 'main' mode
- 07      Other
- DK, RF

*Coverage:*      Respondents who work outside the home and who use more than one mode of transportation to get to work during the colder months

**TD\_C08B**      If TD\_Q07=1 and more than one response and TD\_Q08 =1 or 6..(Go to TD\_Q09)  
Else if TD\_Q07 = 4 and 5 .....(Go to TD\_Q11)  
Else.....(Go to TD\_Q10)

**TD\_Q09**      **When you go to work by car, do you travel alone or with others?**

- 1      Alone
- 2      With others
- DK, RF

*Coverage:*      Respondents who drive or use a combination of modes to get to work during the colder months

**TD\_Q10**      **Approximately how long does it take for you to get to work?**

INTERVIEWER: Read categories to respondent.

- 1      Less than 30 minutes
- 2      30 minutes to less than 1 hour
- 3      1 hour to less than 2 hours
- 4      More than 2 hours
- DK, RF

Default:      (Go to TD\_Q12)

*Coverage:*      Respondents who use a motorcycle, public transit or other method to get to work during the colder months

**TD\_Q11**      **Approximately how long does it take for you to get to work?**

INTERVIEWER: If respondent says it depends because of the nature of his/her job, ask for an average. Read categories to respondent.

- 1      Less than 15 minutes
- 2      15 minutes to less than 30 minutes
- 3      30 minutes to less than 45 minutes
- 4      45 minutes to less than 1 hour
- 5      More than 1 hour
- DK, RF

*Coverage:*      Respondents who walk or bicycle to work or a combination of both during the colder months

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**TD\_Q12      What is the approximate one way distance from your home to your work?**

INTERVIEWER: Read categories to respondent.

- 1            5 KM or less (approximately less than 3 miles)
  - 2            6 to 20 KM (approximately 4 to 12 miles)
  - 3            21 to 50 KM (approximately 13 to 31 miles)
  - 4            51 KM or more (approximately 32 miles or more)
- DK, RF

*Coverage:*            Respondents who usually work outside the home

**TD\_Q13      Do you regularly use another means to get to work during the warmer months?**

- 1            Yes
  - 2            No .....(Go to TD\_END)
- DK, RF .....(Go to TD\_END)

*Coverage:*            Respondents who usually work outside the home

**TD\_Q14      How do you usually get to work in the warmer months?**

INTERVIEWER: Read categories to respondent. Mark all that apply.

- 01           Car, truck, van or SUV
  - 02           Motorcycle
  - 03           Public transit
  - 04           Walk
  - 05           Bicycle
  - 06           Other
- DK, RF

*Coverage:*            Respondents who use another means to get to work during the warmer months

- TD\_C14A**      If TD\_Q14=more than one response.....(Go to TD\_Q15)  
Else if TD\_Q14=1 (only) .....(Go to TD\_Q16)  
Else if TD\_Q14 in list (2, 3 or 6) .....(Go to TD\_Q17)  
Else if TD\_Q14 = 4 or 5.....(Go to TD\_Q18)  
Else.....(Go to TD\_END)

**TD\_Q15      What is your main mode of transportation to work during the warmer months?**

- 01           Car, truck, van or SUV
  - 02           Motorcycle
  - 03           Public transit
  - 04           Walk
  - 05           Bicycle
  - 06           Combination of modes/cannot distinguish a 'main' mode
  - 07           Other
- DK, RF

*Coverage:*            Respondents who use another means to get to work during the warmer months and who use more than one mode of transportation



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**TD\_C15B** If TD\_Q14=1 and has more than one response and TD\_Q15 =1 or 6(Go to TD\_Q16)  
Else if TD\_Q14 = 4 and 5 .....(Go to TD\_Q18)  
Else.....(Go to TD\_Q17)

**TD\_Q16** **When you go to work by car, do you travel alone or with others?**

- 1 Alone
- 2 With others
- DK, RF

*Coverage: Respondents who drive or use combination of modes to get to work during the warmer months*

**TD\_Q17** **Approximately how long does it take for you to get to work in the warmer months?**

INTERVIEWER: Read categories to respondent.

- 1 Less than 30 minutes
- 2 30 minutes to less than 1 hour
- 3 1 hour to less than 2 hours
- 4 More than 2 hours
- DK, RF

**Default:** (Go to TD\_END)

*Coverage: Respondents who use a motorcycle, public transit or other method to get to work during the warmer months*

**TD\_Q18** **Approximately how long does it take for you to get to work in the warmer months?**

INTERVIEWER: Read categories to respondent.

- 1 Less than 15 minutes
- 2 15 minutes to less than 30 minutes
- 3 30 minutes to less than 45 minutes
- 4 45 minutes to less than 60 minutes
- 5 More than 60 minutes
- DK, RF

*Coverage: Respondents who walk or bicycle to work or a combination of both during the warmer months*

**TD\_END** End of Section

**Section:** **Household Demographics (HD)**

**HD\_BEG** Beginning of Section

**HD\_R01** **I would like to end by asking you a couple of questions on income.**

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**HD\_Q01**      **From which of the following sources did all members of your household receive income in the year ending December 31, 2005?**

INTERVIEWER: Read categories to respondent. Mark all that apply.

- 01      Income from employment sources (includes wages, salaries, bonuses, tips, commissions and allowances before deductions and net income from farm and non-farm self-employment activities);
- 02      Income from government sources (includes Child Tax Benefits, Old Age Security, Guaranteed Income Supplement and Allowance for the Survivor, Canada/Quebec Pension Plan (retirement, survivor, disability or orphans benefits), Veterans' pensions, Employment Insurance, Social Assistance, Worker's compensation, grants, GST/QST/HST tax credits or provincial tax credits);
- 03      Income from employer and private pension sources (includes regular pension income from an employers' pension plan including amounts paid to widow(er)s, payments from RRSP annuities or RRIFs);
- 04      Income from investment sources (includes dividends, interest on bonds, accounts, GIC's and mutual funds). Do not include capital gains or losses;
- 05      Income from other sources (includes child support payments, alimony and scholarships);
- 06      No income  
DK, RF

*Coverage:*      *All respondents*

**HD\_C02**      If HD\_Q01=06 or DK or RF .....(Go to HD\_END)  
Else ..... (Go to HD\_Q02)

**HD\_Q02**      **How much income did members of your household receive in total from all the sources mentioned before taxes and deductions, in the year ending December 31, 2005?**

INTERVIEWER: If the respondent is reluctant to give a specific amount of income, tell them that they can give an estimated amount of income rounded to the nearest \$5,000 (includes income loss).

\_\_\_\_\_(7 spaces)      [Min: -999995 Max: 999995]  
DK, RF

*Coverage:*      *Respondents in households that had an income in 2005*

**HD\_END**      End of Section

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SI_R01 .....	1	WA_Q02 .....	1
SI_R02 .....	1	WA_Q03 .....	2
SI_R03 .....	1	WA_Q04 .....	2
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TD_Q10 .....	22	WA_Q24.....	6
TD_Q11 .....	22	WA_Q25.....	7
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