

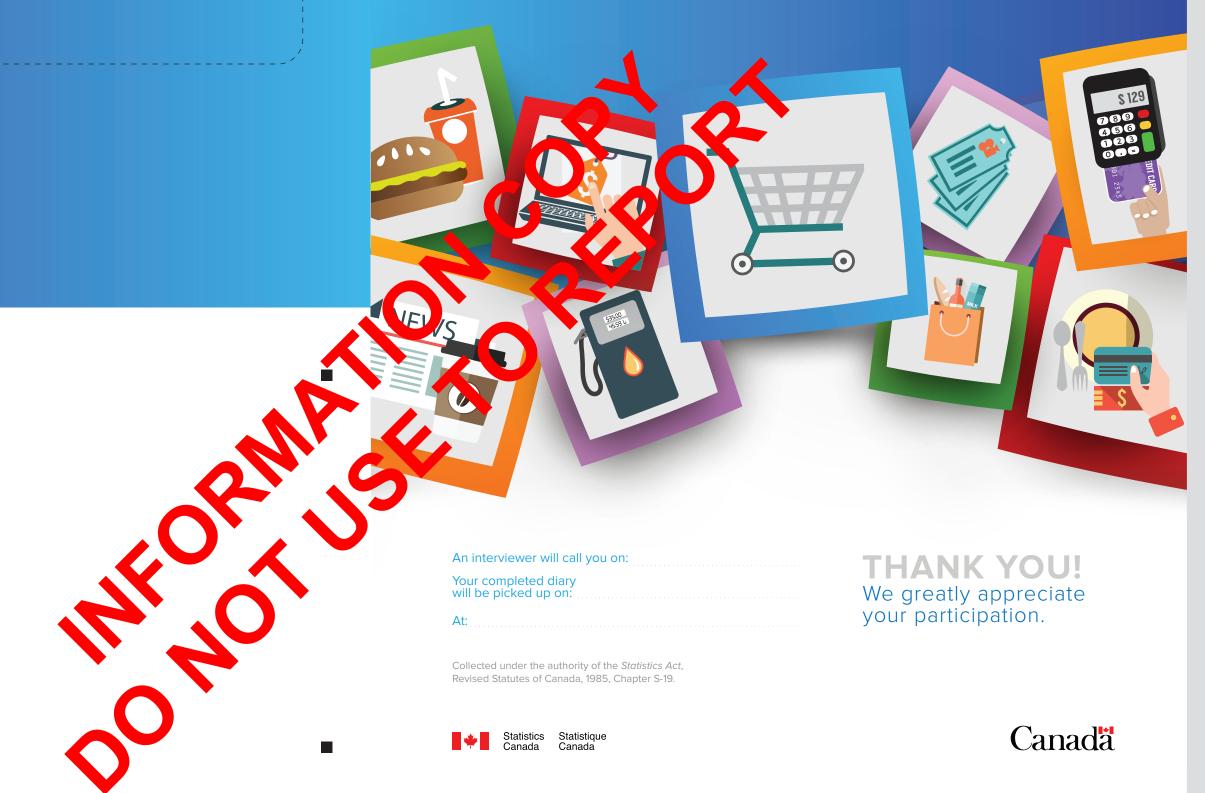
FOR OFFICE USE ONLY - FILL ONLY IF NO LABEL Rot. List Cluster Stratum Type **Collection Period** MM YYYY Place label here OC Receipt

**CONFIDENTIAL WHEN COMPLETED** 

Mult.

#### **SURVEY OF HOUSEHOLD SPENDING 2016**

Your diary of daily expenses



An interviewer will call you on: Your completed diary will be picked up on:

Collected under the authority of the  $\mathit{Statistics}\ \mathit{Act},$ Revised Statutes of Canada, 1985, Chapter S-19.

**THANK YOU!** 

We greatly appreciate your participation.

Canada

STATS CANADA – DIARY COVER EXT, ENG – FOLDED: 8.5" X 11" CMYK

75411-2349.1 2016

Stats Canada – HS Diary COVER EXT — DIELINE 8.5" x 11" folded, 17.5" x 24" flat: CMYK with full bleed 7.75" flap folding up from bottom, 5.15" flap folding down from top to make an envelope

section (see example on page 1). "Goods and services including food from stores" Write the date and the words "no spending" in the If you did NOT spend any money today...

#### receipt.

- to record expenses for which you do not have a • Transcribe the expense in the diary. Do not forget OK
  - abbreviations or short forms on the receipt. • Provide the receipt in the pocket and explain
    - two options to record each expense: If you spent money today, you have

Respondent's first name:
--------------------------

Dia	ary Sta	art Da	te	D	iary Er	nd Dat	e
DI	D	M	M	D	D	M	M

# GOODS AND SERVICES INCLUDING FOOD FROM STORES

-+-	Dat	e of expe	nse	Description of item			Cost	;		
Item #		dd/mm		Write one item per line. <b>Please print.</b> See page 6 in the Diary Guide for help with this section.	Dο	not.	inclu	de tax	es	
Ite		Example: 21/06		Reminder: Please enter snacks, beverages and meals purchased from restaurants or fast-food outlets in the section that begins on page 7.	20	100		\$	.00.	¢
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	2	2 / 0	6	GAS			3	6.	0	0
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### GOODS AND SERVICES INCLUDING FOOD FROM STORES (continued)

44	Date of expense	Description of item	Cost	
Item #	dd/mm	Write one item per line. <b>Please print.</b> See page 6 in the Diary Guide for help with this section.	Do <u>not</u> include	taxes
Ite	Example: 21/06	<b>Reminder:</b> Please enter snacks, beverages and meals purchased from restaurants or fast-food outlets in the section that begins on page 7.		
00		restaurants or last-1000 outlets in the section that begins on page 7.		\$ ¢
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# GOODS AND SERVICES INCLUDING FOOD FROM STORES (continued)

44	Date of expense	Description of item		Co	ost	
Item #	dd/mm	Write one item per line. <b>Please print.</b> See page 6 in the Diary Guide for help with this section.	Do	not inc	lude taxe	es.
Ite	Example: 21/06	<b>Reminder:</b> Please enter snacks, beverages and meals purchased from restaurants or fast-food outlets in the section that begins on page 7.	D0	<u>110t</u> 1110		
		restaurants or fast-food outlets in the section that begins on page 7.			\$	¢
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### GOODS AND SERVICES INCLUDING FOOD FROM STORES (continued)

#	Date of expense	Description of item	Co	st	
Item #	dd/mm	Write one item per line. <b>Please print.</b> See page 6 in the Diary Guide for help with this section.	Do <u>not</u> inc	lude taxe	26
Ite	Example: 21/06	<b>Reminder:</b> Please enter snacks, beverages and meals purchased from restaurants or fast-food outlets in the section that begins on page 7.	Do <u>not</u> mo		
0.0		restaurants or last-lood outlets in the section that begins on page 7.		\$	¢
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# GOODS AND SERVICES INCLUDING FOOD FROM STORES (continued)

-44	Date of expense	Description of item	Cos	st	
Item #	dd/mm	Write one item per line. <b>Please print.</b> See page 6 in the Diary Guide for help with this section.	Do <u>not</u> incl	ude taxes	
Ite	Example: 21/06	Reminder: Please enter snacks, beverages and meals purchased from restaurants or fast-food outlets in the section that begins on page 7.	20 <u>1101</u> 11101		
1.00		restaurants or last-1000 outlets in the section that begins on page 7.		\$	¢
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# GOODS AND SERVICES INCLUDING FOOD FROM STORES (continued)

-1.	Date of expense	Description of item			Cost		
Item #	dd/mm Example: 21/06	Write one item per line. Please print. See page 6 in the Diary Guide for help with this section.  Reminder: Please enter snacks, beverages and meals purchased from restaurants or fast-food outlets in the section that begins on page 7.	Do	not i	nclude	e taxes	s. ¢
154	/	restaurants of fast-root outlets in the section that begins on page 7.				_	Ψ
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If you need more space, use the Comments section (page 12).

#### SNACKS, BEVERAGES AND MEALS PURCHASED FROM RESTAURANTS OR FAST-FOOD OUTLETS

								I	
	Date of expense	Restaurant code	Cl	neck meal	(√) t typo	he e	Number of meals paid	Total cost	Alcoholic beverages
Item #	dd/mm Example: 22/06	A = Table Service B = Fast Food C = Cafeteria D = Other See page 9 in the Diary Guide for full descriptions.	Breakfast	Lunch	Dinner	Snack or Beverage	Include meals paid for people who do not live with you.	Include all taxes, tips and alcoholic beverages.	If alcoholic beverages are included in the total cost, please provide an estimated cost.
	2 2 / 0 6	A		V		•	0 2	4 5 7 8	1 2 5 0
	2 2 / 0 6	D				<b>V</b>	0 0	5 2 5	
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### SNACKS, BEVERAGES AND MEALS PURCHASED FROM RESTAURANTS OR FAST-FOOD OUTLETS (continued)

	Date of expense	Restaurant code	Cl	neck meal	(√) t l type	he e	Number of meals paid	Total cost	Alcoholic beverages
Item #	dd/mm Example: 22/06	A = Table Service B = Fast Food C = Cafeteria D = Other See page 9 in the Diary Guide for full descriptions.	Breakfast	Lunch	Dinner	Snack or Beverage	Include meals paid for people who do not live with you.	Include all taxes, tips and alcoholic beverages.	If alcoholic beverages are included in the total cost, please provide an estimated cost.
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36	/			0					
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### SNACKS, BEVERAGES AND MEALS PURCHASED FROM RESTAURANTS OR FAST-FOOD OUTLETS (continued)

	Date of expense	Restaurant code	Cl	neck mea	(√) t l typ	he e	Number of meals paid	Total cost		Alc bev	oholic erages	
Item #	dd/mm Example: 22/06	A = Table Service B = Fast Food C = Cafeteria D = Other See page 9 in the Diary Guide for full descriptions.	Breakfast	Lunch	Dinner	Snack or Beverage	Include meals paid for people who do not live with you.	Include all taxes, tips and alcoholic beverages	¢	If alcohol are incl total cost, j an estir	ic beveraguded in the blease pronated cos	ges ne ovide t.
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If you need more space, use the Comments section (page 12).

#### FOR OFFICE USE ONLY

Please do not write on this page.

Your interviewer will ask you the following questions when he/she returns to pick up your Diary of daily expenses.

○ 1. Yes ○ 2. No ○ 3. Sometimes ○ 4. Had expense despondent comments:	s every day	
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	4	
	- A A	
	26 25	
	60.00	
Some expenses such as gas and other related vehicle costs, lo	te with kets, eigarelyes and newspapers, meals and bever	rages bou
Some expenses such as gas and other related vehicle costs, lo outside your home, alcoholic beverages, leisure activities,	te v tickets, cigarettes and newspapers, meals and bever alservices or goods and services purchased via Internet	rages bou are easily
forgotten. Did you, or any member of your household, forget	te w tickets, eigaretees and newspapers, meals and bever all services or goods and services purchased via Internet o recovering of these expenses or any other expense in the	rages bou are easily he diary?
orgotten. Did you, or any member of your household, forget 1. Yes – go to #4 0 2. No – go to #5.	b record any of these expenses or any other expense in the	rages bou are easily he diary?
orgotten. Did you, or any member of your household, forget 1. Yes – go to #4 O 2. No – go to #5.  Please list the items that have been missed. In the wer: F	ter the description used by the respondent.	rages bou are easily he diary?
orgotten. Did you, or any member of your household, forget 1. Yes – go to #4	b record any of these expenses or any other expense in the	rages bou are easily he diary?
Description  1. Yes – go to #4	ter the description used by the respondent.	rages bou are easily he diary?
orgotten. Did you, or any member of your household, forget  1. Yes - go to #4	ter the description used by the respondent.	rages bou are easily he diary?
orgotten. Did you, or any member of your household, forget  1. Yes - go to #4	ter the description used by the respondent.	rages bou are easily he diary?
Description  1. 2. 3. 4.	ter the description used by the respondent.	rages bou are easily he diary?
Description  1. Yes - go to #4	ter the description used by the respondent.	rages bou are easily he diary?
Description  1. 2. 3. 4.	ter the description used by the respondent.	rages bout are easily he diary?
Description  1. Yes - go to #4	ter the description used by the respondent.	rages bou are easily he diary?
The property of the property o	ter the description used by the respondent.	rages bou are easily he diary?
Description  1. Yes - go to #4	ter the description used by the respondent.	rages bout are easily the diary?
Torgotten. Did you, or any member of your household, forget 1. Yes - go to #4	ter the description used by the respondent.	rages bout are easily the diary?
Torgotten. Did you, or any member of your household, forget 1. Yes – go to #4	ter the description used by the respondent.	rages bout are easily the diary?
1. 2. 3. 4. 5. 6. 7. 8.	ter the description used by the respondent.	rages bout are easily he diary?

14.

#### FOR OFFICE USE ONLY

#### Please do not write on this page.

Your interviewer will ask you the following questions when he/she returns to pick up your Diary of daily expenses.

- 5. During the 14 days when you were recording your expenses in the diary, were any members of your household away from home for overnight or longer?
  - 1. Yes go to #6 2. No Thank you for participating in this survey.
- 6. Did you remember to include in the diary, expenses made while away from home such as gas, grocery, restaurant meals, snacks and beverages, alcoholic beverages purchased from stores, admittance fees to tourist attractions and souvenirs?
  - 1. Yes Thank you for participating in this survey. 2. No go to #7
- 7. Please list all the items. Do not include expenses that will be reimbursed.

Interviewer: Enter the description used by the respondent.

Description	Cost
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