

# Canadian Income Survey (CIS)

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Questionnaire  
2021

FOR INFORMATION ONLY

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**Labour market activity and school attendance (ACT1)**

ACT1_BEG	DV_D31AGE: age of respondent at the end of the reference year
ACT1_R01	<b>The next questions are about your activities between January and December 2021, as well as the activities of other members of your household.</b>
ACT1_C01	If DV_D31AGE > 69, go to ACT1_Q01. Otherwise, go to ACT1_Q05.
ACT1_Q01	
Q2	<b>Did you work at a job or business in 2021?</b>
	1 Yes (Go to ACT1_Q05)
	2 No (Go to ACT1_END)
	Null go to ACT1_END
ACT1_Q05	<b>During 2021, how many weeks did you work at a job or business?</b>
Q3	Count every week worked, no matter the number of hours.  <b>Include:</b> vacation, maternity or parental leave, illness, strikes, lock-outs  Please <b>include</b> weeks not worked in 2021 due to circumstances surrounding the COVID-19 pandemic if these weeks were <b>paid by the employer</b> .   _ _
ACT1_C10A	If ACT1_Q05 = NONRESPONSE, go to ACT1_Q30. Otherwise, go to ACT1_C10B.
ACT1_C10B	If ACT1_Q05 = 0, go to ACT1_Q20. Otherwise, go to ACT1_Q10.
ACT1_Q10	<b>During those weeks, how many hours did you usually work per week at all jobs?</b>
Q4	If the number of work hours varied from week to week, please provide an average.   _ _ _
ACT1_Q15	<b>Considering all the jobs you held in 2021, did you work:</b>
Q5	Select all that apply.
	1 As an employee
	2 As self-employed
	3 In a family business without pay
ACT1_C20	If ACT1_Q05 >= 52, go to ACT1_Q30. Otherwise, go to ACT1_Q20.

ACT1\_Q20  
Q6

**During 2021, how many weeks were you without work and looking for work?**

**Include** temporary lay-offs.  
**Exclude** weeks as a full-time student.

|\_|\_|

ACT1\_C25

If ACT1\_Q05 + ACT1\_Q20 >= 52, go to ACT1\_C30.  
Otherwise, go to ACT1\_Q25.

ACT1\_Q25  
Q7

**What was your main activity during the weeks when you were neither working nor looking for work?**

- 1 Ill, or disabled and unable to work
- 2 Took care of home or family
- 3 Went to school
- 4 Retired
- 5 Other – Specify

ACT1\_C30

If DV\_D31AGE > 69, go to ACT1\_END.  
Otherwise, go to ACT1\_Q30.

ACT1\_Q30  
Q8

**Did you attend a school, college, CEGEP or university at any time between January and December 2021?**

**Include** attendance only for courses that can be used as credit towards a certificate, diploma or degree.

- 1 Yes (Go to ACT1\_Q35)
- 2 No (Go to ACT1\_END)

ACT1\_C35

If ACT1\_Q30 = 2 or ACT1\_Q30 = NONRESPONSE, go to ACT1\_END.  
Otherwise, go to ACT1\_Q35.

ACT1\_Q35  
Q9

**Were you enrolled as a full-time student, a part-time student or both full-time and part-time?**

- 1 A full-time student
- 2 A part-time student
- 3 Both full-time and part-time student

ACT1_C40	If DV_D31AGE > 16, go to ACT1_Q40. Otherwise, go to ACT1_END.
ACT1_Q40 Q10	<b>Did you receive any money from a scholarship, bursary or fellowship in 2021?</b>  1 Yes (Go to ACT1_Q45) 2 No (Go to ACT1_END)  Null go to ACT1_END
ACT1_Q45 Q11	<b>What was the total amount you received in 2021?</b>   _ _ _ _ _ _ _ _
ACT1_END	

**Support payments received (SCC1)**

SCC1_BEG	DV_HHNUM18: number of household members aged 18 years and over DV_RELREF: relationship to the reference person (from LFS)
SCC1_C01	If DV_HHNUM18 > 0, go to SCC1_C02. Otherwise, go to SCC1_END.
SCC1_C02	If DV_D31AGE < 18, go to SCC1_END. Otherwise, go to SCC1_C03.
SCC1_C03	If DV_D31AGE < 25 and ACT1_Q30 = 1 and DV_RELREF = '03' (son or daughter) or '06' (foster child), go to SCC1_END. Otherwise, go to SCC1_R05.
SCC1_R05	<b>The next questions are about support payments and child care expenses.</b>
SCC1_Q05 Q12	<b>Between January and December 2021, did you receive support payments from a former spouse or partner?</b>  By support payments we mean a formal agreement for spousal support, alimony, separation allowance, or child support. <b>Include</b> only support payments actually received. <b>Exclude</b> gifts or additional transfers of money.  1 Yes (Go to SCC1_Q10) 2 No (Go to SCC1_END)  Null go to SCC1_END

SCC1\_Q10  
Q13

**What is your best estimate of the amount of support payments you received in 2021?**

**Include** only support payments actually received.  
**Exclude** gifts or additional transfers of money.

|\_|\_|\_|\_|\_|\_|\_|\_|\_|

SCC1\_END

**Support payments paid (SCC2)**

SCC2\_C01

If DV\_D31AGE < 18, go to SCC2\_END.  
Otherwise, go to SCC2\_C05.

SCC2\_C05

If DV\_D31AGE < 25 and ACT1\_Q30 = 1 and DV\_RELREF = '03' (son or daughter) or '06' (foster child), go to SCC2\_END.  
Otherwise, go to SCC2\_Q05.

SCC2\_Q05  
Q14

**Between January and December 2021, did you make support payments to a former spouse or partner?**

By support payments we mean a formal agreement for spousal support, alimony, separation allowance, or child support.

**Include** only support payments actually paid.  
**Exclude** gifts or additional transfers of money.

- 1 Yes (Go to SCC2\_Q10)
- 2 No (Go to SCC2\_END)

Null go to SCC2\_END

SCC2\_Q10  
Q15

**What is your best estimate of the total amount you paid in support payments in 2021?**

**Include** only support payments actually paid.  
**Exclude** gifts or additional transfers of money.

|\_|\_|\_|\_|\_|\_|\_|\_|\_|

SCC2\_END

**Childcare expenses (SCC3)**

SCC3\_C01

If DV\_D31AGE < 18, go to SCC3\_END.  
Otherwise, go to SCC3\_C02.

SCC3\_C02

If DV\_D31AGE > 69, go to SCC3\_END.  
Otherwise, go to SCC3\_C03.

SCC3\_C03

If ACT1\_Q05 is not equal to 0, go to SCC3\_C04.  
Otherwise, go to SCC3\_END.

SCC3\_C04 If DV\_D31AGE < 25 and ACT1\_Q30 = 1 and DV\_RELREF = '03' (son or daughter) or '06' (foster child), go to SCC3\_END.  
Otherwise, go to SCC3\_Q05.

SCC3\_Q05 Q16 **Between January and December 2021, did you pay for child care, so that you could work at your paid job(s)?**

**Include** child care paid during school holidays.

- 1 Yes (Go to SCC3\_Q10)
- 2 No (Go to SCC3\_END)

Null go to SCC3\_END

SCC3\_Q10 Q17 **What is your best estimate of the total amount you paid for child care in 2021?**

**Reminder:** The COVID-19 pandemic may have impacted the amount usually paid for child care. Please only include the amount actually paid in 2021.

Please **exclude** any amount previously reported. Enter "0" if the entire amount was previously entered.

|\_|\_|\_|\_|\_|\_|\_|\_|\_|

SCC3\_END

**Inter-household transfers – amounts received (IHT1)**

IHT1\_R05 **The next questions are about money transfers between people not living in the same dwelling.**

IHT1\_C05 If SCC1\_Q05 = 1, go to IHT1\_Q05.  
Otherwise, go to IHT1\_Q10.

IHT1\_Q05 Q18 **Excluding spousal and child support payments from a formal agreement, did anyone not living with you help to pay for your living expenses by giving you money or paying bills, between January and December 2021?**

- 1 Yes (Go to IHT1\_Q15)
- 2 No

Go to IHT1\_END

IHT1\_Q10 Q19 **Between January and December 2021, did anyone not living with you help to pay for your living expenses by giving you money or paying bills?**

- 1 Yes (Go to IHT1\_Q15)
- 2 No

Go to IHT1\_END

IHT1\_Q15  
Q20

**In total, how much did you receive from anyone not living with you in 2021?**

Do not double-count any amounts received by the household that were already reported. Please enter "0" if the entire amount was previously entered.

|\_|\_|\_|\_|\_|\_|\_|\_|

IHT1\_END

**Inter-household transfers – amounts paid (IHT2)**

IHT2\_C01

If DV\_D31AGE < 18, go to IHT2\_END.  
Otherwise, go to IHT2\_C02.

IHT2\_C02

If DV\_D31AGE < 25 and ACT1\_Q30 = 1 and DV\_RELREF = '03' (son or daughter) or '06' (foster child), go to IHT2\_END.  
Otherwise, go to IHT2\_C03.

IHT2\_C03

If SCC2\_Q05 = 1, go to IHT2\_Q05.  
Otherwise, go to IHT2\_Q10.

IHT2\_Q05  
Q21

**Excluding spousal and child support payments from a formal agreement, did you help anyone not living with you pay for their living expenses by giving them money or paying their bills, between January and December 2021?**

- 1 Yes (Go to IHT2\_Q15)
- 2 No

Go to IHT2\_END

IHT2\_Q10  
Q22

**Between January and December 2021, did you help anyone not living with you pay for their living expenses by giving them money or paying their bills?**

- 1 Yes (Go to IHT2\_Q15)
- 2 No

Go to IHT2\_END

IHT2\_Q15  
Q23

**In total, how much did you give to anyone not living with you in 2021?**

Do not double-count any amounts paid by the household that were already reported. Please enter "0" if the entire amount was previously entered.

|\_|\_|\_|\_|\_|\_|\_|\_|

IHT2\_END



**Total personal income (INC1)**

INC1\_R05

**Now a question about total personal income.**INC1\_Q05  
Q24**What is your best estimate of your total personal income, before taxes and deductions, from all sources during the year ending December 31, 2021?**

Income can come from various sources such as from work, investments, pensions or government. Examples include Employment Insurance, social assistance, child benefits and other income such as child support, spousal support (alimony) and rental income.

Capital gains **should not** be included in the personal income.

|\_|\_|\_|\_|\_|\_|\_|\_| dollars

INC1\_C10

If INC1\_Q05 = NONRESPONSE, go to INC1\_Q10.  
Otherwise, go to INC1\_C23.

INC1\_Q10  
Q25**For the year ending December 31, 2021, can you estimate in which of the following groups your total personal income fell?**

Was it:

- |   |   |                  |
|---|---|------------------|
| 1 | Less than \$30,000, including income loss | (Go to INC1_Q15) |
| 2 | \$30,000 and more                         | (Go to INC1_Q20) |

Null go to INC1\_END

INC1\_Q15  
Q25**Please indicate the income range**

- |   |                                |
|---|--------------------------------|
| 1 | Less than \$5,000              |
| 2 | \$5,000 to less than \$10,000  |
| 3 | \$10,000 to less than \$15,000 |
| 4 | \$15,000 to less than \$20,000 |
| 5 | \$20,000 to less than \$25,000 |
| 6 | \$25,000 to less than \$30,000 |

Go to INC1\_C23

INC1\_Q20  
Q25**Please indicate the income range**

- |    |                                 |
|----|---------------------------------|
| 01 | \$30,000 to less than \$40,000  |
| 02 | \$40,000 to less than \$50,000  |
| 03 | \$50,000 to less than \$60,000  |
| 04 | \$60,000 to less than \$70,000  |
| 05 | \$70,000 to less than \$80,000  |
| 06 | \$80,000 to less than \$90,000  |
| 07 | \$90,000 to less than \$100,000 |
| 08 | \$100,000 and over              |

INC1\_C23

If DV\_D31AGE < 18 or DV\_D31AGE > 65, go to INC1\_END.  
Otherwise, go to INC1\_C24.

INC1\_C24

If DV\_D31AGE < 25 and ACT1\_Q30 = 1 and DV\_RELREF = '03' (son or daughter) or '06' (foster child), go to INC1\_END.  
Otherwise, go to INC1\_C25.

INC1\_C25 If ((INC1\_Q05 > 0 and INC1\_Q05 < 50000) or INC1\_Q10 = 1 or INC1\_Q20 = (01 or 02), go to INC1\_Q25.  
Otherwise, go to INC1\_END.

INC1\_Q25  
Q26 **Does this amount include any social assistance payments?**  
  
**Exclude** employment insurance (including for maternity leave), workers' compensation, Canada Pension Plan (CPP), Quebec Pension Plan (QPP), child benefits and COVID-19 benefits.  
  
1 Yes  
2 No

INC1\_END

### Introduction to the disability screening questions (PDSQ)

PDSQ\_BEG DV\_HHNUM16: number of household members aged 16 years and over

PDSQ\_C05 If DV\_HHNUM16 > 1, go to PDSQ\_R05.  
Otherwise, go to PDSQ\_END.

PDSQ\_R05 **In order to reduce the length of the questionnaire and to obtain additional information about the relationship between income and persons with and without a disability, one person has been randomly selected in your household for the next set of questions. In your household, you have been selected.**

PDSQ\_END

### Disability screening questions (DSQ)

DSQ\_R01 **The following questions are about difficulties you may have doing certain activities. Only difficulties or long-term conditions that have lasted or are expected to last for six months or more should be considered.**

DSQ\_Q01  
Q27 **Do you have any difficulty seeing?**

Would you say:

- 1 No (Go to DSQ\_Q05)
- 2 Sometimes
- 3 Often
- 4 Always
- 9 Don't know

Null go to DSQ\_Q05

DSQ\_Q02  
Q28 **Do you wear glasses or contact lenses to improve your vision?**

Would you say:

- 1 Yes
- 2 No
- 9 Don't know

DSQ\_Q03  
Q29

**[Which/With your glasses or contact lenses, which] of the following best describes your ability to see?**

Would you say:

- 1 No difficulty seeing (Go to DSQ\_Q05)
- 2 Some difficulty seeing
- 3 A lot of difficulty seeing
- 4 You are legally blind
- 5 You are blind
- 9 Don't know (Go to DSQ\_Q05)

Null go to DSQ\_Q05

DSQ\_Q04  
Q30

**How often does this [difficulty seeing/seeing condition] limit your daily activities?**

Would you say:

- 1 Never
- 2 Rarely
- 3 Sometimes
- 4 Often
- 5 Always
- 9 Don't know

DSQ\_Q05  
Q31

**Do you have any difficulty hearing?**

Would you say:

- 1 No (Go to DSQ\_Q09)
- 2 Sometimes
- 3 Often
- 4 Always
- 9 Don't know

Null go to DSQ\_Q09

DSQ\_Q06  
Q32

**Do you use a hearing aid or cochlear implant?**

Would you say:

- 1 Yes
- 2 No
- 9 Don't know

DSQ\_Q07  
Q33

**[Which/With your hearing aid or cochlear implant, which] of the following best describes your ability to hear?**

Would you say:

- 1 No difficulty hearing (Go to DSQ\_Q09)
- 2 Some difficulty hearing
- 3 A lot of difficulty hearing
- 4 You cannot hear at all
- 5 You are deaf
- 9 Don't know (Go to DSQ\_Q09)

Null go to DSQ\_Q09

DSQ\_Q08  
Q34

**How often does this [difficulty hearing/hearing condition] limit your daily activities?**

Would you say:

- 1 Never
- 2 Rarely
- 3 Sometimes
- 4 Often
- 5 Always
- 9 Don't know

DSQ\_Q09  
Q35

**Do you have any difficulty walking, using stairs, using your hands or fingers or doing other physical activities?**

Would you say:

- 1 No (Go to DSQ\_R22)
- 2 Sometimes
- 3 Often
- 4 Always
- 9 Don't know

Null go to DSQ\_R22

DSQ\_R10

**The following questions are about your ability to move around, even when using an aid such as a cane.**

DSQ\_Q10  
Q36

**How much difficulty do you have walking on a flat surface for 15 minutes without resting?**

This refers to your regular walking pace.

If you use an aid for minimal support such as a cane, walking stick or crutches, please answer this question based on your ability to walk when using these aids.

Would you say:

- 1 No difficulty
- 2 Some difficulty
- 3 A lot of difficulty
- 4 You cannot do at all
- 9 Don't know

DSQ\_Q11  
Q37

**How much difficulty do you have walking up or down a flight of stairs, about 12 steps without resting?**

This refers to your regular walking pace.

If you use an aid for minimal support such as a cane, walking stick or crutches, please answer this question based on your ability to walk when using these aids.

Would you say:

- 1 No difficulty
- 2 Some difficulty
- 3 A lot of difficulty
- 4 You cannot do at all
- 9 Don't know

DSQ\_C12

If ((DSQ\_Q10 = (1 or DK or BLANK)) and (DSQ\_Q11 = (1 or DK or BLANK))), go to DSQ\_Q13.  
Otherwise, go to DSQ\_Q12.

DSQ\_Q12  
Q38

**How often [does this difficulty walking/does this difficulty using stairs/do these difficulties] limit your daily activities?**

Would you say:

- 1 Never
- 2 Rarely
- 3 Sometimes
- 4 Often
- 5 Always
- 9 Don't know

DSQ\_Q13  
Q39

**How much difficulty do you have bending down and picking up an object from the floor?**

Would you say:

- 1 No difficulty
- 2 Some difficulty
- 3 A lot of difficulty
- 4 You cannot do at all
- 9 Don't know

DSQ\_Q14  
Q40

**How much difficulty do you have reaching in any direction, for example, above your head?**

Would you say:

- 1 No difficulty
- 2 Some difficulty
- 3 A lot of difficulty
- 4 You cannot do at all
- 9 Don't know

DSQ\_C15

If ((DSQ\_Q13 = (1 or DK or BLANK)) and (DSQ\_Q14 = (1 or DK or BLANK))), go to DSQ\_Q16.  
Otherwise, go to DSQ\_Q15.

DSQ\_D15  
If (DSQ\_Q13 == (2 or 3 or 4)), DT\_FLEXIBILITY = 'does this difficulty bending down and picking up an object'  
If (DSQ\_Q14 == (2 or 3 or 4)), DT\_FLEXIBILITY = 'does this difficulty reaching'  
If ((DSQ\_Q13 == (2 or 3 or 4)) and (DSQ\_Q14 == (2 or 3 or 4))), DT\_FLEXIBILITY = 'do these difficulties'

DSQ\_Q15  
Q41  
**How often [does this difficulty bending down and picking up an object/'does this difficulty reaching/do these difficulties] limit your daily activities?**

Would you say:

- 1 Never
- 2 Rarely
- 3 Sometimes
- 4 Often
- 5 Always
- 9 Don't know

DSQ\_Q16  
Q42  
**How much difficulty do you have using your fingers to grasp small objects like a pencil or scissors?**

Would you say:

- 1 No difficulty (Go to DSQ\_R18)
- 2 Some difficulty
- 3 A lot of difficulty
- 4 You cannot do at all
- 9 Don't know (Go to DSQ\_R18)

Null go to DSQ\_R18

DSQ\_Q17  
Q43  
**How often does this difficulty using your fingers limit your daily activities?**

Would you say:

- 1 Never
- 2 Rarely
- 3 Sometimes
- 4 Often
- 5 Always
- 9 Don't know

DSQ\_R18  
**The following questions are about pain due to a long-term condition that has lasted or is expected to last for six months or more.**

DSQ\_Q18  
Q44  
**Do you have pain that is always present?**

Would you say:

- 1 Yes
- 2 No
- 9 Don't know

DSQ\_Q19  
Q45

**Do you [also] have periods of pain that reoccur from time to time?**

Would you say:

- 1 Yes
- 2 No
- 9 Don't know

DSQ\_C20

If ((DSQ\_Q18 = 1) or (DSQ\_Q19 = 1)), go to DSQ\_Q20.  
Otherwise, go to DSQ\_R22.

DSQ\_Q20  
Q46

**How often does this pain limit your daily activities?**

If you have both pain that is always present and pain that reoccurs from time to time, consider the pain that bothers you the most. If your pain is controlled by medication or therapy, please answer this question based on when you are using medication or therapy.

Would you say:

- 1 Never (Go to DSQ\_R22)
- 2 Rarely (Go to DSQ\_R22)
- 3 Sometimes
- 4 Often
- 5 Always
- 9 Don't know (Go to DSQ\_R22)

Null go to DSQ\_R22

DSQ\_Q21  
Q47

**When you are experiencing this pain, how much difficulty do you have with your daily activities?**

If you have both pain that is always present and pain that reoccurs from time to time, consider the pain that bothers you the most. If your pain is controlled by medication or therapy, please answer this question based on when you are using medication or therapy.

Would you say:

- 1 No difficulty
- 2 Some difficulty
- 3 A lot of difficulty
- 4 You cannot do most activities
- 9 Don't know

DSQ\_R22

**Please answer only for difficulties or long-term conditions that have lasted or are expected to last for six months or more.**

DSQ\_Q22  
Q48

**Do you have any difficulty learning, remembering or concentrating?**

Would you say:

- 1 No (Go to DSQ\_R33)
- 2 Sometimes
- 3 Often
- 4 Always
- 9 Don't know

Null go to DSQ\_R33

DSQ\_Q23  
Q49

**Do you think you have a condition that makes it difficult in general for you to learn? This may include learning disabilities such as dyslexia, hyperactivity, attention problems, etc.**

Would you say:

- 1 Yes
- 2 No
- 9 Don't know

DSQ\_Q24  
Q50

**Has a teacher, doctor or other health care professional ever said that you had a learning disability?**

Would you say:

- 1 Yes
- 2 No
- 9 Don't know

DSQ\_C25

If ((DSQ\_Q23 = 1) or (DSQ\_Q24 = 1)), go to DSQ\_Q25.  
Otherwise, go to DSQ\_Q27.

DSQ\_Q25  
Q51

**How often are your daily activities limited by this condition?**

Would you say:

- 1 Never (Go to DSQ\_Q27)
- 2 Rarely (Go to DSQ\_Q27)
- 3 Sometimes
- 4 Often
- 5 Always
- 9 Don't know (Go to DSQ\_Q27)

Null go to DSQ\_Q27

DSQ\_Q26  
Q52

**How much difficulty do you have with your daily activities because of this condition?**

Would you say:

- 1 No difficulty
- 2 Some difficulty
- 3 A lot of difficulty
- 4 You cannot do most activities
- 9 Don't know



DSQ\_Q27  
Q53

**Has a doctor, psychologist or other health care professional ever said that you had a developmental disability or disorder? This may include Down syndrome, autism, Asperger syndrome, mental impairment due to lack of oxygen at birth, etc.**

Would you say:

- 1 Yes
- 2 No (Go to DSQ\_Q30)
- 9 Don't know (Go to DSQ\_Q30)

Null go to DSQ\_Q30

DSQ\_Q28  
Q54

**How often are your daily activities limited by this condition?**

Would you say:

- 1 Never (Go to DSQ\_Q30)
- 2 Rarely (Go to DSQ\_Q30)
- 3 Sometimes
- 4 Often
- 5 Always
- 9 Don't know (Go to DSQ\_Q30)

Null go to DSQ\_Q30

DSQ\_Q29  
Q55

**How much difficulty do you have with your daily activities because of this condition?**

Would you say:

- 1 No difficulty
- 2 Some difficulty
- 3 A lot of difficulty
- 4 You cannot do most activities
- 9 Don't know

DSQ\_Q30  
Q56

**Do you have any ongoing memory problems or periods of confusion?**

**Exclude** occasional forgetfulness such as not remembering where you put your keys.

Would you say:

- 1 Yes
- 2 No (Go to DSQ\_R33)
- 9 Don't know (Go to DSQ\_R33)

Null go to DSQ\_R33

DSQ\_Q31  
Q57

**How often are your daily activities limited by this problem?**

If the problem is controlled by medication or therapy, please answer this question based on when you are using your medication or therapy.

Would you say:

- |   |            |                 |
|---|------------|-----------------|
| 1 | Never      | (Go to DSQ_R33) |
| 2 | Rarely     | (Go to DSQ_R33) |
| 3 | Sometimes  |                 |
| 4 | Often      |                 |
| 5 | Always     |                 |
| 9 | Don't know | (Go to DSQ_R33) |

Null go to DSQ\_R33

DSQ\_Q32  
Q58

**How much difficulty do you have with your daily activities because of this problem?**

If the problem is controlled by medication or therapy, please answer this question based on when you are using medication or therapy.

Would you say:

- |   |                               |
|---|-------------------------------|
| 1 | No difficulty                 |
| 2 | Some difficulty               |
| 3 | A lot of difficulty           |
| 4 | You cannot do most activities |
| 9 | Don't know                    |

DSQ\_R33

**Please remember that your answers will be kept strictly confidential.**

DSQ\_Q33  
Q59

**Do you have any emotional, psychological or mental health conditions?**

e.g., anxiety, depression, bipolar disorder, substance abuse, anorexia, etc.

Would you say:

- |   |            |                 |
|---|------------|-----------------|
| 1 | No         | (Go to DSQ_Q36) |
| 2 | Sometimes  |                 |
| 3 | Often      |                 |
| 4 | Always     |                 |
| 9 | Don't know | (Go to DSQ_Q36) |

Null go to DSQ\_Q36

DSQ\_Q34  
Q60

**How often are your daily activities limited by this condition?**

If the condition is controlled by medication or therapy, please answer this question based on when you are using medication or therapy.

Would you say:

- 1 Never (Go to DSQ\_Q36)
- 2 Rarely (Go to DSQ\_Q36)
- 3 Sometimes
- 4 Often
- 5 Always
- 9 Don't know (Go to DSQ\_Q36)

Null go to DSQ\_Q36

DSQ\_Q35  
Q61

**When you are experiencing this condition, how much difficulty do you have with your daily activities?**

If the condition is controlled by medication or therapy, please answer this question based on when you are using medication or therapy.

Would you say:

- 1 No difficulty
- 2 Some difficulty
- 3 A lot of difficulty
- 4 You cannot do most activities
- 9 Don't know

DSQ\_Q36  
Q62

**Do you have any other health problem or long-term condition that has lasted or is expected to last for six months or more?**

**Exclude** any health problems previously reported.

Would you say:

- 1 Yes
- 2 No (Go to DSQ\_C38)
- 9 Don't know (Go to DSQ\_C38)

Null go to DSQ\_C38

DSQ\_Q37  
Q63

**How often does this health problem or long-term condition limit your daily activities?**

If you have more than one other health problem or condition, please answer based on the health problem or condition that limits your daily activities the most.

- 1 Never
- 2 Rarely
- 3 Sometimes
- 4 Often
- 5 Always
- 9 Don't know

DSQ\_C38

If ((DSQ\_Q09 = (1 or BLANK)) and ((DSQ\_Q01 = (2 or 3 or 4 or DK)) or (DSQ\_Q05 = (2 or 3 or 4 or DK)) or (DSQ\_Q22 = (2 or 3 or 4 or DK)) or (DSQ\_Q33 = (2 or 3 or 4)) or (DSQ\_Q37 = (3 or 4 or 5))))), go to DSQ\_R38.  
Otherwise, go to DSQ\_END.

DSQ\_R38

**The following questions are about pain due to a long-term condition that has lasted or is expected to last for six months or more.**

DSQ\_Q38  
Q64

**Do you have pain that is always present?**

Would you say:

- 1 Yes
- 2 No
- 9 Don't know

DSQ\_Q39  
Q65

**Do you [also] have periods of pain that reoccur from time to time?**

Would you say:

- 1 Yes
- 2 No
- 9 Don't know

DSQ\_C40

If ((DSQ\_Q38 = 1) or (DSQ\_Q39 = 1)), go to DSQ\_Q40.  
Otherwise, go to DSQ\_END.

DSQ\_Q40  
Q66

**How often does this pain limit your daily activities?**

If you have both pain that is always present and pain that reoccurs from time to time, consider the pain that bothers you the most. If your pain is controlled by medication or therapy, please answer this question based on when you are using medication or therapy.

Would you say:

- 1 Never (Go to DSQ\_END)
- 2 Rarely (Go to DSQ\_END)
- 3 Sometimes
- 4 Often
- 5 Always
- 9 Don't know (Go to DSQ\_END)

Null go to DSQ\_END

DSQ\_Q41  
Q67

**When you are experiencing this pain, how much difficulty do you have with your daily activities?**

If you have both pain that is always present and pain that reoccurs from time to time, consider the pain that bothers you the most. If your pain is controlled by medication or therapy, please answer this question based on when you are using medication or therapy.

Would you say:

- 1 No difficulty
- 2 Some difficulty
- 3 A lot of difficulty
- 4 You cannot do most activities
- 9 Don't know

DSQ\_END

## Unmet health care needs (UCN)

UCN\_Q005  
Q68

**During the past 12 months, was there ever a time when you felt that you needed health care, other than homecare services, but you did not receive it?**

- 1 Yes
- 2 No (Go to UCN\_END)

Null go to UCN\_END

UCN\_Q010  
Q69

**Thinking of the most recent time you felt this way, why didn't you get care?**

Select all that apply.

- 01 Care not available in the area
- 02 Care not available at time required (e.g., doctor busy, away from office or no longer at that practice, inconvenient hours)
- 03 Do not have a regular health care provider
- 04 Waiting time too long
- 05 Appointment was cancelled
- 06 Felt would receive inadequate care
- 07 Cost
- 08 Decided not to seek care
- 09 Doctor didn't think it was necessary
- 10 Transportation issue
- 11 Other

UCN\_Q015  
Q70

**Again, thinking of the most recent time, what was the type of care that was needed?**

Select all that apply.

- 01 Treatment of a chronic physical health condition diagnosed by a health professional
- 02 Treatment of a chronic mental health condition diagnosed by a health professional
- 03 Treatment of an acute infectious disease (e.g., cold, flu and stomach flu)
- 04 Treatment of an acute physical condition (non-infectious)
- 05 Treatment of an acute mental health condition (e.g., acute stress reaction)
- 06 A regular check-up (including pre-natal care)
- 07 Care of an injury
- 08 Dental care
- 09 Medication / Prescription refill
- 10 Other

UCN\_Q020  
Q71

**Did you actively try to obtain the health care that was needed?**

- 1 Yes
- 2 No (Go to UCN\_END)

Null go to UCN\_END

UCN\_Q025  
Q72

**Where did you try to get the service you were seeking?**

Select all that apply.

- 1 A doctor's office
- 2 A hospital outpatient clinic
- 3 A community health centre [or CLSC]
- 4 A walk-in clinic
- 5 An emergency department or emergency room
- 6 Other

UCN\_END

**Financial difficulty due to disability (FDD)**

FDD\_Q05  
Q73

**In 2021, have you and your household experienced significant financial difficulty because of a long term disability or health problem of a member of your household?**

Would you say:

- 1 Yes, sometimes
- 2 Yes, often
- 3 No

FDD\_END

**Owners and renters (DWL)**

DWL\_BEG

DV\_DWELTYPE: (Dwelling type (from LFS )

DV\_DWELTYPE:

- 01 = single detached
- 02 = semi-detached (double)
- 03 = row or terrace
- 04 = duplex
- 05 = low-rise apartment of fewer than 5 stories or a flat
- 06 = high-rise apartment of 5 stories or more
- 07 = institution
- 08 = hotel; rooming/lodging house; camp
- 09 = mobile home
- 10 = Other - Specify

DWL\_R05

**The next series of questions will be about your dwelling.**

DWL\_C01

If DV\_DWELTYPE = (07 or 08 or 09), go to DWL\_Q10.  
Otherwise, go to DWL\_Q05.

DWL\_Q05  
Q74

**Is this dwelling part of a condominium development?**

- 1 Yes
- 2 No

DWL\_Q10  
Q75

**Is this dwelling in need of any repairs?**

Do not include desirable remodelling or additions.

Would you say:

- 1 No, only regular maintenance is needed, for example, painting, furnace cleaning
- 2 Yes, minor repairs are needed, for example, missing or loose floor tiles, bricks or shingles, defective steps, railing or siding
- 3 Yes, major repairs are needed, for example, defective plumbing or electrical wiring, structural repairs to walls, floors or ceilings

DWL\_END

## Owners (OWN)

OWN\_BEG

TN\_Q01: Owner or renter (from LFS)

OWN\_C05A

If TN\_Q01 = 1 (owner), go to OWN\_C05B.  
Otherwise, go to OWN\_END.

OWN\_C05B

If DV\_DWELTYPE = (01 or 02 or 03 or 04 or 09 or 10 pr NONRESPONSE), go to OWN\_Q05.  
Otherwise, go to OWN\_Q10.

OWN\_Q05  
Q76

**Does anyone in your household operate a farm on this property?**

- 1 Yes
- 2 No

OWN\_Q10  
Q77

**Does anyone in your household operate a business from this dwelling or property?**

Property is interpreted as the land and buildings associated with the dwelling.

- 1 Yes
- 2 No

OWN\_Q15  
Q78

**How many bedrooms are there in this dwelling?**

Please **include** all rooms designed as bedrooms even if they are now used for something else, for example, as guest rooms or television rooms.

Do not count rooms used solely for business purposes.

**Include** all rooms used as bedrooms now, even if they were not originally built as bedrooms, such as bedrooms in a finished basement.

For a one-room dwelling or bachelor apartment, please enter zero.

|\_|\_|

OWN\_Q20  
Q79

**Is there a mortgage on this dwelling?**

- 1 Yes
- 2 No

(Go to OWN\_Q65)

Null go to OWN\_Q65

Go to OWN\_Q25

OWN\_Q25  
Q80

**Are property taxes included in your mortgage payments?**

- 1 Yes
- 2 No

Null go to OWN\_Q65

Go to OWN\_Q30

OWN\_Q30  
Q81

**Do you have more than one mortgage on your dwelling?**

- 1 Yes
- 2 No

(Go to OWN\_C55)

Null go to OWN\_Q65

Go to OWN\_Q35

OWN\_Q35  
Q82

**How often do you make regular mortgage payments?**

- 01 Weekly
- 02 Every two weeks
- 03 Twice a month
- 04 Monthly
- 05 Quarterly
- 06 Twice a year
- 07 Annually
- 08 Other – Specify

Null go to OWN\_Q65

Go to OWN\_D45A

OWN\_C45

If OWN\_Q25 = 2, go to OWN\_Q50.  
Otherwise, go to OWN\_Q45.



OWN\_Q45  
Q83

**How much do you pay for each of these regular mortgage payments, including your property taxes?**

**Exclude** irregular and lump sum payments.

|\_|\_|\_|\_|\_|\_|\_|\_|\_|

Go to OWN\_Q65

OWN\_Q50  
Q84

**How much do you pay for each of these regular mortgage payments?**

**Exclude** irregular and lump sum payments.

|\_|\_|\_|\_|\_|\_|\_|\_|\_|

Go to OWN\_Q65

OWN\_C55

If OWN\_Q25 = 2, go to OWN\_Q60.  
Otherwise, go to OWN\_Q55.

OWN\_Q55  
Q85

**How much do you pay monthly for all these mortgages, including your property taxes?**

**Exclude** irregular and lump sum payments.

|\_|\_|\_|\_|\_|\_|\_|\_|\_|

Go to OWN\_Q65

OWN\_Q65  
Q87

**What is the total annual property tax bill for this dwelling?**

**Include** school taxes, special service charges and local improvements.

|\_|\_|\_|\_|\_|\_|\_|\_|\_|

Go to OWN\_C70A

OWN\_C70A

If DWL\_Q05 = 1, go to OWN\_Q75.  
Otherwise, go to OWN\_C70B.

OWN\_C70B

If OWN\_Q65 = 0 or OWN\_Q65 = NONRESPONSE, go to OWN\_END.  
Otherwise, go to OWN\_Q70.

OWN\_Q70  
Q88

**Is water included in the payments just mentioned?**

Payments just mentioned could include mortgage payments and property taxes.

- 1 Yes
- 2 No

Go to OWN\_END

OWN\_Q75  
Q89

**What is the regular monthly condominium fee for this dwelling?**

|\_|\_|\_|\_|\_|\_|\_|\_|\_|

OWN\_C80

If (OWN\_Q65 = 0 or OWN\_Q65 = NONRESPONSE) and (OWN\_Q75 = 0 or OWN\_Q75 = NONRESPONSE), go to OWN\_END.  
Otherwise, go to OWN\_Q80.

OWN\_Q80  
Q90

**Are any of the following items included in the payments just mentioned?**

Payments just mentioned could include mortgage payments, property taxes and condo fees.

Select all that apply.

- 1 Electricity
- 2 Heating fuel
- 3 Water
- 4 None of the above

OWN\_END

**Food security (FSC)**

FSC\_R010

**The following statements may describe the food situation for your household in the past 12 months. Please indicate if the statement was often true, sometimes true or never true for you and other household members in the past 12 months.**

FSC\_Q010A  
Q91a

**You and other household members worried that food would run out before you got money to buy more**

- 1 Often true
- 2 Sometimes true
- 3 Never true

FSC\_Q010B  
Q91b

**The food that you and other household members bought just didn't last and there wasn't any money to get more**

- 1 Often true
- 2 Sometimes true
- 3 Never true

FSC\_Q010C  
Q91c

**You and other household members couldn't afford to eat balanced meals**

- 1 Often true
- 2 Sometimes true
- 3 Never true

FSC\_C010D

If number of children > 0, go to FSC\_Q010D.  
Otherwise, go to FSC\_C015A.

- FSC\_Q010D  
Q91d **You or other adults in your household relied on only a few kinds of low-cost food to feed the children because you were running out of money to buy food**
- 1 Often true
  - 2 Sometimes true
  - 3 Never true
- FSC\_Q010E  
Q91e **You or other adults in your household couldn't feed the children a balanced meal because you couldn't afford it**
- 1 Often true
  - 2 Sometimes true
  - 3 Never true
- FSC\_C015A If ((FSC\_Q010A or FSC\_Q010B or FSC\_Q010C or FSC\_Q010D or FSC\_Q010E <= 2) and number of children > 0), go to FSC\_Q015. Otherwise, go to FSC\_C015B.
- FSC\_C015B If (FSC\_Q010A or FSC\_Q010B or FSC\_Q010C or FSC\_Q010D or FSC\_Q010E <= 2, go to FSC\_C020. Otherwise, go to FSC\_END.
- FSC\_Q015  
Q92 **The children were not eating enough because you or other adults in your household just couldn't afford enough food.**
- Would you say:
- 1 Often true
  - 2 Sometimes true
  - 3 Never true
- FSC\_C020 If household size = 1 or number of adults = 1, go to FSC\_Q020A. Otherwise, go to FSC\_R020.
- FSC\_R020 **The following few questions are about the food situation in the past 12 months for you or any other adults in your household.**
- FSC\_Q020A  
Q93 **In the past 12 months, since last [current month], did you or other adults in your household ever cut the size of your meals or skip meals because there wasn't enough money for food?**
- 1 Yes
  - 2 No (Go to FSC\_Q025A)
- FSC\_Q020B  
Q93 **How often did this happen?**
- Was it:
- 1 **Almost every month**
  - 2 **Some months but not every month**
  - 3 **Only 1 or 2 months**
- FSC\_Q025A  
Q94 **In the past 12 months, did you (personally) ever eat less than you felt you should because there wasn't enough money to buy food?**
- 1 Yes
  - 2 No

FSC\_Q025B  
Q95

**In the past 12 months, were you (personally) ever hungry but didn't eat because you couldn't afford enough food?**

- 1 Yes
- 2 No

FSC\_Q025C  
Q96

**In the past 12 months, did you (personally) lose weight because you didn't have enough money for food?**

- 1 Yes
- 2 No

FSC\_C030

If (FSC\_Q015 = 1 or FSC\_Q015 = 2) or (FSC\_Q020A or FSC\_Q025A or FSC\_Q025B or FSC\_Q025C = 1), go to FSC\_Q030.  
Otherwise, go to FSC\_END.

FSC\_Q030  
Q97

**In the past 12 months, did you or other adults in your household ever not eat for a whole day because there wasn't enough money for food?**

- 1 Yes
- 2 No (Go to FSC\_C040)

FSC\_Q035  
Q97

**How often did this happen?**

Was it:

- 1 Almost every month
- 2 Some months but not every month
- 3 Only 1 or 2 months

FSC\_C040

If number of children is not equal to 0, go to FSC\_R040A.  
Otherwise, go to FSC\_END.

FSC\_R040A

**Now, a few questions on the food experiences for children in your household.**

FSC\_Q040A  
Q98

**In the past 12 months, did you or other adults in your household ever cut the size of any of the children's meals because there wasn't enough money for food?**

- 1 Yes
- 2 No

FSC\_Q040B  
Q99

**In the past 12 months, did any of the children ever skip meals because there wasn't enough money for food?**

- 1 Yes
- 2 No (Go to FSC\_Q040D)

FSC\_Q040C  
Q99

**How often did this happen?**

Was it:

- 1 Almost every month
- 2 Some months but not every month
- 3 Only 1 or 2 months

FSC\_Q040D  
Q100

**In the past 12 months, were any of the children ever hungry but you just couldn't afford more food?**

- 1 Yes
- 2 No

FSC\_Q040E  
Q101

**In the past 12 months, did any of the children ever not eat for a whole day because there wasn't enough money for food?**

- 1 Yes
- 2 No

FSC\_END

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