

# Canadian Income Survey(CIS)

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Questionnaire  
2018

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## Introduction (STH)

STH\_R01

**Your household has been selected to participate in the “Canadian Income Survey”.**

**The information collected will be used to complement the Labour Force Survey in order to monitor the economic well-being of individuals and families. These questions will cover the time frame between January and December of 2018.**

**While participation is voluntary, your cooperation is essential to ensure the information collected in this survey is as accurate and as comprehensive as possible. Your answers will be kept strictly confidential and used only for statistical purposes.**

STH\_END

## Informed replacement (IR)

IR\_R05

**In order to reduce the length of the interview and enhance the information provided in this survey, Statistics Canada plans to combine your household's survey information with tax data. The combined data will be used for statistical purposes only, and will be kept confidential.**

IR\_END

## ACT sub-blocks call: Labour and schooling activity (ACTB)

ACTB\_BEG

DV\_HHNUM16: number of household members aged 16 or older  
DV\_D31AGE: age of respondent as of the end of reference year

ACTB\_R05

**The next questions are about your activities between January and December 2018, as well as the activities of other members of your household.**

ACTB\_B10

Call block ACT1 (Activity (Labour force)) for each member aged 16 or older in the household roster.

Call block up to DV\_HHNUM16 times.

ACTB\_B15

Call block ACT2 (Activity (Labour force)) for each member aged 16 or older in the household roster.

Call block up to DV\_HHNUM16 times.

ACTB\_B20

Call block ACT3 (Activity (School attendance)) for each member aged 16 or older in the household roster.

Call block up to DV\_HHNUM16 times.

ACTB\_END

**Activity (Labour force) (ACT1)**

ACT1\_C01

If DV\_D31AGE > 69, go to ACT1\_Q01.  
Otherwise, go to ACT1\_Q05.

ACT1\_Q01

**Did you work at a job or business in 2018?**

- |        |     |                  |
|--------|-----|------------------|
| 1      | Yes | (Go to ACT1_Q05) |
| 2      | No  | (Go to ACT1_END) |
| DK, RF |     | (Go to ACT1_END) |

ACT1\_Q05

**During 2018, how many weeks did you work at a job or business? Include vacation, maternity or parental leave, illness, strikes and lock-outs.**

(MIN: 00) (MAX: 52)

DK, RF (Go to ACT1\_END)

ACT1\_C10

If ACT1\_Q05 = 0, go to ACT1\_END.  
Otherwise, go to ACT1\_Q10.

ACT1\_Q10

**During those weeks, how many hours did you usually work per week at all jobs?**

INTERVIEWER: If the number of work hours varied from week to week, ask the respondent to provide an average.

(MIN: 1.0) (MAX: 168.0)

DK, RF

ACT1\_Q15

**Considering all the jobs you have held in 2018, did you work...**

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

- |        |  |
|--------|--|
| 1      | <b>as an employee?</b>                   |
| 2      | <b>as self-employed?</b>                 |
| 3      | <b>in a family business without pay?</b> |
| DK, RF |  |

ACT1\_END

**Activity (Labour force) (ACT2)**

ACT2\_C01

If (ACT1\_Q01 = 2, DK or RF) or (ACT1\_Q05 = 52, DK or RF), go to ACT2\_END.  
Otherwise, go to ACT2\_Q05.

ACT2\_Q05

**During 2018, how many weeks were you without work AND looking for work?  
Include temporary lay-offs.**

INTERVIEWER: Do not consider a person as “without work and looking for work”  
during the weeks he/she was a full-time student.

(MIN: 00) (MAX: 52)

DK, RF

ACT2\_C10

If ACT1\_Q05 + ACT2\_Q05 = 52, go to ACT2\_END.  
Otherwise, go to ACT2\_Q10.

ACT2\_Q10

**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 (Go to ACT2\_S10)
- DK, RF

ACT2\_S10

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

INTERVIEWER: Specify.

---

(80 spaces)

(DK, RF not allowed)

ACT2\_END

**Activity (School attendance) (ACT3)**

ACT3\_C05

If DV\_D31AGE > 69, go to ACT3\_END.  
Otherwise, go to ACT3\_Q05.

ACT3\_Q05

**Did you attend a school, college, CEGEP or university at any time between  
January and December 2018?**

INTERVIEWER: Ask respondent to include attendance only for courses that can be  
used as credit towards a certificate, diploma or degree.

- 1 Yes
  - 2 No
- DK, RF

ACT3\_C10

If ACT3\_Q05 = 2, DK, RF, go to ACT3\_END.  
Otherwise, go to ACT3\_Q10.

ACT3\_Q10

**Were you enrolled as...?**

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

DK, RF

ACT3\_C15

If DV\_D31AGE > 16, go to ACT3\_Q15.  
Otherwise, go to ACT3\_END.

ACT3\_Q15

**Did you receive any money from a scholarship, bursary or fellowship in 2018?**

- 1 Yes
- 2 No

DK, RF

ACT3\_C20

If ACT3\_Q15 = 1, go to ACT3\_Q20.  
Otherwise, go to ACT3\_END.

ACT3\_Q20

**What was the total amount you received in 2018?**

(MIN: 1) (MAX: 999995)

DK, RF

ACT3\_END

## **SCC sub-blocks call: Support payments and childcare expenses (SCCB)**

SCCB\_BEG

DV\_HHNUM18: number of family members 18 or older in household  
RR\_N01: relationship to reference person (from LFS)

SCCB\_C01

If DV\_HHNUM18 > 0, go to SCCB\_R05.  
Otherwise, go to SCCB\_END.

SCCB\_R05

**The next questions are about support payments and child care expenses.**

SCCB\_B10

Call block SCC1 (Support payments received) for each member aged 18 or older in the household roster.

Call block up to DV\_HHNUM18 times.

SCCB\_B15

Call block SCC2 (Support payments paid) for each member aged 18 or older in the household roster.

Call block up to DV\_HHNUM18 times.

SCCB\_B20

Call block SCC3 (Childcare expenses) for each member aged 18 or older in the household roster.

SCCB\_END

**Support payments received (SCC1)**

SCC1\_C05 If DV\_D31AGE < 25 and ACT3\_Q05 = 1 and (RR\_N01 = '03' (son or daughter) or '06' (foster child)), go to SCC1\_END.  
Otherwise, go to SCC1\_Q05.

SCC1\_Q05 **Between January and December 2018, did you receive support payments from a former spouse or partner? By support payments, I mean a formal agreement for spousal support, alimony, separation allowance, or child support.**

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

1 Yes (Go to SCC1\_Q10)  
2 No (Go to SCC1\_END)  
DK, RF (Go to SCC1\_END)

SCC1\_Q10 **What is your best estimate of the amount of support payments you received in 2018?**

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

(MIN: 1) (MAX: 99999995)

DK, RF

SCC1\_END

**Support payments paid (SCC2)**

SCC2\_C05 If DV\_D31AGE < 25 and ACT3\_Q05 = 1 and (RR\_N01 = '03' (son or daughter) or '06' (foster child)), go to SCC2\_END.  
Otherwise, go to SCC2\_Q05.

SCC2\_Q05 **Between January and December 2018, did you make support payments to a former spouse or partner? (By support payments, I mean a formal agreement for spousal support, alimony, separation allowance, or child support.)**

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

1 Yes (Go to SCC2\_Q10)  
2 No (Go to SCC2\_END)  
DK, RF (Go to SCC2\_END)

SCC2\_Q10 **What is your best estimate of the total amount you paid in support payments in 2018?**

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

(MIN: 1) (MAX: 99999995)

DK, RF

SCC2\_END

### Childcare expenses (SCC3)

SCC3_C01	If DV_D31AGE > 69, go to SCC3_END. Otherwise, go to SCC3_C02.
SCC3_C02	If ACT1_Q05 is not equal to 0, go to SCC3_C05. Otherwise, go to SCC3_END.
SCC3_C05	If DV_D31AGE < 25 and ACT3_Q05 = 1 and (RR_N01 = '03' (son or daughter) or '06' (foster child)), go to SCC3_END. Otherwise, go to SCC3_Q05.
SCC3_Q05	<b>Between January and December 2018, did you pay for child care, so that you could work at your paid job(s)?</b>  <u>INTERVIEWER:</u> Include child care paid during school holidays.  1 Yes (Go to SCC3_Q10) 2 No (Go to SCC3_END) DK, RF (Go to SCC3_END)
SCC3_Q10	<b>What is your best estimate of the total amount you paid for child care between January and December 2018? (Please exclude any amount previously reported).</b>  <u>INTERVIEWER:</u> Do not double-count any expenses that were already reported. Please enter "0" if the entire amount was previously entered.  (MIN: 0) (MAX: 99999995) DK, RF
SCC3_END	

### IHT sub-blocks call: Inter-household transfers (IHTB)

IHTB_R05	<b>The next questions are about money transfers between people not living in the same dwelling. This could be either in the form of cash or bill payments, to help with living expenses.</b>
IHTB_B10	Call block IHT1 (Inter-household transfers – amounts received) for each member aged 16 or older in the household roster.  Call block up to DV_HHNUM16 times.
IHTB_B15	Call block IHT2 (Inter-household transfers – amounts paid) for each member aged 16 or older in the household roster.  Call block up to DV_HHNUM16 times.
IHTB_END	



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

IHT1_C05	If SCC1_Q05 = 1, go to IHT1_Q05. Otherwise, go to IHT1_Q10.
IHT1_Q05	<p><b>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 2018?</b></p> <p>1 Yes (Go to IHT1_Q15)                  2 No (Go to IHT1_END)                  DK, RF (Go to IHT1_END)</p>
IHT1_Q10	<p><b>Between January and December 2018, did anyone not living with you help to pay for your living expenses by giving you money or paying bills?</b></p> <p>1 Yes                  2 No (Go to IHT1_END)                  DK, RF (Go to IHT1_END)</p>
IHT1_Q15	<p><b>In total, how much did you receive from anyone not living with you between January and December 2018?</b></p> <p><u>INTERVIEWER:</u> Do not double-count any amounts received by the household that were already reported. Please enter "0" if the entire amount was previously entered.</p> <p>(MIN: 0) (MAX: 9999995)</p> <p>DK, RF</p>
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 ACT3_Q05 = 1 and (RR_N01 = '03' (son or daughter) or '06' (foster child)), go to IHT2_END. Otherwise, go to IHT2_C05.
IHT2_C05	If SCC2_Q05 = 1, go to IHT2_Q05. Otherwise, go to IHT2_Q10.

IHT2\_Q05

**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 2018?**

INTERVIEWER: Formal agreement can be a court order or a mediation agreement.

- |        |     |                  |
|--------|-----|------------------|
| 1      | Yes | (Go to IHT2_Q15) |
| 2      | No  | (Go to IHT2_END) |
| DK, RF |     | (Go to IHT2_END) |

IHT2\_Q10

**Between January and December 2018, did you help anyone not living with you pay for their living expenses by giving them money or paying their bills?**

- |        |     |                  |
|--------|-----|------------------|
| 1      | Yes |                  |
| 2      | No  | (Go to IHT2_END) |
| DK, RF |     | (Go to IHT2_END) |

IHT2\_Q15

**In total, how much did you give to anyone not living with you between January and December 2018?**

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

(MIN: 0) (MAX: 99999995)

DK, RF

IHT2\_END

## **INC sub-block call: Total personal income (INCB)**

INCB\_R01

**Now a question about total personal income.**

INCB\_B05

Call block INC1 (Total personal income) for each member aged 16 or older in the household roster.

Call block up to DV\_HHNUM16 times.

INCB\_END

**Total personal income (INC1)**

INC1\_Q05

**What is your best estimate of your total personal income, before taxes and deductions, from all sources during the year ending December 31, 2018?**

**Income can come from various sources such as from work, investments, pensions or government. Examples include Employment Insurance, Social Assistance, Child Tax Benefit and other income such as child support, spousal support (alimony) and rental income.**

INTERVIEWER: Capital gains should not be included in the personal income.

(MIN: -9000000) (MAX: 90000000)

DK, RF

INC1\_C10

If INC1\_Q05 = DK or RF, go to INC1\_Q10.  
Otherwise, go to INC1\_C21.

INC1\_Q10

**Can you estimate in which of the following groups your personal income falls? Was your total personal income during the year ending December 31, 2018... ?**

INTERVIEWER: Read categories to respondent.

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

DK, RF

Go to INC1\_END

INC1\_Q15

**Please stop me when I have read the category which applies to you.**

**Was it... ?**

INTERVIEWER: Read categories to respondent.

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

DK, RF

(Go to INC1\_END)

Go to INC1\_C21

INC1\_Q20

**Please stop me when I have read the category which applies to you.**

**Was it... ?**

INTERVIEWER: Read categories to respondent.

- 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**

DK, RF

(Go to INC1\_END)

INC1\_C21

If DV\_D31AGE < 18, go to INC1\_END.  
Otherwise, go to INC1\_C22.

INC1\_C22

If DV\_D31AGE < 25 and ACT3\_Q05 = 1 and (RR\_N01 = '03' (son or daughter) or '06' (foster child)), go to INC1\_END.  
Otherwise, go to INC1\_C25.

INC1\_C25

If DV\_D31AGE < 66 and ((INC1\_Q05 > 0 and < \$50,000) or INC1\_Q10 = 1 or INC1\_Q20 = 01, 02), go to INC1\_Q25.  
Otherwise, go to INC1\_END.

INC1\_Q25

**Does this amount include any Social Assistance payments?**

INTERVIEWER: Income from the following programs SHOULD NOT be considered as Social Assistance payments: Employment Insurance (including for maternity leave), Workers' Compensation, Canada Pension Plan (CPP), Quebec Pension Plan (QPP) and Child Tax Benefits.

- 1 Yes
  - 2 No
- DK, RF

INC1\_END

## Introduction to the disability screening questions (PDSQ)

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 interview 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\_C01

If DV\_D31AGE >= 16, go to DSQ\_R01.  
Otherwise, go to DSQ\_END.

DSQ\_R01

**The following questions are about difficulties you may have doing certain activities. Please tell me only about difficulties or long-term conditions that have lasted or are expected to last for six months or more.**

DSQ\_Q01

**Do you have any difficulty seeing?**

INTERVIEWER: Read categories to respondent.

If respondent indicates that he/she uses glasses or contact lenses, ask for a response based on their ability to see when using these aids.

- 1 **No** (Go to DSQ\_Q05)
- 2 **Sometimes**
- 3 **Often**
- 4 **Always**
- DK
- RF (Go to DSQ\_Q05)

DSQ\_Q02

**Do you wear glasses or contact lenses to improve your vision?**

- 1 Yes
- 2 No
- DK, RF

DSQ\_Q03

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

INTERVIEWER: Read categories to respondent.

- 1 **Have no difficulty seeing** (Go to DSQ\_Q05)
- 2 **Have some difficulty (seeing)**
- 3 **Have a lot of difficulty (seeing)**
- 4 **Are legally blind**
- 5 **Are blind**
- DK, RF (Go to DSQ\_Q05)

DSQ\_Q04

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

INTERVIEWER: Read categories to respondent.

- 1 **Never**
- 2 **Rarely**
- 3 **Sometimes**
- 4 **Often**
- 5 **Always**
- DK, RF

DSQ\_Q05

**Do you have any difficulty hearing?**

INTERVIEWER: Read categories to respondent.

If respondent indicates that he/she uses a hearing aid or a cochlear implant, ask for a response based on their ability to hear when using these aids.

- 1 **No** (Go to DSQ\_Q09)
- 2 **Sometimes**
- 3 **Often**
- 4 **Always**
- DK
- RF (Go to DSQ\_Q09)

DSQ\_Q06

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

- 1 Yes
- 2 No
- DK, RF

DSQ\_Q07

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

INTERVIEWER: Read categories to respondent.

- 1 **Have no difficulty hearing** (Go to DSQ\_Q09)
- 2 **Have some difficulty (hearing)**
- 3 **Have a lot of difficulty (hearing)**
- 4 **Cannot hear at all**
- 5 **Are Deaf**
- DK, RF (Go to DSQ\_Q09)

DSQ\_Q08

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

INTERVIEWER: Read categories to respondent.

- 1 **Never**
- 2 **Rarely**
- 3 **Sometimes**
- 4 **Often**
- 5 **Always**
- DK, RF

DSQ\_Q09

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

INTERVIEWER: Read categories to respondent.

- 1 **No** (Go to DSQ\_R18)
- 2 **Sometimes**
- 3 **Often**
- 4 **Always**
- DK
- RF (Go to DSQ\_R18)

DSQ\_R10

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

DSQ\_Q10

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

INTERVIEWER: Read categories to respondent.

This corresponds to the regular walking pace of the respondent. If the respondent uses an aid for minimal support such as a cane, walking stick or crutches, ask for a response based on their ability to walk when using these aids.

- 1 **No difficulty**
- 2 **Some (difficulty)**
- 3 **A lot (of difficulty)**
- 4 **You cannot do at all**

DK, RF

DSQ\_Q11

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

INTERVIEWER: Read categories to respondent.

This corresponds to the regular walking pace of the respondent. If the respondent uses an aid for minimal support such as a cane, walking stick or crutches, ask for a response based on their ability to walk when using these aids.

- 1 **No difficulty**
- 2 **Some (difficulty)**
- 3 **A lot (of difficulty)**
- 4 **You cannot do at all**

DK, RF

DSQ\_C12

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

DSQ\_Q12

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

INTERVIEWER: Read categories to respondent.

- 1 **Never**
- 2 **Rarely**
- 3 **Sometimes** (Go to DSQ\_R18)
- 4 **Often** (Go to DSQ\_R18)
- 5 **Always** (Go to DSQ\_R18)

DK, RF

DSQ\_Q13

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

INTERVIEWER: Read categories to respondent.

- 1 **No difficulty**
- 2 **Some (difficulty)**
- 3 **A lot (of difficulty)**
- 4 **You cannot do at all**

DK, RF

DSQ\_Q14

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

INTERVIEWER: Read categories to respondent.

- 1 **No difficulty**
  - 2 **Some (difficulty)**
  - 3 **A lot (of difficulty)**
  - 4 **You cannot do at all**
- DK, RF

DSQ\_C15

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

DSQ\_Q15

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

INTERVIEWER: Read categories to respondent.

- 1 **Never**
  - 2 **Rarely**
  - 3 **Sometimes** (Go to DSQ\_R18)
  - 4 **Often** (Go to DSQ\_R18)
  - 5 **Always** (Go to DSQ\_R18)
- DK, RF

DSQ\_Q16

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

INTERVIEWER: Read categories to respondent.

- 1 **No difficulty** (Go to DSQ\_R18)
  - 2 **Some (difficulty)**
  - 3 **A lot (of difficulty)**
  - 4 **You cannot do at all**
- DK, RF (Go to DSQ\_R18)

DSQ\_Q17

**How often does this difficulty using your fingers limit your daily activities?**

INTERVIEWER: Read categories to respondent.

- 1 **Never**
  - 2 **Rarely**
  - 3 **Sometimes**
  - 4 **Often**
  - 5 **Always**
- DK, RF

DSQ\_R18

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

DSQ\_Q18

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

INTERVIEWER: Read categories to respondent.

- 1 **No** (Go to DSQ\_Q25)
  - 2 **Sometimes**
  - 3 **Often**
  - 4 **Always**
- DK (Go to DSQ\_Q25)  
RF (Go to DSQ\_Q25)



DSQ\_Q19

**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..**

- 1 Yes
- 2 No
- DK, RF

DSQ\_Q20

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

- 1 Yes
- 2 No
- DK, RF

DSQ\_C21

If DSQ\_Q19 = 1 (Yes) or DSQ\_Q20 = 1 (Yes), go to DSQ\_Q21.  
Otherwise, go to DSQ\_Q22.

DSQ\_Q21

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

INTERVIEWER: Read categories to respondent.

- 1 **Never**
- 2 **Rarely**
- 3 **Sometimes** (Go to DSQ\_Q25)
- 4 **Often** (Go to DSQ\_Q25)
- 5 **Always** (Go to DSQ\_Q25)
- DK, RF

DSQ\_Q22

**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..**

- 1 Yes (Go to DSQ\_Q25)
- 2 No
- DK, RF

DSQ\_Q23

**Do you have any ongoing memory problems or periods of confusion? Please exclude occasional forgetfulness such as not remembering where you put your keys.**

- 1 Yes
- 2 No (Go to DSQ\_Q25)
- DK, RF (Go to DSQ\_Q25)

DSQ\_Q24

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

INTERVIEWER: Read categories to respondent.

If respondent indicates that the problem is controlled by medication or therapy ask for a response based on when the respondent is using medication or therapy.

- 1 **Never**
- 2 **Rarely**
- 3 **Sometimes**
- 4 **Often**
- 5 **Always**
- DK, RF

DSQ\_Q25

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

**Do you have any emotional, psychological or mental health conditions? These may include anxiety, depression, bipolar disorder, substance abuse, anorexia, etc.**

INTERVIEWER: Read categories to respondent.

- 1 **No** (Go to DSQ\_C27)
- 2 **Sometimes**
- 3 **Often**
- 4 **Always**
- DK, RF (Go to DSQ\_C27)

DSQ\_Q26

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

INTERVIEWER: Read categories to respondent.

If respondent indicates that the condition is controlled by medication or therapy, ask for a response based on when the respondent is using medication or therapy.

- 1 **Never**
- 2 **Rarely**
- 3 **Sometimes**
- 4 **Often**
- 5 **Always**
- DK, RF

DSQ\_C27

If (((DSQ\_Q01 = 1 (No) or RF) AND (DSQ\_Q05 = 1 (No) or RF) AND (DSQ\_Q09 = 1 (No) or RF) AND (DSQ\_Q18 = 1 (No) or RF) AND (DSQ\_Q25 = 1 (No) or DK or RF)) OR ((DSQ\_Q12 = 3, 4 or 5) OR (DSQ\_Q15 = 3, 4 or 5) OR (DSQ\_Q17 = 3, 4 or 5))), go to DSQ\_C30.  
Otherwise, go to DSQ\_R27.

DSQ\_R27

**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\_Q27

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

- 1 Yes
- 2 No
- DK, RF

DSQ\_Q28

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

- 1 Yes
- 2 No
- DK, RF

DSQ\_C29

If DSQ\_Q27 = 1 (Yes) or DSQ\_Q28 = 1 (Yes), go to DSQ\_Q29.  
Otherwise, go to DSQ\_C30.

DSQ\_Q29

**How often does this pain limit your daily activities?**INTERVIEWER: Read categories to respondent.

If the respondent has both pain that is always present and pain that reoccurs from time to time, ask them about the pain that bothers them the most. If respondent indicates that pain is controlled by medication or therapy, ask for a response based on when the respondent is using medication or therapy.

- 1 **Never**
  - 2 **Rarely**
  - 3 **Sometimes** (Go to DSQ\_END)
  - 4 **Often** (Go to DSQ\_END)
  - 5 **Always** (Go to DSQ\_END)
- DK, RF

DSQ\_C30

If ((DSQ\_Q04 = 3, 4 or 5) OR (DSQ\_Q08 = 3, 4 or 5) OR (DSQ\_Q12 = 3, 4 or 5) OR (DSQ\_Q15 = 3, 4 or 5) OR (DSQ\_Q17 = 3, 4 or 5) OR (DSQ\_Q21 = 3, 4 or 5) OR (DSQ\_Q22 = 1) OR (DSQ\_Q24 = 3, 4 or 5) OR (DSQ\_Q26 = 3, 4 or 5) OR (DSQ\_Q29 = 3, 4 or 5)), go to DSQ\_END.  
Otherwise, go to DSQ\_Q30.

DSQ\_Q30

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

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

DSQ\_Q31

**How often does this health problem or long-term condition limit your daily activities?**INTERVIEWER: Read categories to respondent.

If respondent indicated more than one health problem or condition, ask for a response that is based on the health problem or condition that limits the respondent's daily activities the most.

- 1 **Never**
  - 2 **Rarely**
  - 3 **Sometimes**
  - 4 **Often**
  - 5 **Always**
- DK, RF

DSQ\_END

**Unmet health care needs (UCN)**

UCN\_Q005

**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)
- DK, RF (Go to UCN\_END)

UCN\_Q010

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

INTERVIEWER: Mark 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
- DK, RF

UCN\_Q015

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

INTERVIEWER: Mark 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
- DK, RF

UCN\_Q020

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

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

UCN\_Q025

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

INTERVIEWER: Mark 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
- DK, RF

UCN\_END

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

FDD\_Q05

**In 2018, have you and your household experienced significant financial difficulty because of a long term disability or health problem of a member of your household?**

INTERVIEWER: Read categories to respondent.

- 1 **Yes, sometimes**
  - 2 **Yes, often**
  - 3 **No**
- DK, RF

FDD\_END

**Owners and renters (DWL)**

DWL\_BEG

DWL\_Q01 = Dwelling type  
DWELTYPE = dwelling type code from LFS sample file

Dwelling type:  
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

DWL\_R05

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

DWL\_C05A

If DWL\_Q01 = empty, go to DWL\_C05C.  
Otherwise, go to DWL\_C05B.

DWL\_C05B

If DWL\_Q01 = 07, 08 or 09, go to DWL\_Q10.  
Otherwise, go to DWL\_Q05.

DWL\_C05C

If DWELTYPE = 07, 08 or 09, go to DWL\_Q10.  
Otherwise, go to DWL\_Q05.

DWL\_Q05

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

- 1 Yes
- 2 No
- DK, RF

DWL\_Q10

**Is this dwelling in need of any repairs? Do not include remodelling or additions.**

INTERVIEWER: Read categories to respondent.

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

DK, RF

DWL\_END

## Owners (OWN)

OWN\_BEG

TN\_Q01: owner or renter

OWN\_C05A

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

OWN\_C05B

If DW\_Q01 = empty, go to OWN\_C05D.  
Otherwise, go to OWN\_C05C.

OWN\_C05C

If DW\_Q01 = 01, 02, 03, 04, 09, 10, DK or RF, go to OWN\_Q05.  
Otherwise, go to OWN\_Q10.

OWN\_C05D

If DWELTYPE = 01, 02, 03, 04, 09, 10, DK or RF, go to OWN\_Q05.  
Otherwise, go to OWN\_Q10.

OWN\_Q05

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

- 1 Yes
- 2 No
- DK, RF

OWN\_Q10

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

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

- 1 Yes
- 2 No
- DK, RF

OWN\_Q15

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

INTERVIEWER: 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, enter zero.

(MIN: 0) (MAX: 95)

DK, RF

OWN\_Q20

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

1 Yes

2 No

DK, RF

(Go to OWN\_Q65)

(Go to OWN\_Q65)

OWN\_Q25

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

1 Yes

2 No

DK, RF

(Go to OWN\_Q65)

OWN\_Q30

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

1 Yes

2 No

DK, RF

(Go to OWN\_C55)

(Go to OWN\_Q65)

OWN\_Q35

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

01 Weekly

02 Every two weeks

03 Twice a month

04 Biweekly

05 Monthly

06 Quarterly

07 Annually

08 Twice a year

09 Other - Specify

DK, RF

(Go to OWN\_Q40)

(Go to OWN\_S35)

(Go to OWN\_Q65)

Go to OWN\_C45

OWN\_S35

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

INTERVIEWER: Specify.

(80 spaces)

(DK, RF not allowed)

Go to OWN\_C45

OWN\_Q40

**Is that...?**

INTERVIEWER: Read categories to respondent.

1 **Every two weeks**

2 **Twice a month**

DK, RF

(Go to OWN\_Q65)

OWN\_C45

If OWN\_Q25 = 1, go to OWN\_Q45.

Otherwise, go to OWN\_Q50.

OWN\_Q45

**How much do you pay for each of these regular mortgage payments, including your property taxes? Exclude irregular and lump sum payments.**

INTERVIEWER: Round to nearest dollar.

(MIN: 1) (MAX: 99999995)

DK, RF

Go to OWN\_Q65

OWN\_Q50

**How much do you pay for each of these regular mortgage payments? Exclude irregular and lump sum payments.**

INTERVIEWER: Round to nearest dollar.

(MIN: 1) (MAX: 99999995)

DK, RF

Go to OWN\_Q65

OWN\_C55

If OWN\_Q25 = 1, go to OWN\_Q55.

Otherwise, go to OWN\_Q60.

OWN\_Q55

**How much do you pay monthly for all these mortgages, including your property taxes? Exclude irregular and lump sum payments.**

INTERVIEWER: Round to nearest dollar.

(MIN: 1) (MAX: 99999995)

DK, RF

Go to OWN\_Q65

OWN\_Q60

**How much do you pay monthly for all these mortgages? Exclude irregular and lump sum payments.**

INTERVIEWER: Round to nearest dollar.

(MIN: 1) (MAX: 99999995)

DK, RF



OWN\_Q65 **What is the total annual property tax bill for this dwelling? Include school taxes, special service charges and local improvements.**

INTERVIEWER: Round to nearest dollar.

(MIN: 0) (MAX: 99999995)

DK, RF

OWN\_C70A If DWL\_Q05 = 1, go to OWN\_Q75.  
Otherwise, go to OWN\_C70B.

OWN\_C70B If OWN\_Q65 = 0, DK or RF, go to OWN\_END.  
Otherwise, go to OWN\_Q70.

OWN\_Q70 **Is water included in the payments just mentioned?**

INTERVIEWER: Payments just mentioned could include mortgage payments and property taxes.

1 Yes  
2 No  
DK, RF

Go to OWN\_END

OWN\_Q75 **What is the regular monthly condominium fee for this dwelling?**

(MIN: 0) (MAX: 99999995)

DK, RF (Go to OWN\_END)

OWN\_C80 If (OWN\_Q65 = 0, DK or RF) AND (OWN\_Q75 = 0, DK or RF), go to OWN\_END.  
Otherwise, go to OWN\_Q80.

OWN\_Q80 **Are any of the following items included in the payments just mentioned?**

INTERVIEWER: Payments just mentioned could include mortgage payments, property taxes and condo fees.  
Mark all that apply. Read categories to respondent.

1 **Electricity**  
2 **Heating fuel**  
3 **Water**  
4 None of the above  
DK, RF

OWN\_END

**Food security (FSC)**

FSC\_R010

The following questions are about the food situation for your household in the past 12 months. I'm going to read you several statements that may be used to describe the food situation for a household. Please tell me if the statement was often true, sometimes true, or never true for you and other household members in the past 12 months.

FSC\_Q010A

The first statement is: You and other household members worried that food would run out before you got money to buy more. Was that often true, sometimes true, or never true in the past 12 months?

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

DK, RF

FSC\_Q010B

The food that you and other household members bought just didn't last, and there wasn't any money to get more. Was that often true, sometimes true, or never true in the past 12 months?

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

DK, RF

FSC\_Q010C

You and other household members couldn't afford to eat balanced meals. In the past 12 months was that often true, sometimes true, or never true?

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

DK, RF

FSC\_C010D

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

FSC\_Q010D

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. Was that often true, sometimes true, or never true in the past 12 months?

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

DK, RF

FSC\_Q010E

You or other adults in your household couldn't feed the children a balanced meal, because you couldn't afford it. Was that often true, sometimes true, or never true in the past 12 months?

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

DK, RF

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	<p>If ([FSC_Q010A or FSC_Q010B or FSC_Q010C or FSC_Q010D or FSC_Q010E] &lt;= 2), go to FSC_C020. Otherwise, go to FSC_END.</p>
FSC_Q015	<p><b>The children were not eating enough because you or other adults in your household just couldn't afford enough food. Was that <u>often</u>, <u>sometimes</u>, or <u>never</u> true in the past 12 months?</b></p> <p>1 Often true 2 Sometimes true 3 Never true DK, RF</p>
FSC_C020	<p>If household size = 1 or number of adults = 1, go to FSC_Q020A. Otherwise, go to FSC_R020.</p>
FSC_R020	<p><b>The following few questions are about the food situation in the past 12 months for you or any other adults in your household.</b></p>
FSC_Q020A	<p><b>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?</b></p> <p>1 Yes 2 No DK, RF</p> <p>(Go to FSC_Q025A) (Go to FSC_Q025A)</p>
FSC_Q020B	<p><b>How often did this happen? Was it...?</b></p> <p><u>INTERVIEWER</u>: Read categories to respondent.</p> <p>1 <b>Almost every month</b> 2 <b>Some months but not every month</b> 3 <b>Only 1 or 2 months</b> DK, RF</p>
FSC_Q025A	<p><b>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?</b></p> <p>1 Yes 2 No DK, RF</p>
FSC_Q025B	<p><b>In the past 12 months, were you (personally) ever hungry but didn't eat because you couldn't afford enough food?</b></p> <p>1 Yes 2 No DK, RF</p>
FSC_Q025C	<p><b>In the past 12 months, did you (personally) ever lose weight because you didn't have enough money for food?</b></p> <p>1 Yes 2 No DK, RF</p>

FSC_C030	If (FSC_Q015 = 1 or 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	<b>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?</b>  1 Yes 2 No (Go to FSC_C040) DK, RF (Go to FSC_C040)
FSC_Q035	<b>How often did this happen? Was it...?</b>  <u>INTERVIEWER</u> : Read categories to respondent.  1 Almost every month 2 Some months but not every month 3 Only 1 or 2 months DK, RF
FSC_C040	If number of children <> 0, go to FSC_R040A. Otherwise, go to FSC_END.
FSC_R040A	<b>Now, a few questions on the food experiences for children in your household.</b>
FSC_Q040A	<b>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?</b>  1 Yes 2 No DK, RF
FSC_Q040B	<b>In the past 12 months, did any of the children ever skip meals because there wasn't enough money for food?</b>  1 Yes 2 No (Go to FSC_Q040D) DK, RF (Go to FSC_Q040D)
FSC_Q040C	<b>How often did this happen? Was it...?</b>  <u>INTERVIEWER</u> : Read categories to respondent.  1 Almost every month 2 Some months but not every month 3 Only 1 or 2 months DK, RF
FSC_Q040D	<b>In the past 12 months, were any of the children ever hungry but you just couldn't afford more food?</b>  1 Yes 2 No DK, RF

FSC\_Q040E

**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
- DK, RF

FSC\_END

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