

AA Residence Status

INTERVIEWER: Questions AA1 to AA4 are asked only of those respondents currently living outside of Ontario. If respondent currently lives in Ontario, please go to Section A on page 3.

AA1 These first questions are about your move from the province of Ontario.

How long have you been living outside of Ontario?

(IF LESS THAN 1 MONTH, ENTER '01')

A years (if 1 year or more)

OR

B months

AA2 Have you taken up permanent residence outside of Ontario or is this a temporary move?

1 Permanent residence

2 Temporary move

AA3 Was the decision to move outside of Ontario made by your parents while you were still living with them, or was it your decision?

3 Decision of parents



Go to Section A on page 3

4 Decision of respondent

AA4 What were the reasons for this move?

MARK ALL THAT APPLY

5 School/education reasons

6 Work-related reasons

7 Marriage or a relationship with a significant other

8 Other family-related reasons

9 Desire for change in lifestyle

10 Other reasons

Specify: _____

A

Health



GENERAL HEALTH

A1

The first questions are about your health.

In general, would you say your health is...

- 1 excellent?
- 2 very good?
- 3 good?
- 4 fair?
- 5 poor?

A2

Compared to one year ago, how would you rate your health in general now?

Would you say it is...

- 6 much better?
- 7 somewhat better?
- 8 about the same?
- 9 somewhat worse?
- 10 much worse now than one year ago?

A3

The following questions are about activities you might do during a typical day.

Does your health now limit you in these activities?
If so, how much?

	Yes, limited a lot	Yes, limited a little	No, not limited at all
a) Vigorous activities, such as running, lifting heavy objects, participating in strenuous sports.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
b) Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf.	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
c) Lifting or carrying groceries.	7 <input type="radio"/>	8 <input type="radio"/>	9 <input type="radio"/>
d) Climbing several flights of stairs.	10 <input type="radio"/>	11 <input type="radio"/>	12 <input type="radio"/>
e) Climbing one flight of stairs.	13 <input type="radio"/>	14 <input type="radio"/>	15 <input type="radio"/>
f) Bending, kneeling or stooping.	16 <input type="radio"/>	17 <input type="radio"/>	18 <input type="radio"/>
g) Walking more than a kilometre/mile.	19 <input type="radio"/>	20 <input type="radio"/>	21 <input type="radio"/>
h) Walking several blocks.	22 <input type="radio"/>	23 <input type="radio"/>	24 <input type="radio"/>
i) Walking one block.	25 <input type="radio"/>	26 <input type="radio"/>	27 <input type="radio"/>
j) Bathing or dressing yourself.	28 <input type="radio"/>	29 <input type="radio"/>	30 <input type="radio"/>

A4 During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of your physical health?

- | | Yes | No |
|--|-------------------------|-------------------------|
| a) Had to cut down on the amount of time you spent on work or other activities. | 1 <input type="radio"/> | 2 <input type="radio"/> |
| b) Accomplished less than you would like. | 3 <input type="radio"/> | 4 <input type="radio"/> |
| c) Were limited in the kind of work or other activities that you were able to do. | 5 <input type="radio"/> | 6 <input type="radio"/> |
| d) Had difficulty performing the work or other activities (for example, it took extra time). | 7 <input type="radio"/> | 8 <input type="radio"/> |

A5 During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems (such as feeling depressed or anxious)?

- | | Yes | No |
|---|-------------------------|-------------------------|
| a) Had to cut down on the amount of time you spend on work or other activities. | 1 <input type="radio"/> | 2 <input type="radio"/> |
| b) Accomplished less than you would like. | 3 <input type="radio"/> | 4 <input type="radio"/> |
| c) Didn't do work or other activities as carefully as usual. | 5 <input type="radio"/> | 6 <input type="radio"/> |

A6 During the past 4 weeks, to what extent has your physical health or emotional problems interfered with your normal social activities with family, friends, neighbours or groups?
Would you say...

- 1 not at all?
- 2 slightly?
- 3 moderately?
- 4 quite a bit?
- 5 extremely?

A7 During the past 4 weeks, how much did pain interfere with your normal work (including both work outside the home and housework)?

Would you say...

- 6 not at all?
- 7 a little bit?
- 8 moderately?
- 9 quite a bit?
- 10 extremely?

A8 How much bodily pain have you had during the past 4 weeks?

Would you say...

- 1 none?
- 2 very mild?
- 3 mild?
- 4 moderate?
- 5 severe?
- 6 very severe?

A9 These questions are about how you feel and how things have been with you during the past 4 weeks. For each question, please give the one answer that comes closest to the way you have been feeling. The responses are on page 1 of your response booklet.

How much of the time during the past 4 weeks...

	All of the time A	Most of the time B	A good bit of the time C	Some of the time D	A little of the time E	None of the time F
a) did you feel full of pep?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
b) have you been a very nervous person?	7 <input type="radio"/>	8 <input type="radio"/>	9 <input type="radio"/>	10 <input type="radio"/>	11 <input type="radio"/>	12 <input type="radio"/>
c) have you felt so down in the dumps that nothing could cheer you up?	13 <input type="radio"/>	14 <input type="radio"/>	15 <input type="radio"/>	16 <input type="radio"/>	17 <input type="radio"/>	18 <input type="radio"/>
d) have you felt calm and peaceful?	19 <input type="radio"/>	20 <input type="radio"/>	21 <input type="radio"/>	22 <input type="radio"/>	23 <input type="radio"/>	24 <input type="radio"/>
e) did you have a lot of energy?	25 <input type="radio"/>	26 <input type="radio"/>	27 <input type="radio"/>	28 <input type="radio"/>	29 <input type="radio"/>	30 <input type="radio"/>
f) have you felt downhearted and blue?	31 <input type="radio"/>	32 <input type="radio"/>	33 <input type="radio"/>	34 <input type="radio"/>	35 <input type="radio"/>	36 <input type="radio"/>
g) did you feel worn out?	37 <input type="radio"/>	38 <input type="radio"/>	39 <input type="radio"/>	40 <input type="radio"/>	41 <input type="radio"/>	42 <input type="radio"/>
h) have you been a happy person?	43 <input type="radio"/>	44 <input type="radio"/>	45 <input type="radio"/>	46 <input type="radio"/>	47 <input type="radio"/>	48 <input type="radio"/>
i) did you feel tired?	49 <input type="radio"/>	50 <input type="radio"/>	51 <input type="radio"/>	52 <input type="radio"/>	53 <input type="radio"/>	54 <input type="radio"/>

A10 During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting friends, relatives, etc.)?

Would you say...

- 1 all the time?
- 2 most of the time?
- 3 some of the time?
- 4 a little of the time?
- 5 none of the time?

A11 How TRUE or FALSE is each of the following statements for you? The responses are on page 2 of your response booklet.

Would you say...

	Definitely true A	Mostly true B	Don't know C	Mostly false D	Definitely false E
a) you seem to get sick a little easier than other people?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
b) you are as healthy as anybody you know?	6 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>	9 <input type="radio"/>	10 <input type="radio"/>
c) you expect your health to get worse?	11 <input type="radio"/>	12 <input type="radio"/>	13 <input type="radio"/>	14 <input type="radio"/>	15 <input type="radio"/>
d) your health is excellent?	16 <input type="radio"/>	17 <input type="radio"/>	18 <input type="radio"/>	19 <input type="radio"/>	20 <input type="radio"/>

A12 What is your height in feet and inches or in metres and centimetres (without shoes on)?

A Feet B Inches

OR

C Metres D Centimetres

A13 What is your weight in pounds or kilograms?

A Pounds

OR

B Kilograms

BACK PAIN

A14 Have you ever had back pain which lasted for more than one day? Do not count the kind of pain you can get with the flu (IF WOMAN READ) or with menstrual periods or pregnancy.

1 Yes

2 No → Go to question A18

A15 How old were you when you first had back pain lasting more than one day?

Years old

A16 Have you ever had back pain lasting for more than one day at any time in the past 12 months?

1 Yes

2 No → Go to question A18

A17 Did this episode of back pain cause you to cut down on your normal daily activities at home, at a job or in school for a period of seven days or longer?

3 Yes

4 No

CHRONIC CONDITIONS

A18

Now I'd like to ask about certain chronic health conditions which you may have. We are interested in "long-term conditions" that have lasted or are expected to last six months or more and have been diagnosed by a health professional.

Do you have any of these health conditions...

- | | Yes | No | Don't Know |
|---|--------------------------|--------------------------|--------------------------|
| a) food allergies? | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> |
| b) any other allergies? | 4 <input type="radio"/> | 5 <input type="radio"/> | 6 <input type="radio"/> |
| c) asthma? | 7 <input type="radio"/> | 8 <input type="radio"/> | 9 <input type="radio"/> |
| d) arthritis or rheumatism? | 10 <input type="radio"/> | 11 <input type="radio"/> | 12 <input type="radio"/> |
| e) back problems, excluding arthritis? | 13 <input type="radio"/> | 14 <input type="radio"/> | 15 <input type="radio"/> |
| f) high blood pressure? | 16 <input type="radio"/> | 17 <input type="radio"/> | 18 <input type="radio"/> |
| g) migraine headaches? | 19 <input type="radio"/> | 20 <input type="radio"/> | 21 <input type="radio"/> |
| h) chronic bronchitis or emphysema? | 22 <input type="radio"/> | 23 <input type="radio"/> | 24 <input type="radio"/> |
| i) sinusitis? | 25 <input type="radio"/> | 26 <input type="radio"/> | 27 <input type="radio"/> |
| j) diabetes? | 28 <input type="radio"/> | 29 <input type="radio"/> | 30 <input type="radio"/> |
| k) epilepsy? | 31 <input type="radio"/> | 32 <input type="radio"/> | 33 <input type="radio"/> |
| l) heart disease? | 34 <input type="radio"/> | 35 <input type="radio"/> | 36 <input type="radio"/> |
| m) cancer? | 37 <input type="radio"/> | 38 <input type="radio"/> | 39 <input type="radio"/> |
| n) stomach or intestinal ulcers? | 40 <input type="radio"/> | 41 <input type="radio"/> | 42 <input type="radio"/> |
| o) blindness, deafness, or severe visual or hearing impairment? | 43 <input type="radio"/> | 44 <input type="radio"/> | 45 <input type="radio"/> |
| p) limitations in use of hands or fingers? | 46 <input type="radio"/> | 47 <input type="radio"/> | 48 <input type="radio"/> |
| q) inability to walk unaided? | 49 <input type="radio"/> | 50 <input type="radio"/> | 51 <input type="radio"/> |
| r) any other long-term health conditions? | 52 <input type="radio"/> | 53 <input type="radio"/> | 54 <input type="radio"/> |

Specify: _____

IF "NO" OR "DON'T KNOW" TO ALL OF THE ABOVE, GO TO QUESTION A20

A19

Are you limited in any way in carrying out normal daily activities at home, at a job or in school, because of (this/these) health conditions or problems?

- 1 Yes
2 No

INJURIES

A20

Now some questions about injuries which occurred in the past 12 months, and were serious enough to limit normal activities, for example, a broken bone, a bad cut or burn, a sprain, or a poisoning.

In the past 12 months, were you injured seriously enough to limit normal activities?

3 Yes

4 No → Go to question A27

A21

How many times were you injured?

times injured

A22

Thinking about (this injury/the most serious injury), what type of injury did you have?
For example, a broken bone or burn.

*DO NOT READ LIST.
MARK ONE ONLY.*

1 Multiple injuries

2 Broken or fractured bones

3 Burn or scald

4 Dislocation

5 Sprain or strain

6 Cut or scrape

7 Bruise or abrasion

8 Concussion

9 Poisoning by substance
or by liquid

10 Internal injury

11 Other

Specify: _____

A23

How did this happen? For example, was the injury the result of a fall, a traffic accident, a physical assault, etc.?

*DO NOT READ LIST.
MARK ONE ONLY.*

- 1 Motor vehicle accident
- 2 Sports injury
- 3 Accidental fall
- 4 Fire, flames or resulting fumes
- 5 Accidentally struck by an object/person
- 6 Physical assault
- 7 Suicide attempt
- 8 Accidental injury caused by explosion
- 9 Accidental injury caused by natural/environmental factors (e.g. weather conditions, poison ivy, animal bites, stings)
- 10 Accidental near drowning or submersion
- 11 Accidental suffocation
- 12 Hot or corrosive liquids, foods or substances
- 13 Accident caused by machinery (e.g. farm machinery, forklift, woodworking machinery)
- 14 Accident caused by cutting and piercing instruments or objects (e.g. lawnmower, knife, stapler)
- 15 Accidental poisoning
- 16 Other
Specify: _____

A24

Was this a work-related injury?

- 1 Yes
- 2 No

A25

Were you treated by a doctor or any other health care professional for this injury?

- 3 Yes
- 4 No

A26

Did this injury cause you to cut down on your normal daily activities at home, at a job or in school for a period of seven days or longer?

- 1 Yes
- 2 No

SELF-COMPLETE SECTION

A27

INTERVIEWER NOTE:

PLEASE READ TO RESPONDENT.

Please turn to page 2 of your self-complete questionnaire and complete questions 1 and 2.

The statements in question 1 describe people's feelings about themselves and others, while the statements in question 2 describe your relations with other people. For each statement, please mark in the questionnaire the one you think best applies to you. Please let me know when you are finished.

A28

INTERVIEWER CHECK ITEM:

Has respondent completed questions 1 and 2 of the self-complete questionnaire (OCHS 3)?

3 Yes

4 No

5 Refusal

EMOTIONAL WELL-BEING

A29

During the past 12 months, was there ever a time when you felt sad, blue or depressed for two weeks or more in a row?

ONLY USE VALUE "3" IF THIS INFORMATION WAS VOLUNTEERED BY THE RESPONDENT.

1 Yes

2 No → Go to question A48

3 On medication - anti-depressants

4 Refusal

→ Go to question A66

A30

For the next few questions, please think of the 2-week period during the past 12 months when these feelings were the worst.

During that time, did the feelings of being sad, blue or depressed usually last...

5 all day long?

6 most of the day?

7 about half of the day?

8 less than half of a day? → Go to question A48

A31 During those two weeks, did you feel this way...

- 1 every day?
- 2 almost every day?
- 3 less often? → Go to question A48

A32 During those two weeks, did you lose interest in most things, like hobbies, work or activities that usually give you pleasure?

- 4 Yes → Check Box A32 on Flap "Losing interest"
- 5 No

A33 Thinking about those same two weeks, did you feel more tired out or low on energy than is usual for you?

- 6 Yes → Check Box A33 on Flap "Feeling tired"
- 7 No

A34 Did you gain or lose weight without trying, or did you stay about the same?

*DO NOT READ LIST.
MARK ONE ONLY.*

- 1 Gained weight
 - 2 Lost weight
 - 3 Both gained and lost weight
 - 4 Stayed about the same
 - 5 Was on a diet
- } → Go to question A36

A35 About how much did your weight change ?

A

--	--	--	--

 Pounds

OR

B

		●	
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 Kilograms

} → *If weight changed by 10 pounds/4.5 kilograms or more, check Box A35 on Flap "Weight change"*

- 7 Don't know

A36

During those two weeks, did you have more trouble falling asleep than you usually do?

1 Yes

2 No → Go to question A38

A37

Did that happen...every night, nearly every night, or less often during those two weeks?

3 Every night

4 Nearly every night

5 Less often

Check Box A37 on Flap
"Trouble falling asleep"

A38

During those two weeks, did you have a lot more trouble concentrating than usual?

1 Yes

2 No

Check Box A38 on Flap
"Trouble concentrating"

A39

People sometimes feel down on themselves, no good or worthless. Did you feel this way during that 2-week period?

3 Yes

4 No

Check Box A39 on Flap
"Feeling down on yourself"

A40

Did you think a lot about death - either your own, someone else's or death in general during these two weeks?

1 Yes

2 No

Check Box A40 on Flap
"Thoughts about death"

A41**INTERVIEWER CHECK ITEM:**

Please refer to Boxes A32 to A40 on the Flap to verify if respondent has indicated any of the following.

As soon as you find ANY item checked off on the Flap, mark off response "1" and go to the next question.

1 A32 = Losing interest

OR

A33 = Feeling tired

OR

A35 = Weight change

OR

A37 = Trouble falling asleep

OR

A38 = Trouble concentrating

OR

A39 = Feeling down on yourself

OR

A40 = Thoughts about death

Go to next question

2 Otherwise → Go to question A66

A42

INTERVIEWER NOTE: PLEASE REFER TO THE "KEY PHRASES" ON "FLAP". DO NOT READ MORE THAN THREE KEY PHRASES.

To review, you had two weeks in a row during the past 12 months when you were sad, blue or depressed and also had some other feelings or problems like: (Read up to three "key phrases")

About how many weeks altogether did you feel this way during the past 12 months?

Number of weeks



If greater than 51 weeks
Go to question A44

7 Don't know

A43

During the past 12 months, think about the most recent time when you had two weeks in a row when you felt this way. How many months ago was that?

Number of months

(IF LESS THAN 1 MONTH, ENTER '01)

7 Don't know

A44

**Did you tell a doctor about these problems?
(By "doctor" I mean either a medical doctor
or a student in training to be a medical
doctor.)**

1 Yes

2 No

A45

**Did you tell any other professional (such
as a psychologist, social worker, specialist
in alternative medicine, counsellor, nurse,
clergy or other helping professional)?**

3 Yes

4 No

A46

**Did you take medication or use drugs or
alcohol more than once for these problems?**

5 Yes

6 No

A47

**How much did these problems interfere
with your life or activities...**

1 a lot?

2 some?

3 a little?

4 not at all?



Go to question A66



GO TO QUESTION A66

A48

During the past 12 months, was there ever a time lasting two weeks or more when you lost interest in most things like hobbies, work or activities that usually give you pleasure?

ONLY USE VALUE "3" IF THIS INFORMATION WAS VOLUNTEERED BY THE RESPONDENT.

- 1 Yes
 - 2 No
 - 3 On medication - anti-depressants
 - 4 Refusal
- Go to question A66

A49

For the next few questions, please think of the 2-week period during the past 12 months when you had the most complete loss of interest in things.

During that 2-week period, did the loss of interest usually last...

- 5 all day long?
 - 6 most of the day?
 - 7 about half of the day?
 - 8 less than half of the day?
- Go to question A66

A50

During those two weeks, did you feel this way...

- 1 every day?
 - 2 almost every day?
 - 3 less often?
- Go to question A66

A51

Thinking about those same two weeks, did you feel more tired out or low on energy than is usual for you?

- 4 Yes
 - 5 No
- Check Box A51 on Flap "Feeling tired"

A52

Did you gain or lose weight without trying, or did you stay about the same?

*DO NOT READ LIST.
MARK ONE ONLY.*

- 1 Gained weight
 - 2 Lost weight
 - 3 Both gained and lost weight
 - 4 Stayed about the same
 - 5 Was on a diet
- Go to question A54

A53 About how much did your weight change?

A

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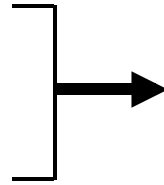
 Pounds

OR

B

			●	
--	--	--	---	--

 Kilograms



If weight changed by 10 pounds/4.5 kilograms or more, check Box A53 on Flap "Weight change"

7 Don't know

A54 During those two weeks, did you have more trouble falling asleep than you usually do?

1 Yes

2 No



Go to question A56

A55 Did that happen...every night, nearly every night, or less often during those two weeks?

3 Every night

4 Nearly every night

5 Less often



Check Box A55 on Flap "Trouble falling asleep"

A56 During those two weeks, did you have a lot more trouble concentrating than usual?

1 Yes



Check Box A56 on Flap "Trouble concentrating"

2 No

A57 People sometimes feel down on themselves, no good or worthless. Did you feel this way during that 2-week period?

3 Yes



Check Box A57 on Flap "Feeling down on yourself"

4 No

A58 Did you think a lot about death - either your own, someone else's or death in general during these two weeks?

1 Yes



Check Box A58 on Flap "Thoughts about death"

2 No

A59

INTERVIEWER CHECK ITEM:

Please refer to Boxes A51 to A58 on the Flap to verify if respondent has indicated any of the following.

As soon as you find ANY item checked off on the Flap, mark off response "1" and go to the next question.

¹ A51 = Feeling tired

OR

A53 = Weight change

OR

A55 = Trouble falling asleep

OR

A56 = Trouble concentrating

OR

A57 = Feeling down on yourself

OR

A58 = Thoughts about death

Go to next question

² Otherwise → Go to question A66

A60

INTERVIEWER NOTE:

PLEASE REFER TO THE "KEY PHRASES" ON "FLAP". DO NOT READ MORE THAN THREE KEY PHRASES.

To review, you had two weeks in a row during the past 12 months when you lost interest in most things like hobbies, work or activities that usually give you pleasure and also had some other feelings or problems like: *(Read up to three "key phrases")*

About how many weeks altogether did you feel this way during the past 12 months?

Number of weeks



*If greater than 51 weeks
Go to question A62*

⁷ Don't know

A61

During the past 12 months, think about the most recent time when you had two weeks in a row when you felt this way. How many months ago was that?

Number of months

(IF LESS THAN 1 MONTH, ENTER '01')

⁷ Don't know

A62

Did you tell a doctor about these problems?
(By "doctor" I mean either a medical doctor
or a student in training to be a medical doctor.)

1 Yes

2 No

A63

Did you tell any other professional (such as
a psychologist, social worker, specialist in
alternative medicine, counsellor, nurse, clergy
or other helping professional)?

3 Yes

4 No

A64

Did you take medication or use drugs or
alcohol more than once for these problems?

5 Yes

6 No

A65

How much did these problems interfere
with your life or activities...

1 a lot?

2 some?

3 a little?

4 not at all?

SOCIAL FUNCTIONING

A66

Here's a list of situations that can cause unreasonably strong fears. They involve doing things in front
of other people or being the centre of attention.

Do you have an unreasonably strong fear of...

Yes

No

a) giving a speech or speaking in public?

1

2

b) eating or drinking where someone could watch you?

3

4

c) talking to people because you might have nothing to say or might sound
foolish?

5

6

d) writing while someone watches?

7

8

e) taking part or speaking in a meeting or class?

9

10

f) going to a party or other social outing?

11

12

A67**INTERVIEWER CHECK ITEM:**

Is there one or more "Yes" answers to question A66?

1 Yes → Go to next question

2 No → Go to question A75

A68

Thinking only of the situation(s) that we just reviewed that cause(s) you unreasonably strong fears, do you get very upset every time you are in (this/these) situation(s)...

3 every time?

4 most of the time?

5 some of the time?

6 never? → Go to question A75

A69

How long have you had (this/these) fear(s)...

1 less than a year?

2 between 1 and 5 years?

3 more than 5 years?

→ Go to question A71

A70

How many months?

Number of months

7 Don't know

A71

During the past 12 months, how much did (this/these) fear(s) interfere with your life or activities...

1 a lot?

2 some?

3 a little?

4 not at all?

A72

During the past 12 months were you very upset with yourself for having (this/these) fear(s)?

5 Yes

6 No

A73 Do you believe that your fear is unreasonable, that is, much stronger than it should be?

1 Yes

2 No

A74 Do you believe that your fear is much stronger than in other people?

3 Yes

4 No

SMOKING

A75 The following questions are about smoking.

Have you ever smoked cigarettes every day for a month or longer?

1 Yes

2 No



Go to question A77

A76 How old were you the first time you smoked cigarettes every day for a month or longer?

years old

A77 At the present time, do you smoke cigarettes...

1 daily?

2 occasionally

3 not at all?



Go to question A79

A78 How many cigarettes do you smoke each day now?

number of cigarettes

A79 Do you smoke pipes, cigars, or cigarillos...

1 daily?

2 occasionally

3 not at all?

ALCOHOL USE

A80 Next are questions about alcohol use.

Have you **ever** had three or more drinks of beer, wine or alcoholic beverages such as rum, whiskey, etc. at one time?

1 Yes

2 No → Go to question A82

A81 How old were you the first time you had three or more drinks of alcohol at one time?

Years old

A82 Have you had a drink containing alcohol in the past 12 months?

3 Yes

4 No → Go to question A85

SELF-COMPLETE SECTION

A83 **INTERVIEWER NOTE: PLEASE READ TO RESPONDENT.**

Please turn to page 4 of your self-complete questionnaire.

Questions 3 to 7 are more questions on alcohol use. It is important that your answers represent your experiences. You can mark your answer right in the questionnaire. Please let me know when you get to the end of this section.

A84 INTERVIEWER CHECK ITEM:

Has respondent completed questions 3 to 7 of the self-complete questionnaire (OCHS 3)?

1 Yes

2 No

3 Refusal

SELF-COMPLETE SECTION

A85

INTERVIEWER NOTE:

PLEASE READ TO RESPONDENT.

Please turn to page 6 of your self-complete questionnaire.

Questions 8 to 13 are questions about drug use, as well as statements about behaviour for which people can get into trouble. Once again, it is important that your answers represent your experiences. Remember that ALL your answers are private and will be kept strictly confidential. Mark your answer right in the questionnaire. Please let me know when you get to the end of this section.

A86

INTERVIEWER CHECK ITEM:

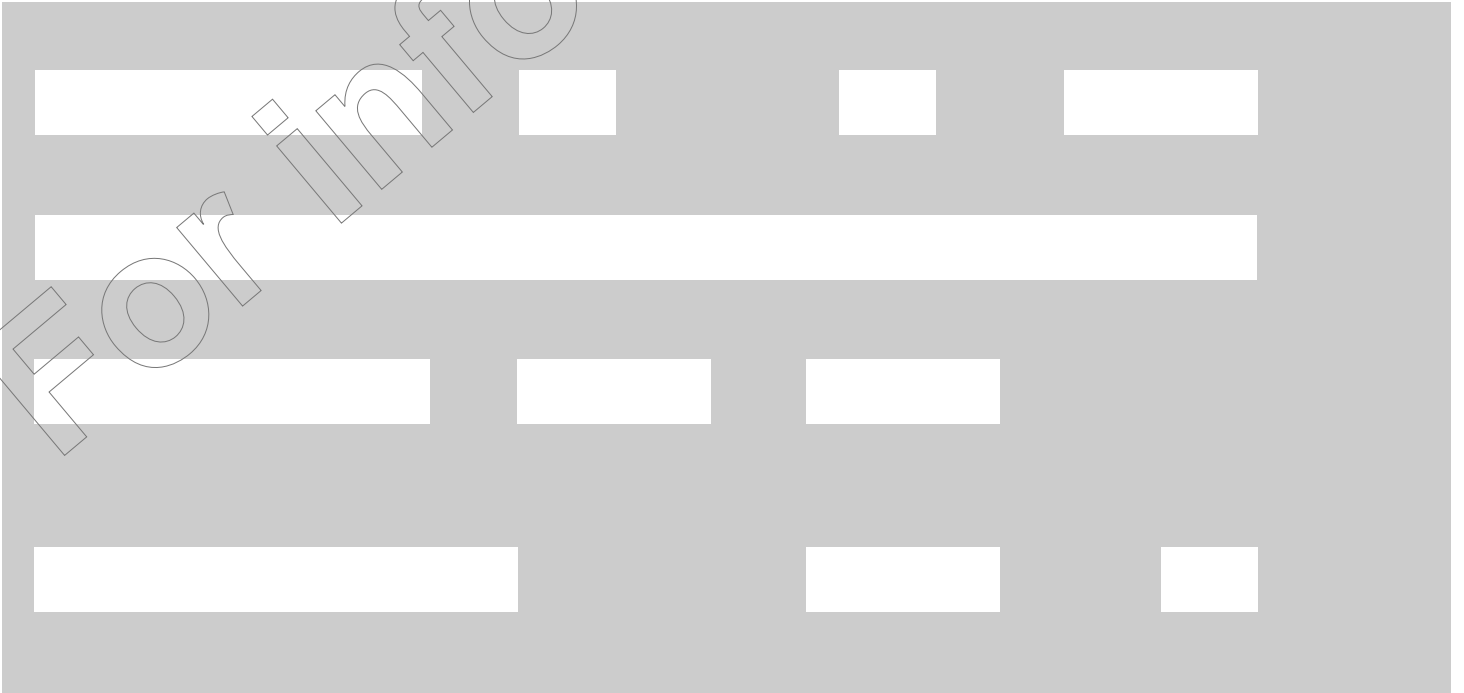
Has respondent completed questions 8 to 13 of the self-complete questionnaire (OCHS 3)?

4 Yes

5 No

6 Refusal

For information only



B**Worker Role - Labour Force Participation****JOB ATTACHMENT**

B1 The next section deals with your current and past work experience. Many of the following questions concern your activities last week. By last week I mean the week ending last Saturday and beginning the Sunday before.

Last week, did you work at a job or business (regardless of the number of hours)?

- 1 Yes → Check Box B1(A) on Flap "Worked last week"
Go to question B3
- 2 No
- 3 Permanently unable to work → Check Box B1(B) on Flap "Permanently unable to work"
Go to question B5

B2 Last week, did you have a job or business from which you were absent?

- 4 Yes → Check Box B2(A) on Flap "Temporarily absent"
Go to next question
- 5 No → Check Box B2(B) on Flap "Did not work last week"
Go to question B5

B3 Did you have more than one job or business last week?

- 1 Yes → Check Box B3 on Flap "More than one job"
Go to next question
- 2 No → Go to question B18

B4 Was this a result of changing employers?

- 3 Yes
- 4 No
- Go to question B18

B9

What is the main reason you are unable to work?

- 5 Own illness or disability
- 6 Other → Go to question B59

Specify: _____

B10

Which of the following is the best description of the cause of this (illness/disability)?

*DO NOT READ LIST.
MARK ONE ONLY.*

- 1 Injury - at home
- 2 Injury - sports or recreation
- 3 Injury - motor vehicle
- 4 Injury - work-related
- 5 Existed at birth
- 6 Work environment
- 7 Disease
- 8 Psychological or physical abuse
- 9 Don't know
- 10 Other

→ Go to question B59

Specify: _____

JOB DESCRIPTION - CURRENTLY UNEMPLOYED

B11

I am now going to ask some questions about the most recent job or business at which you usually worked the most hours.

Were you an employee or self-employed?

- 1 Self-employed
- 2 Employee
- 3 Working in a family business without pay

→ Go to question B13

B12 What was the name of your business?

➔ Go to question B14

B13 For whom did you work?

B14 What kind of business, industry or service was this? (For example, federal government, secondary school, forestry services, retail shoe store.)

B15 What kind of work were you doing? (For example, office clerk, factory worker, forestry technician.)

B16 At this work, what were your most important duties or activities? (For example, verifying invoices, teaching mathematics, organizing work schedules, cleaning vegetables.)

B17 Which of the following best describes the hours you usually worked at this job?

- 1 Regular daytime schedule or shift
- 2 Regular evening shift
- 3 Regular night shift
- 4 Rotating shift (change from days to evenings to nights)
- 5 Split shift
- 6 On call
- 7 Irregular schedule
- 8 Other

➔ Go to question B33

Specify: _____

JOB DESCRIPTION - CURRENTLY EMPLOYED

B18 I am now going to ask some questions about the job or business at which you usually work the most hours.

Are you an employee or are you self-employed?

IF MORE THAN ONE JOB, ENTER INFORMATION ABOUT JOB WITH MOST HOURS HERE.

1 Self-employed



Check Box B18 on Flap "Self-Employed"
Go to next question

2 Employee

3 Working in a family business without pay



Go to question B20

B19 What is the name of your business?



Go to question B21

B20 For whom do you work?

B21 What kind of business, industry or service is this? (For example, federal government, secondary school, forestry services, retail shoe store.)

B22 What kind of work do you do? (For example, office clerk, factory worker, forestry technician.)

B23 At this work, what are your most important duties or activities? (For example, verifying invoices, teaching mathematics, organizing work schedules, cleaning vegetables.)

B24

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

- 1 Regular daytime schedule or shift
- 2 Regular evening shift
- 3 Regular night shift
- 4 Rotating shift (change from days to evenings to nights)
- 5 Split shift
- 6 On call
- 7 Irregular schedule
- 8 Other

Specify: _____

B25

INTERVIEWER CHECK ITEM:

Please refer to Box B3 on Flap to verify if respondent has more than one job.

- 9 B3 = More than one job → Go to next question
- 10 Otherwise → Go to question B33

B26

You had mentioned you had more than one job or business last week. Please tell me about where you work the next most hours.

Were you an employee or self-employed?

- 1 Self-employed
 - 2 Employee
 - 3 Working in a family business without pay
- Go to question B28

B27

What is the name of your business?

→ Go to question B29

B28 For whom were you working?

B29 What kind of business, industry or service was this? (For example, federal government, secondary school, forestry services, retail shoe store.)

B30 What kind of work were you doing? (For example, office clerk, factory worker, forestry technician.)

B31 At this work, what were your most important duties or activities? (For example, verifying invoices, teaching mathematics, organizing work schedules, cleaning vegetables.)

B32 Which of the following best describes the hours you usually worked at this job?

- 1 Regular daytime schedule or shift
- 2 Regular evening shift
- 3 Regular night shift
- 4 Rotating shift (change from days to evenings to nights)
- 5 Split shift
- 6 On call
- 7 Irregular schedule
- 8 Other

Specify: _____

B33**INTERVIEWER CHECK ITEM:**

Please refer to Boxes B1(A), B2(A), B6(A) and B6(B) on Flap to verify current working status.

- 1 B1(A) = Worked last week → Go to question B44
- 2 B2(A) = Temporarily absent → Go to next question
- 3 B6(A) = Worked within last year → Go to question B36
- 4 B6(B) = Did not work within last year → Go to question B50

ABSENCE FROM WORK

B34

What was the main reason you were absent from work last week?

RESPONDENT MUST PROVIDE AN ANSWER FOR THIS QUESTION.

- 1 Caring for own children
- 2 Caring for elder relative (60 years of age or older)
- 3 Maternity/paternity leave
- 4 Other personal or family responsibilities
- 5 Vacation
- 6 Labour dispute (strike or lockout)
- 7 Work schedule
- 8 Self-employed, no work available
- 9 Seasonal business (excluding employees)
- 10 Own illness or disability → Go to next question
- 11 Seasonal layoff (employees only) → Check Box B34(A) on Flap "Seasonal layoff" Go to question B42
- 12 Temporary layoff due to business conditions (employees only) → Check Box B34(B) on Flap "Temporary layoff" Go to question B40
- 13 Casual job, no work available (employees only) → Go to question B50
- 14 Other → Go to question B44

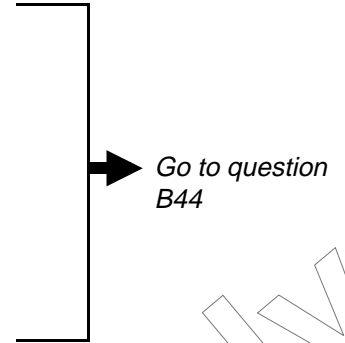
Specify: _____

B35 Was this illness or disability due to...

1 a physical health problem you have?

2 a problem with your emotions, nerves or mental health?

3 a problem with your use of alcohol or drugs?



B36 What was the main reason you stopped working at that job?

RESPONDENT MUST PROVIDE AN ANSWER FOR THIS QUESTION.

4 Caring for own children

5 Caring for elder relative (60 years of age or older)

6 Maternity/paternity leave

7 Other personal or family responsibilities

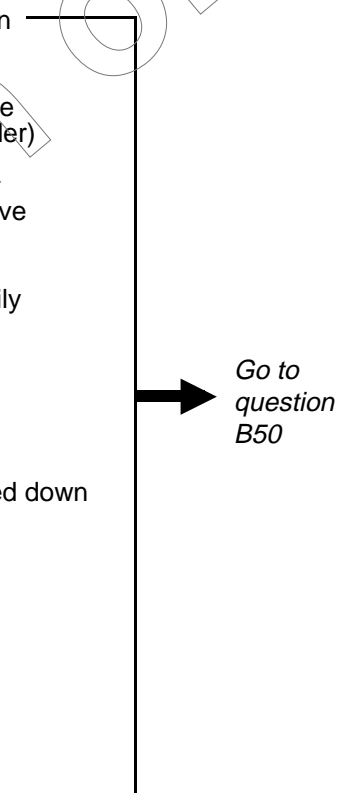
8 Going to school

9 Business sold or closed down (self-employed only)

10 Changed residence

11 Dissatisfied with job

12 Retired



13 Own illness or disability → Go to next question

14 Lost job, laid off or job ended → Go to question B38

15 Other → Go to question B50

Specify: _____

B37 Was this illness or disability due to...

- 1 a physical health problem you have?
- 2 a problem with your emotions, nerves or mental health?
- 3 a problem with your use of alcohol or drugs?

Go to question B50

B38 Can you be more specific about the main reason for your job loss?

- 4 End of seasonal job
- 5 End of temporary, term or contract job (non-seasonal)
- 6 Casual job
- 7 Company moved
- 8 Company went out of business
- 9 Dismissal by employer (i.e., fired)
- 10 Business conditions (e.g., not enough work, drop in orders, retooling, etc.)

Go to question B50

Go to next question

- 11 Don't know
- 12 Other

Go to question B50

Specify: _____

B39 Do you expect to return to that job?

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

Check Box B39 on Flap "Do not expect to return"
Go to question B42

B40 Has your employer given you a date to return?

1 Yes → Go to question B42

2 No

B41 Has your employer given any indication that you will be recalled within the next six months?

3 Yes → Check Box B41(A) on Flap "Will be recalled"
Go to next question

4 No → Check Box B41(B) on Flap "Will not be recalled"
Go to next question

B42 As of last week, how many weeks had you been on layoff?

weeks

7 Don't know → Go to question B50

B43 INTERVIEWER CHECK ITEM:

Please refer to Boxes B34(A), B39 and B41(B) on Flap to verify current working status.

1 B34(A) = Seasonal layoff

OR

2 B39 = Do not expect to return

OR

3 B41(B) = Will not be recalled

→ Go to question B50

4 Otherwise → Go to question B57

WORK HOURS

B44 Excluding overtime, on average, how many paid hours do you usually work per week?

INCLUDE NUMBER OF HOURS FOR ALL JOBS.

RESPONDENT MUST PROVIDE AN ANSWER FOR THIS QUESTION.

Hours

➔ Please copy number of hours worked into Box B44 on Flap

B45 INTERVIEWER CHECK ITEM:

Please refer to Boxes B1(A) and B2(A) on Flap to verify respondent's employment status.

¹ B1(A) = Worked last week ➔ Go to next question

² B2(A) = Temporarily absent ➔ Go to question B60

B46 INTERVIEWER CHECK ITEM:

Please refer to Box B18 on Flap to verify if respondent is self-employed.

³ B18 = Self-employed ➔ Go to question B60

⁴ Otherwise ➔ Go to next question

B47 Last week, how many hours were you away from this job because of vacation, illness, or any other reason? (Remember that (civic holiday) occurred last week.)

Hours

⁰ None } ➔ Go to question B60

⁷ Don't know

B48

What was the main reason for that absence?

1 Own illness or disability



Go to next question

2 Caring for own children

3 Caring for elder relative (60 years of age or older)

4 Maternity/paternity leave

5 Other personal or family responsibilities

6 Vacation

7 Labour dispute (strike or lockout)

8 Temporary layoff due to business conditions (employees only)



Go to question B60

9 Holiday (legal or religious)

10 Weather

11 Job started or ended during week

12 Work short-time (due to material shortages, plant maintenance or repair, etc.)

13 Other

Specify: _____

B49

Was this illness or disability due to...

14 a physical health problem you have?

15 a problem with your emotions, nerves or mental health?

16 a problem with your use of alcohol or drugs?



Go to question B60

B50 In the 4 weeks ending last Saturday, did you do anything to find work?

1 Yes →

*Check Box B50 on Flap
"Job seeker"
Go to question B54*

2 No

B51 Last week, did you have a job to start at a definite date in the future?

3 Yes

4 No → *Go to question B53*

B52 Will you start that job within the next month?

1 Yes, within the next month

2 No, a month or more from now

→ *Go to question B57*

B53 Did you want a job last week?

3 Yes

4 No → *Go to question B59*

B54 Did you want a job with more or less than 30 hours per week?

1 More

2 Less

3 Don't know

B55**INTERVIEWER CHECK ITEM:**

Please refer to Box B50 on Flap to verify if respondent is seeking a job.

¹² B50 = Job seeker → Go to question B59

¹³ Otherwise → Go to next question

B56

What is the main reason you did not look for work last week?

¹ Believes no work available (in area, or suited to skills) → Go to question B59

² Own illness or disability

³ Caring for own children

⁴ Caring for elder relative (60 years of age or older)

⁵ Other personal or family responsibilities

⁶ Going to school

⁷ Waiting for recall (to former employer)

⁸ Waiting for replies from employers

⁹ No reason given

¹⁰ Don't know

¹¹ Other

Specify: _____

AVAILABILITY TO WORK

B57 Could you have worked last week (if a suitable job had been offered/if you had been recalled)?

1 Yes



*Check Box B57 on Flap
"Available to work"
Go to question B59*

2 No

3 Don't know



Go to question B59

B58 What was the main reason you were not available to work last week?

4 Own illness or disability

5 Caring for own children

6 Caring for elder relative
(60 years of age or older)

7 Other personal or family
responsibilities

8 Going to school

9 Vacation

10 Already have job

11 Don't know

12 Other

Specify: _____

WORK HISTORY

B59**INTERVIEWER CHECK ITEM:**

Please refer to Boxes B1(A), B2(A), and B6(A) on Flap to verify current working status.

1 B1(A) = Worked last week

2 B2(A) = Temporarily absent

3 B6(A) = Worked within last year

4 Otherwise

Go to next question

Go to question B64

B60

Can you estimate the number of weeks you worked for pay or profit during the last 12 months?

Weeks

B61

During those 12 months, can you estimate the usual number of hours you worked per week for pay or profit?

Hours

B62

At your (current/most recent) job(s), including tips, commissions, bonuses and paid overtime, what (is/was) your usual wage or salary before taxes and other deductions?

\$, .

B63

(Is/Was) this...

1 per hour?

2 per day?

3 per week?

4 every two weeks?

5 twice a month?

6 per month?

7 per year?

SCHOOL ATTENDANCE

B64 Last week, were you attending or enrolled in a school, college, or university?

1 Yes →

Check Box B64 on Flap
"Currently attending school"
Go to next question

2 No →

Go to question B66

B65 Were you enrolled as a full-time or part-time student?

3 Full-time

4 Part-time

Work Calendar

SELF-COMPLETE SECTION

B66 INTERVIEWER NOTE:

PLEASE READ TO RESPONDENT.

I would now like to ask you about your work and education activities during the last three years. I am interested in periods of full-time or part-time employment, periods of unemployment when you were looking for work and those periods when you may have been in school or engaged in other kinds of activities. Please turn to question 14 on page 10 of your self-complete questionnaire (OCHS 3).

We will go through each of these columns as they apply, moving back through time. Some of these activities may overlap. Starting with the current month, please indicate what you are currently doing (e.g., employed, going to school).

B67 INTERVIEWER CHECK ITEM:

Has the respondent completed question 14 (Work Calendar) of the self-complete questionnaire (OCHS 3)?

5 Yes

6 No

7 Refusal

Labour Force Attachment

B68

I would like to ask you about your reactions to work in general. By work, I mean having a paid job. Please turn to page 3 of your response booklet. Remember that this is about paid jobs in general, not simply your present job.

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
	A	B	C	D	E
a) Even if I won a great deal of money in a lottery, I would still want to work.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
b) Having a job is very important to me.	6 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>	9 <input type="radio"/>	10 <input type="radio"/>
c) I find having no work very boring.	11 <input type="radio"/>	12 <input type="radio"/>	13 <input type="radio"/>	14 <input type="radio"/>	15 <input type="radio"/>
d) The most important things that happen to me involve work.	16 <input type="radio"/>	17 <input type="radio"/>	18 <input type="radio"/>	19 <input type="radio"/>	20 <input type="radio"/>
e) Work should be only a small part of one's life.	21 <input type="radio"/>	22 <input type="radio"/>	23 <input type="radio"/>	24 <input type="radio"/>	25 <input type="radio"/>
f) Work makes me feel I'm doing something with my life.	26 <input type="radio"/>	27 <input type="radio"/>	28 <input type="radio"/>	29 <input type="radio"/>	30 <input type="radio"/>
g) I would keep working even if I didn't need the money.	31 <input type="radio"/>	32 <input type="radio"/>	33 <input type="radio"/>	34 <input type="radio"/>	35 <input type="radio"/>
h) Work occupies an important place in my life.	36 <input type="radio"/>	37 <input type="radio"/>	38 <input type="radio"/>	39 <input type="radio"/>	40 <input type="radio"/>

B69

INTERVIEWER CHECK ITEM:

Please refer to Box B44 on Flap to verify if respondent usually works more than 10 hours per week.

B44 = Works more than 10 hours → Go to next question

Otherwise → Go to question B79

QUALITY OF WORK

B70

In this section we want to ask you about your job. If you have more than one job, please refer to the job at which you work the most hours. Please turn to page 3 of your response booklet.

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
	A	B	C	D	E
a) My job requires me to learn new things.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
b) My job requires me to do things over and over again.	6 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>	9 <input type="radio"/>	10 <input type="radio"/>
c) My job requires me to be creative.	11 <input type="radio"/>	12 <input type="radio"/>	13 <input type="radio"/>	14 <input type="radio"/>	15 <input type="radio"/>
d) My job allows me to make a lot of decisions on my own.	16 <input type="radio"/>	17 <input type="radio"/>	18 <input type="radio"/>	19 <input type="radio"/>	20 <input type="radio"/>
e) My job requires a high level of skill.	21 <input type="radio"/>	22 <input type="radio"/>	23 <input type="radio"/>	24 <input type="radio"/>	25 <input type="radio"/>
f) On my job, I have very little freedom to decide how I do my work.	26 <input type="radio"/>	27 <input type="radio"/>	28 <input type="radio"/>	29 <input type="radio"/>	30 <input type="radio"/>
g) I get to do a variety of different things on my job.	31 <input type="radio"/>	32 <input type="radio"/>	33 <input type="radio"/>	34 <input type="radio"/>	35 <input type="radio"/>
h) I have a lot to say about what happens on my job.	36 <input type="radio"/>	37 <input type="radio"/>	38 <input type="radio"/>	39 <input type="radio"/>	40 <input type="radio"/>
i) I have an opportunity to develop my own special abilities.	41 <input type="radio"/>	42 <input type="radio"/>	43 <input type="radio"/>	44 <input type="radio"/>	45 <input type="radio"/>
j) My job requires working very fast.	46 <input type="radio"/>	47 <input type="radio"/>	48 <input type="radio"/>	49 <input type="radio"/>	50 <input type="radio"/>
k) My job requires working very hard.	51 <input type="radio"/>	52 <input type="radio"/>	53 <input type="radio"/>	54 <input type="radio"/>	55 <input type="radio"/>
l) I am not asked to do an excessive amount of work.	56 <input type="radio"/>	57 <input type="radio"/>	58 <input type="radio"/>	59 <input type="radio"/>	60 <input type="radio"/>
m) I have enough time to get the job done.	61 <input type="radio"/>	62 <input type="radio"/>	63 <input type="radio"/>	64 <input type="radio"/>	65 <input type="radio"/>
n) I am free from conflicting demands that others make.	66 <input type="radio"/>	67 <input type="radio"/>	68 <input type="radio"/>	69 <input type="radio"/>	70 <input type="radio"/>

B70*(CONTINUED.)*

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
	A	B	C	D	E
o) My job requires long periods of intense concentration on the task.	71 <input type="radio"/>	72 <input type="radio"/>	73 <input type="radio"/>	74 <input type="radio"/>	75 <input type="radio"/>
p) My tasks are often interrupted before they can be completed, requiring attention at a later time.	76 <input type="radio"/>	77 <input type="radio"/>	78 <input type="radio"/>	79 <input type="radio"/>	80 <input type="radio"/>
q) My job is very hectic.	81 <input type="radio"/>	82 <input type="radio"/>	83 <input type="radio"/>	84 <input type="radio"/>	85 <input type="radio"/>
r) Waiting on work from other people or departments often slows me down on my job.	86 <input type="radio"/>	87 <input type="radio"/>	88 <input type="radio"/>	89 <input type="radio"/>	90 <input type="radio"/>

B71

Please turn to page 4 of your response booklet. On this scale of 0 to 14, how physically demanding on your body is your job?

- 0
- 1 very, very light
- 2
- 3 very light
- 4
- 5 usually light
- 6
- 7 a bit demanding
- 8
- 9 demanding
- 10
- 11 very demanding
- 12
- 13 very, very demanding
- 14

SOCIAL SUPPORT AT WORK

B72

Returning to the scale on page 3 of your response booklet, please indicate the answer that best describes your situation.

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
	A	B	C	D	E
a) My supervisor is helpful in getting the job done.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
b) My supervisor cares about those under (him/her).	6 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>	9 <input type="radio"/>	10 <input type="radio"/>
c) My supervisor pays attention to what I am saying.	11 <input type="radio"/>	12 <input type="radio"/>	13 <input type="radio"/>	14 <input type="radio"/>	15 <input type="radio"/>
d) My supervisor is successful in getting people to work together.	16 <input type="radio"/>	17 <input type="radio"/>	18 <input type="radio"/>	19 <input type="radio"/>	20 <input type="radio"/>
e) My fellow workers take a personal interest in me.	21 <input type="radio"/>	22 <input type="radio"/>	23 <input type="radio"/>	24 <input type="radio"/>	25 <input type="radio"/>
f) My fellow workers are helpful in getting the job done.	26 <input type="radio"/>	27 <input type="radio"/>	28 <input type="radio"/>	29 <input type="radio"/>	30 <input type="radio"/>
g) My fellow workers are supportive.	31 <input type="radio"/>	32 <input type="radio"/>	33 <input type="radio"/>	34 <input type="radio"/>	35 <input type="radio"/>
h) My fellow workers are able to do their jobs well.	36 <input type="radio"/>	37 <input type="radio"/>	38 <input type="radio"/>	39 <input type="radio"/>	40 <input type="radio"/>

JOB INSECURITY

B73

How steady is your work?

- 1 Regular and steady
- 2 Seasonal
- 3 Frequent layoffs
- 4 Both seasonal and frequent layoffs
- 5 Other

B74

How much do you agree or disagree with the statement: My job security is good.

- 1 Strongly agree
- 2 Agree
- 3 Neither agree nor disagree
- 4 Disagree
- 5 Strongly disagree

B75

During the past year, how often were you in a situation where you faced job loss or layoff?

MARK ONE ONLY.

- 6 Never
- 7 Faced the possibility once
- 8 Faced the possibility more than once
- 9 Constantly
- 10 Actually laid off

B76

Sometimes people permanently lose jobs they want to keep. How likely is it that during the next couple of years you will lose your present job with your employer?

MARK ONE ONLY.

- 1 Not at all likely
- 2 Not too likely
- 3 Somewhat likely
- 4 Very likely

B77

INTERVIEWER CHECK ITEM:

Is respondent currently living with at least one other family member (e.g., spouse/partner, child, parent, sibling, etc.)?

- 5 Yes → Go to next question
- 6 No → Go to question B79

WORK-HOME CONFLICT

B78

In the next few questions, we ask you how you feel about the combination of work and family responsibilities. By family, we mean all relatives living in your home. Please turn to page 5 of your response booklet.

- | | Never | Seldom | Sometimes | Often | Always |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | A | B | C | D | E |
| a) How often does your job or career interfere with your responsibilities at home, such as yard work, cooking, cleaning, repairs, shopping, paying the bills or child care? | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> |
| b) How often does your job or career keep you from spending the amount of time you would like to spend with your partner or your family? | 6 <input type="radio"/> | 7 <input type="radio"/> | 8 <input type="radio"/> | 9 <input type="radio"/> | 10 <input type="radio"/> |
| c) How often does your homelife interfere with your responsibilities at work, such as getting to work on time, accomplishing daily tasks or working overtime? | 11 <input type="radio"/> | 12 <input type="radio"/> | 13 <input type="radio"/> | 14 <input type="radio"/> | 15 <input type="radio"/> |
| d) How often does your homelife keep you from spending the amount of time you would like to spend on job or career-related activities? | 16 <input type="radio"/> | 17 <input type="radio"/> | 18 <input type="radio"/> | 19 <input type="radio"/> | 20 <input type="radio"/> |

CAREER EXPECTATIONS

B79

INTERVIEWER CHECK ITEM:

Please refer to Box B64 on Flap to verify if respondent is currently attending or enrolled in school.

1 B64 = Currently attending school → Go to next question

2 Otherwise → Go to question B81

B80

We are now going to ask you some questions about how your education relates to your work plans.

How much do you expect your educational training will help you meet your career or work plans?

- 3 A lot
- 4 Some
- 5 A little
- 6 Not at all
- } → Go to question B82

7 No career or work plan → Go to question B91

B81

How much is your most recent educational training helping you to meet your career or work plans?

- 1 A lot
- 2 Some
- 3 A little
- 4 Not at all
- 5 No career or work plan → Go to question B91

B82

If you could choose again, would you make the same education choices?

- 6 Definitely yes
- 7 Probably yes
- 8 Probably not
- 9 Definitely not

B83

INTERVIEWER CHECK ITEM:

Please refer to Boxes B44, B50 and B57 on Flap to verify respondent's usual work status.

- 1 B44 = Works less than 30 hours → Go to next question
- 2 B44 = Works 30 or more hours → Go to question B85
- 3 B50 = Job seeker
- OR
- 4 B57 = Available to work
- 5 Otherwise → Go to question B97

B84

Would you prefer a full-time job if one was available?

- 6 Yes
- 7 No

B85

Given your education, training and experience, do you feel that you are now earning...

- 1 more than you deserve?
- 2 about the right amount?
- 3 less than you deserve?

B86

How related is your present job to the field of study of your most recent degree or diploma?

- 5 Very related
- 6 Somewhat related
- 7 Not very related
- 8 Not at all related

B87

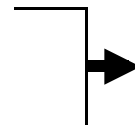
Considering your experience, education and training, do you feel that you are overqualified, about right, or underqualified for your job?

- 1 Overqualified
- 2 About right
- 3 Underqualified

B88

If you had the choice to make again, would you choose the same type of work you do now?

- 6 Definitely yes
- 7 Probably yes
- 8 Probably not
- 9 Definitely not



Go to question B91

B89 What would be your occupational preference?

→ Go to question B91

B90 How related was your most recent job to the field of study of your most recent degree or diploma?

- 1 Very related
- 2 Somewhat related
- 3 Not very related
- 4 Not at all related
- 5 Have never had a job

JOB SATISFACTION

B91 INTERVIEWER CHECK ITEM:

Please refer to Box B44 on Flap to verify if respondent usually works more than 10 hours per week.

- 1 B44 = Works more than 10 hours → Go to next question
- 2 Otherwise → Go to question B97

B92 How satisfied are you with your job?

- 3 Not at all satisfied
- 4 Not too satisfied
- 5 Somewhat satisfied
- 6 Very satisfied

B93 Would you advise a friend to take this job?

- 1 Advise against it
- 2 Have doubts about it
- 3 Recommend it
- 4 Strongly recommend it

B94 Would you take this job again?

- 5 Take without hesitation
- 6 Have second thoughts
- 7 Definitely not

B95 How likely is it that you will look for a new job in the next year?

- 1 Very likely
- 2 Somewhat likely
- 3 Not at all likely

B96 Is this job similar to what you wanted when you applied for it?

- 4 Very similar
- 5 Somewhat similar
- 6 Not very similar

Education

B97

Now I'd like to ask you some questions about your education.

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

1 1 to 6 years

2 7 years

3 8 years

4 9 years

5 10 years

6 11 years

7 12 years

8 13 years

9 No schooling

10 Don't know



Go to question B136

B98

Did you ever fail or repeat a grade while in elementary school?

11 Yes

12 No



Go to question B100

B99

What was the earliest grade you failed or repeated?

1 Kindergarten

2 Grade 1

3 Grade 2

4 Grade 3

5 Grade 4

6 Grade 5

7 Grade 6

8 Other

9 Don't know

B100

Have you graduated from high school?

10 Yes

11 No

B101

Have you ever attended university?

1 Yes

2 No **→** Go to question B103

B102

How many years of education have you completed at university?

Years

B103 Have you ever attended an institution other than a university, a secondary (high) school, or elementary school?

3 Yes

Include years of schooling at community colleges, technical institutes, CEGEP (general and professional), private trade schools or private business colleges, diploma schools of nursing, etc.

4 No → Go to question B105

B104 How many years of education have you ever completed at an institution other than a university, a secondary (high) school or elementary school?

Years

B105 What is the highest degree, diploma or certificate you have ever obtained?

Include any qualifications obtained from secondary (high) schools, or trade schools and other postsecondary educational institutions.

1 Secondary (high) school graduation certificate or equivalent → Go to question B107

MARK ONE ONLY.

2 Trades certificate or diploma

3 Other non-university certificate or diploma (obtained at community college, CEGEP, technical institute, etc.)

4 University certificate or diploma **below** bachelor level

5 Bachelor's degree(s) (e.g., B.A., B.Sc., LL.B.)

6 University certificate or diploma **above** bachelor level

7 Master's degree(s) (e.g., M.A., M.Sc., M.Ed.)

8 Degree above master's

B106 What was the major field of study or training of your highest degree, certificate or diploma (excluding secondary or high school graduation certificates)? For example, accounting, carpentry, civil engineering, history, legal secretary, welding.

B107 INTERVIEWER CHECK ITEM:

Please refer to Box B64 on Flap to verify if respondent is currently attending or enrolled in school.

¹¹ B64 = Currently attending school → Go to next question

¹² Otherwise → Go to question B122

B108 You mentioned earlier that you are attending school. What type of degree, diploma or certificate will you receive?

MARK ALL THAT APPLY.

- ¹ None
- ² Secondary (high) school graduation certificate or equivalent
- ³ Trades certificate or diploma
- ⁴ Other non-university certificate or diploma (obtained at community college, CEGEP, technical institute, etc.)
- ⁵ University certificate or diploma **below** bachelor level
- ⁶ Bachelor's degree(s) (e.g., B.A., B.Sc., LL.B.)
- ⁷ University certificate or diploma **above** bachelor level
- ⁸ Master's degree(s) (e.g., M.A., M.Sc., M.Ed.)
- ⁹ Degree above master's
- ¹⁰ Other

B109 In a typical week, how many hours on average do you spend on school work (e.g., attending classes or lectures, completing assignments)?

Hours

7 Don't know

B110 When did you leave school the first time with no specific plans for going back?

A Month

B Year

6 Never left school, still attending → Go to question B136

7 Don't know

B111 What is the main reason you left school the first time?

1 Graduated or completed program

2 To take a job

3 Dropped out

4 Health reasons

5 Other

B112 INTERVIEWER CHECK ITEM:

Please refer to Box B5 on Flap to verify if respondent has ever worked.

6 B5 = Respondent never worked → Go to question B136

7 Otherwise → Go to next question

B113 After leaving school for the first time, how long was it before you started working full-time in the type of job that you wanted or were looking for?

(IF LESS THAN 1 MONTH, ENTER '01')

A	<input type="text"/>	years (if 1 year or more)
OR		
B	<input type="text"/>	months

Never worked full-time in the type of job desired → Go to question B136

B114 When was that?

A	<input type="text"/>	Month	B	<input type="text"/>	Year
---	----------------------	-------	---	----------------------	------

Don't know

B115 For whom did you work?

→ Go to question B117

Self-employed → Go to next question

B116 What was the name of your business?

B117 What kind of business, industry or service were you working in? (For example, federal government, secondary school, forestry services, retail shoe store.)

B118 What kind of work were you doing? (For example, office clerk, factory worker, forestry technician.)

B119 What were your most important duties or activities? (For example, verifying invoices, teaching mathematics, organising work schedules, cleaning vegetables.)

B120 How long did you work full-time at that job or business?

A	<input type="text"/>	<input type="text"/>	years	B	<input type="text"/>	<input type="text"/>	months
---	----------------------	----------------------	-------	---	----------------------	----------------------	--------

13 Still working there → Go to question B136

14 Don't know

B121 What was the main reason for stopping work at that job or business?

1 Own illness or disability

2 Caring for own children

3 Caring for elder relative (60 years of age or older)

4 Maternity/paternity leave

5 Other personal or family responsibilities

6 Going to back to school

7 Lost job, laid off or job ended

8 Business sold or closed down

9 Changed residence

10 Dissatisfied with job

11 Other

→ Go to question B136

B122 In the past year, were you enrolled full or part-time in any educational or training programs?

11 Yes, full-time

12 Yes, part-time

13 No **➔** Go to question B124

B123 What type of degree, diploma or certificate did you receive?

MARK ALL THAT APPLY.

1 None

2 Secondary (high) school graduation certificate or equivalent

3 Trades certificate or diploma

4 Other non-university certificate or diploma (obtained at community college, technical institute, etc.)

5 University certificate or diploma **below** bachelor level

6 Bachelor's degree(s) (e.g., B.A., B.Sc., LL.B.)

7 University certificate or diploma **above** bachelor level

8 Master's degree(s) (e.g., M.A., M.Sc., M.Ed.)

9 Degree above Master's

10 Other

B124 When did you leave school for the first time with no specific plans for going back?

A
Month

B
Year

7 Don't know

B125 What is the main reason you left school the first time?

- 1 Graduated or completed program
- 2 To take a job
- 3 Dropped out
- 4 Health reasons
- 5 Other

B126 INTERVIEWER CHECK ITEM:

Please refer to Box B5 on Flap to verify if respondent has ever worked.

- 6 B5 = Respondent never worked → Go to question B136
- 7 Otherwise → Go to next question

B127 After leaving school for the first time, how long was it before you started working full-time in the type of job that you wanted or were looking for?

IF LESS THAN 1 MONTH, ENTER '01'

A	<input type="text"/>	<input type="text"/>	years (if 1 year or more)
OR			
B	<input type="text"/>	<input type="text"/>	months (if less than one year)

- 1 Never worked full-time in the type of job desired → Go to question B136

B128 What year did you start working full-time?

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	year
----------------------	----------------------	----------------------	----------------------	----------------------	------

- 7 Don't know

B129 For whom did you work?



Go to
question B131

¹ Self-employed



Go to next
question

B130 What was the name of your business?

B131 What kind of work were you doing? (For example, office clerk, factory worker, forestry technician.)

B132 What kind of business, industry or service were you working in? (For example, federal government, secondary school, forestry services, retail shoe store.)

B133 What were your most important duties or activities? (For example, verifying invoices, teaching mathematics, organizing work schedules, cleaning vegetables.)

B134 How long did you work full-time at that job or business?

A	<input type="text"/>	<input type="text"/>	years	B	<input type="text"/>	<input type="text"/>	month
---	----------------------	----------------------	-------	---	----------------------	----------------------	-------

- 1 Still working there → Go to question B136
- 7 Don't know

B135 What was the main reason for stopping work at that job or business?

- 1 Own illness or disability
- 2 Caring for own children
- 3 Caring for elder relative (60 years of age or older)
- 4 Maternity/paternity leave
- 5 Other personal or family responsibilities
- 6 Going back to school
- 7 Lost job, laid off or job ended
- 8 Business sold or closed down
- 9 Changed residence
- 10 Dissatisfied with job
- 11 Other

Homemaker

B136 We would now like to ask you about your work in the home. In the past year, have you spent time caring for the family or being a homemaker?

1 Yes

2 No → Go to Section C on page 63

B137 At present, are you spending time caring for the family or being a homemaker?

3 Yes

4 No → Go to Section C on page 63

B138 In a typical week, how many hours on average (do/did) you spend on household chores and family responsibilities?

<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	hours
---	-------

7 Don't know

C**Social****PARTNER RELATIONSHIP****C1****INTERVIEWER CHECK ITEM:**

Please refer to Box R1 on Flap to verify if respondent is currently living with a spouse or partner.

1 R1 = Living with spouse or partner → Go to next question

2 Otherwise → Go to question C6

C2

In what year did you (get married/start living) with your (spouse/partner)?

_____|_____|_____|_____|_____| Year

C3

In what month was that?

1 January

2 February

3 March

4 April

5 May

6 June

7 July

8 August

9 September

10 October

11 November

12 December

C4

How long did you know your (spouse/partner) before you (got married/started living) together?

A Years (if more than 1 year)

OR

B Months

C5

Is this the first time that you have been married or lived with someone in a marriage-like relationship?

1 Yes → Go to question C14

2 No → Go to question C9

C6

Do you currently have a romantic partner with whom you have been involved for at least three months?

3 Yes → Check Box C6 on Flap "Has romantic partner"
Go to next question

4 No → Go to question C8

C7

How long have you been in this relationship?

1 Under 6 months

2 6 to 12 months

3 More than a year

C8

Have you ever been married or lived with someone in a marriage-like relationship?

4 Yes

5 No → Go to question C13

C9

In total, how many spouses or live-in partners have you had?

Number of spouses/partners

C10

In what year did you first get married or live in a marriage-like relationship?

Year

C11

How long did you know this person before you (got married/started living) together?

A Years (if more than one)

OR

B Months

C12

How long were you (married/living together)?

A Years (if more than one)

OR

B Months

C13

INTERVIEWER CHECK ITEM:

Please refer to Boxes R1 and C6 on Flap to verify if respondent is living with a spouse/partner or currently has a romantic partner.

1 R1 = Living with spouse/partner

OR

C6 = Has romantic partner



Go to next question

2 Otherwise → Go to question C16

SELF-COMPLETE SECTION

C14 INTERVIEWER NOTE: PLEASE READ TO RESPONDENT.

Please turn to page 12 of your self-complete questionnaire.

The statements in questions 15 to 21 describe people's feelings about their partner. For each statement, mark in the questionnaire the one that most closely applies to you. Question 22 lists some behaviours that can cause difficulties in a relationship. For this question, check the response that best describes how often (*NAME OF PARTNER*) behaves in the ways listed. Please let me know when you finish.

C15 INTERVIEWER CHECK ITEM:

Has respondent completed Questions 15 to 22 of the self-complete questionnaire (OCHS 3)?

- 4 Yes
- 5 No
- 6 Refusal

C16 INTERVIEWER CHECK ITEM:

Is respondent currently living with at least one other family member (e.g., spouse/partner, child, parent, sibling, etc.)?

- 1 Yes → Go to next question
- 2 No → Go to question C19

SELF-COMPLETE SECTION

C17 INTERVIEWER NOTE: PLEASE READ TO RESPONDENT.

Please turn to page 15 of your self-complete questionnaire.

The statements in question 23 are about families and family relationships. By family, I'm referring to any family members that you currently live with. For each one, please mark the response that best describes your family.

C18 INTERVIEWER CHECK ITEM:

Has respondent completed Question 23 of the self-complete questionnaire (OCHS 3)?

- 4 Yes
- 5 No
- 6 Refusal

ADULT ATTACHMENT STYLE

C19 For the next question, please turn to page 6 of your response booklet and read the three statements.

Statement A reads ... I find it relatively easy to get close to others and am comfortable depending on them and having them depend on me. I don't often worry about being abandoned or about someone getting too close to me.

Statement B reads ... I am somewhat uncomfortable being close to others, I find it difficult to trust them completely, and difficult to allow myself to depend on them. I am nervous when anyone gets too close, and often, romantic partners want me to be more intimate than I feel comfortable being.

Statement C reads ... I find that others are reluctant to get as close as I would like. I often worry that my partner doesn't really love me or won't want to stay with me. I want to merge completely with another person, and this desire sometimes scares people away.

Which one best describes your feelings?

8 Statement A

9 Statement B

10 Statement C

FAMILY HISTORY AND PERCEPTIONS OF PARENTING

C20 Until the age of 16, which woman spent the most time raising you?

1 Birth/biological mother

2 Adoptive mother

3 Stepmother

4 Foster mother

5 Other female relative

6 Other

7 No mother/
maternal
caregiver



Check Box C20 on Flap
"No mother"
Go to question C22

C21

Thinking of the (mother/maternal caregiver) you identified in the previous question, would you tell me how like her each of these statement is. The response options are on page 7 of your response booklet.

	Very like	Moderately like	Neither like nor unlike	Moderately unlike	Very unlike
	A	B	C	D	E
a) She spoke to me with a warm and friendly voice.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
b) She tried to control everything I did.	6 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>	9 <input type="radio"/>	10 <input type="radio"/>
c) She enjoyed talking things over with me.	11 <input type="radio"/>	12 <input type="radio"/>	13 <input type="radio"/>	14 <input type="radio"/>	15 <input type="radio"/>
d) She did not want me to grow up.	16 <input type="radio"/>	17 <input type="radio"/>	18 <input type="radio"/>	19 <input type="radio"/>	20 <input type="radio"/>
e) She seemed emotionally cold to me.	21 <input type="radio"/>	22 <input type="radio"/>	23 <input type="radio"/>	24 <input type="radio"/>	25 <input type="radio"/>
f) She let me decide things for myself.	26 <input type="radio"/>	27 <input type="radio"/>	28 <input type="radio"/>	29 <input type="radio"/>	30 <input type="radio"/>
g) She could make me feel better when I was upset.	31 <input type="radio"/>	32 <input type="radio"/>	33 <input type="radio"/>	34 <input type="radio"/>	35 <input type="radio"/>
h) She did not talk to me very much.	36 <input type="radio"/>	37 <input type="radio"/>	38 <input type="radio"/>	39 <input type="radio"/>	40 <input type="radio"/>
i) She liked me to make my own decisions.	41 <input type="radio"/>	42 <input type="radio"/>	43 <input type="radio"/>	44 <input type="radio"/>	45 <input type="radio"/>

C22

Until the age of 16, which man spent the most time raising you?

- 1 Birth/biological father
- 2 Adoptive father
- 3 Stepfather
- 4 Foster father
- 5 Other male relative
- 6 Other
- 7 No father/
paternal caregiver



Check Box C22 on Flap
"No father"
Go to question C24

C23

Thinking of the (father/paternal caregiver) you identified in the previous question, would you tell me how like him each of these statement is. The response options are on page 7 of your response booklet.

	Very like	Moderately like	Neither like nor unlike	Moderately unlike	Very unlike
	A	B	C	D	E
a) He spoke to me with a warm and friendly voice.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
b) He tried to control everything I did.	6 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>	9 <input type="radio"/>	10 <input type="radio"/>
c) He enjoyed talking things over with me.	11 <input type="radio"/>	12 <input type="radio"/>	13 <input type="radio"/>	14 <input type="radio"/>	15 <input type="radio"/>
d) He did not want me to grow up.	16 <input type="radio"/>	17 <input type="radio"/>	18 <input type="radio"/>	19 <input type="radio"/>	20 <input type="radio"/>
e) He seemed emotionally cold to me.	21 <input type="radio"/>	22 <input type="radio"/>	23 <input type="radio"/>	24 <input type="radio"/>	25 <input type="radio"/>
f) He let me decide things for myself.	26 <input type="radio"/>	27 <input type="radio"/>	28 <input type="radio"/>	29 <input type="radio"/>	30 <input type="radio"/>
g) He could make me feel better when I was upset.	31 <input type="radio"/>	32 <input type="radio"/>	33 <input type="radio"/>	34 <input type="radio"/>	35 <input type="radio"/>
h) He did not talk to me very much.	36 <input type="radio"/>	37 <input type="radio"/>	38 <input type="radio"/>	39 <input type="radio"/>	40 <input type="radio"/>
i) He liked me to make my own decisions.	41 <input type="radio"/>	42 <input type="radio"/>	43 <input type="radio"/>	44 <input type="radio"/>	45 <input type="radio"/>

PARENT EMOTIONAL WELL-BEING

C24

INTERVIEWER CHECK ITEM:

Please refer to Boxes C20 and C22 on Flap to verify if respondent has no mother/maternal caregiver or father/paternal caregiver.

- 1 C20 = No mother **OR** C22 = No father → Go to question C28
- 2 C20 = No mother **AND** C22 = No father → Go to question C50
- 3 Otherwise → Go to next question

C25

The next questions are also about your parents or the people you have identified in the previous questions as being mainly responsible for raising you up until the age of 16 years.

Did they ever have serious problems getting along with one another?

1 Yes

2 No

3 Raised by a lone parent

4 Never lived together

Go to question C28

C26

When you were growing up, did (your parents/the people who raised you) ever separate because of serious problems getting along?

5 Yes

6 No → Go to question C28

C27

Did this separation occur...

1 before you began elementary school?

2 while you were in elementary school?

3 while you were in high school?

C28

As far as you know, did your parent(s) ever have problems with their emotions or nerves?

4 Yes, my mother/
maternal
caregiver did

5 Yes, my father/
paternal
caregiver did

6 Yes, both did

7 No

8 Don't know

Check Box C28 on Flap
"Problems with
emotions/nerves"
Go to next question

C29

Did your parent(s) ever have problems with the use of alcohol or drugs?

- 1 Yes, my mother/
maternal
caregiver did
- 2 Yes, my father/
paternal
caregiver did
- 3 Yes, both did
- 4 No
- 5 Don't know

Check Box C29 on Flap
"Problems with
alcohol/drugs"
Go to next question

C30

Did your parent(s) ever break the law repeatedly or do other things that could get them into trouble with the police?

- 6 Yes, my mother/
maternal
caregiver did
- 7 Yes, my father/
paternal
caregiver did
- 8 Yes, both did
- 9 No
- 10 Don't know

Check Box C30 on Flap
"Trouble with police"
Go to next question

C31

INTERVIEWER CHECK ITEM:

Please refer to Boxes C28, C29 and C30 on Flap to verify if parent(s) meet any of these conditions.

- 1 C28 = Problems with emotions/nerves
- OR**
- C29 = Problems with alcohol/drugs
- OR**
- C30 = Trouble with police

Go to next question

- 2 Otherwise → Go to question C36

C32

(Was/Were) your parent(s) ever unable to work, ever hospitalized, or ever put in jail because of any of these problems?

- 3 Yes
- 4 No

C33

To your knowledge, did these problems first begin...

- 1 before you began elementary school?
- 2 while you were in elementary school?
- 3 while you were in high school?

C34

Did these problems come and go or were they always present when you were growing up?

- 4 Came and went
- 5 Always present

C35

How much stress and upset did these problems cause for the family?

- 1 A very great deal
- 2 A great deal
- 3 Quite a bit
- 4 Somewhat
- 5 Very little

C36

How old were you the **first** time you left the home of (your parent(s)/those who raised you) to set out on your own? (Do not include times living away from the family home while studying or receiving training.)

Years old

- 1 Never left home



Check Box C36 on Flap "Never left home"
Go to question C38

C37

What year was that?

Year



Enter year in Box C37 on Flap
Go to next question

- 7 Don't know

SELF-COMPLETE SECTION

C38

INTERVIEWER NOTE:

PLEASE READ TO RESPONDENT.

Please turn to page 16 of your self-complete questionnaire.

Questions 24 to 37 ask about situations where you might have been hurt or were afraid you were going to be hurt when you were growing up before age 16. All of your answers are private and will be kept strictly confidential.

C39

INTERVIEWER CHECK ITEM:

Has the respondent completed questions 24 to 37 of the self-complete questionnaire (OCHS 3)?

- 1 Yes
- 2 No
- 3 Refusal

CURRENT RELATIONS WITH FAMILY

C40

INTERVIEWER CHECK ITEM:

Please refer to Box C20 on Flap to verify if respondent has a mother/maternal caregiver.

- 4 C20 = No mother → Go to question C45
- 5 Otherwise → Go to next question

C41

Is your mother or the maternal caregiver you identified earlier still alive?

- 1 Yes → Go to question C43
- 2 No
- 3 Don't know → Go to question C45

C42

How old were you at the time of her death?

- Years old → Go to question C45
- 7 Don't know

C43

How often are you in touch with your (mother/maternal caregiver)?

- 1 Almost daily
- 2 About once a week
- 3 About once a month
- 4 5 to 6 times a year
- 5 About once a year
- 6 Less than once a year

C44

Please turn to page 8 of your response booklet.

How well do you get along with your (mother/maternal caregiver)?

- 7 Extremely well, couldn't be better
- 8 Very well, no problems
- 9 Quite well, hardly any problems
- 10 Fairly well, occasional problems
- 11 Not too well, frequent problems
- 12 Not well at all, constant problems

C45

INTERVIEWER CHECK ITEM:

Please refer to Box C22 on Flap to verify if respondent has a father/paternal caregiver.

- 1 C22 = No father → Go to question C50
- 2 Otherwise → Go to next question

C46

Is your father or the paternal caregiver you identified earlier still alive?

- 3 Yes → Go to question C48
- 4 No
- 5 Don't know → Go to question C50

C47

How old were you at the time of his death?

Years old

7 Don't know

Go to question C50

C48

How often are you in touch with your (father/paternal caregiver)?

1 Almost daily

2 About once a week

3 About once a month

4 5 to 6 times a year

5 About once a year

6 Less than once a year

C49

Please turn to page 8 of your response booklet.

How well do you get along with your (father/paternal caregiver)?

7 Extremely well, couldn't be better

8 Very well, no problems

9 Quite well, hardly any problems

10 Fairly well, occasional problems

11 Not too well, frequent problems

12 Not well at all, constant problems

C50

Do you have any brothers, sisters or other close relatives (excluding parents) whom you see, write or talk to?

1 Yes

2 No → Go to question C53

C51 Thinking of those relatives you see the most often, how frequently are you in touch with them?

- 1 Almost daily
- 2 About once a week
- 3 About once a month
- 4 5 to 6 times a year
- 5 About once a year
- 6 Less than once a year

C52 Please turn to page 8 of your response booklet.

How well do you get along with these relatives?

- 7 Extremely well, couldn't be better
- 8 Very well, no problems
- 9 Quite well, hardly any problems
- 10 Fairly well, occasional problems
- 11 Not too well, frequent problems
- 12 Not well at all, constant problems

SOCIAL INTEGRATION

C53 About how many close friends do you have - that is people you feel at ease with and can talk with about what is on your mind?

Number of friends

- 0 None → Go to question C56

C54 How often do you get together with these friends, like going out together or visiting in each other's homes?

- 1 Almost daily
- 2 About once a week
- 3 About once a month
- 4 5 to 6 times a year
- 5 About once a year
- 6 Less than once a year

C55

Please turn to page 8 of your response booklet.

How well do you get along with these close friends?

- 7 Extremely well, couldn't be better
- 8 Very well, no problems
- 9 Quite well, hardly any problems
- 10 Fairly well, occasional problems
- 11 Not too well, frequent problems
- 12 Not well at all, constant problems

C56

To how many groups or organizations do you belong - like church groups, clubs or lodges, parent groups, etc.?

Number of organizations

- 0 None → Go to question C58

C57

How active are you in (this/these) group(s) or club(s)?

Would you say you are ...

- 7 very active?
- 8 quite active?
- 9 fairly active?
- 10 not very active?

C58

How often have you attended a religious service during the past year?

(Excluding funerals, weddings, baptisms, etc.)

- 1 Almost daily
- 2 About once a week
- 3 About once a month
- 4 5 to 6 times in the past year
- 5 About once
- 6 Never

C59

Please turn to page 9 of your response booklet.

How well do you get along with your neighbours?

- 7 Extremely well, couldn't be better
- 8 Very well, no problems
- 9 Quite well, hardly any problems
- 10 Fairly well, occasional problems
- 11 Not too well, frequent problems
- 12 Not well at all, constant problems
- 13 No contact with neighbours → Go to question C62

C60

How often do you stop to have a chat with your neighbours?

- 1 Almost daily
- 2 About once a week
- 3 About once a month
- 4 5 to 6 times a year
- 5 About once a year
- 6 Less than once a year
- 7 Never

C61

About how many of your neighbours do you know by name?

Number of neighbours

- 0 None
- 7 Don't know

CIVIC MINDEDNESS

C62

Some people do unpaid volunteer work for groups or organizations such as the United Way, the Cancer Society, schools, health care facilities or community organizations.

Did you do any unpaid volunteer work (such as canvassing for funds, teaching or coaching, or collecting or delivering food) for these or any other organizations in the past 12 months?

- 1 Yes, did volunteer work
- 2 No, did not do volunteer work

➔ Go to question C65

C63

In the last year, how many months did you do volunteer work for (this/these) group(s) or organization(s)?

Months

- 7 Don't know

C64

In any one month, what was the most hours that you did volunteer work for (this/these) organization(s)?

Hours

- 7 Don't know

C65

Some people help out on their own as individuals, not through any particular organization. In the past 12 months, how often have you provided unpaid help to friends, neighbours or others outside your household by doing any of the following. Please exclude any family members you have helped.

- | | Never | 1-2 times | 3-5 times | 6-10 times | 11 times or more |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a) Providing child care or babysitting for someone. | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> |
| b) Doing work around someone's house such as meal preparation, cleaning, laundry or maintenance. | 6 <input type="radio"/> | 7 <input type="radio"/> | 8 <input type="radio"/> | 9 <input type="radio"/> | 10 <input type="radio"/> |
| c) Going shopping, providing transportation or doing banking for someone. | 11 <input type="radio"/> | 12 <input type="radio"/> | 13 <input type="radio"/> | 14 <input type="radio"/> | 15 <input type="radio"/> |
| d) Providing personal care to someone with a health problem or disability. | 16 <input type="radio"/> | 17 <input type="radio"/> | 18 <input type="radio"/> | 19 <input type="radio"/> | 20 <input type="radio"/> |
| e) Visiting or phoning someone to make sure they were okay. | 21 <input type="radio"/> | 22 <input type="radio"/> | 23 <input type="radio"/> | 24 <input type="radio"/> | 25 <input type="radio"/> |

C66

In the past 12 months, have you donated blood?

(Other than for yourself.)

1 Yes

2 No → Go to question C68

C67

In the past 12 months, how many times have you donated blood?

3 Once

4 Twice

5 3 or more times

C68

In the past 12 months, have you made any financial contributions to a charitable or non-profit organization?

1 Yes

2 No → Go to question C70

C69

In the past 12 months, approximately, how much in total did you donate?

ROUND TO THE NEAREST DOLLAR.

\$, .

1 \$10,000 or more

7 Don't know

PERCEPTIONS OF NEIGHBOURHOOD QUALITIES

C70

The following statements are about people in neighbourhoods. The answer categories are found on page 3 of your response booklet.

	Strongly agree A	Agree B	Neither agree nor disagree C	Disagree D	Strongly disagree E
a) If there is a problem around here, the neighbours get together to deal with it.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
b) There are adults in the neighbourhood that children can look up to.	6 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>	9 <input type="radio"/>	10 <input type="radio"/>
c) People around here are willing to help their neighbours.	11 <input type="radio"/>	12 <input type="radio"/>	13 <input type="radio"/>	14 <input type="radio"/>	15 <input type="radio"/>
d) You can count on adults in this neighbourhood to watch out that children are safe and don't get in trouble.	16 <input type="radio"/>	17 <input type="radio"/>	18 <input type="radio"/>	19 <input type="radio"/>	20 <input type="radio"/>
e) When I'm away from home, I know that my neighbours will keep their eyes open for possible trouble.	21 <input type="radio"/>	22 <input type="radio"/>	23 <input type="radio"/>	24 <input type="radio"/>	25 <input type="radio"/>

C71

The following questions are about problems that may arise in your neighbourhood. How much of a problem are the following in this neighbourhood?

	A big problem	Somewhat of a problem	No problem
a) Litter, broken glass or garbage in the street or road, on the sidewalk, or in yards? Would you say...	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
b) What about selling or using drugs?	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
c) Alcoholics and excessive drinking in public?	7 <input type="radio"/>	8 <input type="radio"/>	9 <input type="radio"/>
d) Groups of young people who cause trouble?	10 <input type="radio"/>	11 <input type="radio"/>	12 <input type="radio"/>
e) Burglary of homes or apartments?	13 <input type="radio"/>	14 <input type="radio"/>	15 <input type="radio"/>
f) Unrest due to ethnic or religious differences?	16 <input type="radio"/>	17 <input type="radio"/>	18 <input type="radio"/>

C76 How long did you live at that address?

A Years (if more than 1 year)

OR

B Months

7 Don't know

C77 Were you still living with one or both of your (parents/caregivers) at that address?

1 Yes

2 No

C78 As a place to live, how would you compare that neighbourhood to your current neighbourhood?

Would you say it was...

3 the same? → Go to question C80

4 better?

5 worse?

C79 How much better or worse?

Would you say it was...

1 a great deal?

2 somewhat?

3 a little?

C80 INTERVIEWER CHECK ITEM:

Please refer to Box C36 on Flap to verify if respondent has ever moved out of parent's home.

4 C36 = Never left home → Go to question C85

5 Otherwise → Go to next question

C81 INTERVIEWER NOTE:

Refer to Box C37 on Flap for year respondent left home and read in the question where indicated.

Think of (Read year at question C37) when you first left home to set out on your own, where did you move to?

Can you give me the street address?

Civic N° Name of street Ave., Street, Boul.

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

Apt. N° Name of building (if applicable)

<input type="text"/>	<input type="text"/>
----------------------	----------------------

City / town

<input type="text"/>

Province

<input type="text"/>

1 Same as current address

2 Same as question C74

3 Lived outside of Canada

→ Go to question C85

C82 What about the postal code?

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

Postal code

7 Don't know

C83 As a place to live, how would you compare that neighbourhood to your current neighbourhood?

Would you say it was...

1 the same? → Go to question C85

2 better?

3 worse?

C84 How much better or worse?

Would you say it was...

4 a great deal?

5 somewhat?

6 a little?

IMPORTANT EXPERIENCES OR PEOPLE

C85 Next is a list of stressful experiences that sometimes happen. Please indicate if any of these has happened to you or those close to you during the past 12 months.

- | | Yes | No |
|--|--------------------------|--------------------------|
| a) A close relative, such as a parent, brother, sister, partner or child had a life threatening illness or injury. | 1 <input type="radio"/> | 2 <input type="radio"/> |
| b) You, or someone in your family, were robbed or assaulted. | 3 <input type="radio"/> | 4 <input type="radio"/> |
| c) A close relative or friend developed severe financial problems and needed your help. | 5 <input type="radio"/> | 6 <input type="radio"/> |
| d) A close relative or friend developed severe emotional problems. | 7 <input type="radio"/> | 8 <input type="radio"/> |
| e) A close relative or friend had trouble with alcohol or drugs. | 9 <input type="radio"/> | 10 <input type="radio"/> |
| f) Your performance at school and/or work was much worse than expected. | 11 <input type="radio"/> | 12 <input type="radio"/> |
| Not at school or working over past year. → | 13 <input type="radio"/> | |
| g) You were responsible for a motor vehicle accident. | 14 <input type="radio"/> | 15 <input type="radio"/> |

C86 I want you to think carefully about this next question.

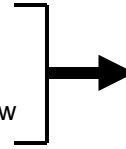
Thinking back over your life, did you ever have an experience that you feel changed your life in some important way?

IF MORE THAN ONE EXPERIENCE, PLEASE REFER TO EARLIEST.

1 Yes

2 No

3 Don't know



Go to question C91

C87 How old were you at the time?

years old

7 Don't know

C88 Did this experience change your life for the better or for the worse?

1 Better

2 Worse

3 Don't know



Go to question C91

C89 Could you describe this experience in a few words?

C90 In a few words, could you tell me how this experience changed your life?

C91

Our lives are influenced in both good and bad ways by many people: our parents, relatives, friends, teachers, coaches, co-workers, even people we don't know.

Is there any one person in your life who you feel changed your life in some important way?

1 Yes

IF MORE THAN ONE PERSON,
PLEASE REFER TO FIRST.

2 No → Go to Section D
on page 87

C92

What was this person's relationship to you?

3 Mother/father

4 Grandmother/grandfather

5 Brother/sister

6 Spouse/partner

7 Child

8 Other relative

9 Friend/girlfriend/boyfriend

10 Coach/teacher/supervisor

11 Someone you don't know personally

12 Someone else

Specify: _____

C93

How old were you when you recognized the effect of this person on your life?

years old

8 Don't know

C94

When was the last time you were in touch with (him/her)?

1 Less than one month ago

2 Less than six months ago

3 Less than one year ago

4 More than one year ago

5 Person is dead

6 Never

7 Don't know

→ Go to question C96

→ Go to question C96

C95

How old were you the last time you were in touch with (him/her)?

years old

7 Don't know

C96

Did this person change your life for the better or for the worse?

1 Better

2 Worse

3 Don't know → Go to question C98

C97

Can you tell me in a few words how your life changed?

C98

In a few words, could you describe what (he/she) did to bring about this change in your life?

MARK ALL THAT APPLY.

DO NOT READ LIST.

1 Listened or understood me

2 Gave me hope, ideas or inspiration

3 Provided me with practical help (food, shelter, money, contacts, skills)

4 Rejected or abandoned me

5 Abused me

6 Led me astray

7 Other

Specify: _____

D Parenting

PARENT IDENTIFICATION

D1 INTERVIEWER CHECK ITEM:

Please refer to Box R2 on Flap to verify if respondent is a single parent.

1 R2 = Single parent → Go to next question

2 Otherwise → Go to question D3

D2 The next questions are about being a parent.

How long have you been a single parent?

A Years (if more than one)

OR

B Months

SELECTED CHILD

D3 INTERVIEWER CHECK ITEM:

Please refer to Box R3 on Flap to verify if there is a selected child.

Please note the first name of the selected child and refer to this child by name from this point on.

3 R3 = Selected child → Go to next question

4 Otherwise → Go to Section E on page 90.

D4 The next few questions are about (*selected child's*) health.

For each one, please look at page 10 of your response booklet and tell me the answer which best describes (*your child*).

- | | Definitely true | More or less true | Neither true nor false | More or less false | Definitely false |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | A | B | C | D | E |
| a) (<i>Your child</i>)'s health is excellent. | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> |
| b) (<i>Your child</i>) seems to resist illness. | 6 <input type="radio"/> | 7 <input type="radio"/> | 8 <input type="radio"/> | 9 <input type="radio"/> | 10 <input type="radio"/> |
| c) (<i>Your child</i>) seems to be less healthy than other children I know. | 11 <input type="radio"/> | 12 <input type="radio"/> | 13 <input type="radio"/> | 14 <input type="radio"/> | 15 <input type="radio"/> |
| d) When there is something going around, (<i>your child</i>) usually catches it. | 16 <input type="radio"/> | 17 <input type="radio"/> | 18 <input type="radio"/> | 19 <input type="radio"/> | 20 <input type="radio"/> |

D5 Over the past few months, how often has (*your child*) been in good health?

- 1 Almost all the time
- 2 Often
- 3 About half of the time
- 4 Sometimes
- 5 Almost never

D6 Does (*your child*) have any long-term conditions or health problems which prevent or limit (*his/her*) participation in school, at play or any other normal activity for a child (*his/her*) age?

- 6 Yes
- 7 No

SELF-COMPLETE SECTION

D7

INTERVIEWER NOTE:

PLEASE READ TO RESPONDENT.

Please turn to page 20 of your self-complete questionnaire.

Questions 38 and 39 are question about what it is like to be a parent. For each statement, please mark in the questionnaire the one you think best applies to you. When answering these questions please think of all your children.

Questions 40 to 60 refer to your child's behaviour and to how you act and feel as a parent. When answering these questions, refer specifically to (*SELECTED CHILD*). Please let me know when you are finished.

D8

INTERVIEWER CHECK ITEM:

Has respondent completed questions 38 to 60 of the self-complete questionnaire (OCHS 3)?

1 Yes

2 No

3 Refusal

E Socio-Economic Status

E1 The next few questions are about you and your household.

What language is most often spoken at home?

- 1 English
- 2 French
- 3 Chinese
- 4 Italian
- 5 Portuguese
- 6 Polish
- 7 Spanish
- 8 Punjabi
- 9 Tamil
- 10 Arabic
- 11 Other

E2 How many rooms are there in this (home/apartment/unit)?

Include kitchen, bedrooms, finished rooms in basement or attic. Do not include bathrooms, halls, vestibules and rooms used solely for business.

rooms

E3 Do you own or co-own this (home/apartment/unit) (even if still being paid for)?

- 1 Yes
- 2 No → Go to question E5

E4 How old were you the first time you owned or co-owned the place where you were living?

Years old → Go to question E9

E5 Does a member of this household own or rent this home (even if still being paid for) ?

1 Owned → Go to question E7

2 Rented

E6 Is the rent for this dwelling subsidized by the government for any reason?

3 Yes

4 No

E7 Have you ever owned or co-owned a place where you were living?

1 Yes

2 No → Go to question E9

E8 How old were you the first time you owned or co-owned the place where you were living?

Years old

E9 Is this dwelling in need of any repairs? Do not include desirable remodelling, additions or regular maintenance.

1 Yes

2 No → Go to question E11

E10 Does it require...
MARK ALL THAT APPLY.

3 major repairs (defective plumbing or electrical wiring, structural repairs to walls, floors or ceilings)?

4 minor repairs (missing or loose floor tiles, bricks or shingles, defective steps, railing or siding, etc.)?

E11

Do you own or co-own a car? (Making payments still qualifies as "owning").

1 Yes → Go to question E13

2 No

E12

Have you ever owned a car?

3 Yes

4 No → Go to question E14

E13

How old were you the first time you owned a car?

years old

E14

How old were you when you first got your driver's license?

years old

1 does not have a driver's license

INCOME

E15

The following questions relate to YOUR personal income from all sources.

During the last tax year, what was your personal income from the following sources:

Wages and salaries (before deductions).

\$, .

0 No income

7 Don't know

8 Refusal → Go to question E23

E16

Self-employment net income (including business, professional, commission, childcare, etc.)?

\$, .

- No income
- Don't know
- Refusal → *Go to question E23*

E17

Employment Insurance Benefit (before deductions and repayments)?

\$, .

- No income
- Don't know
- Refusal → *Go to question E23*

E18

Child Tax Benefit/National Child Benefit and provincial child benefits?

\$, .

- No income
- Don't know
- Refusal → *Go to question E23*

E19

Social assistance (welfare) and provincial income supplements such as Ontario Works or Ontario Child Care Supplement for Working families?

\$, .

- No income
- Don't know
- Refusal → *Go to question E23*

E20 Child and/or spousal support?

\$, .

- 0 No income
- 7 Don't know
- 8 Refusal → Go to question E23

E21 All other sources, including dividends, interest, capital gains, tips, etc.?

\$, .

- 0 No income
- 7 Don't know
- 8 Refusal → Go to question E23

E22 INTERVIEWER CHECK ITEM:

Verify if respondent has answered "Don't know" to any of the questions in E15 to E21.

- 1 Answered "Don't know" → Go to question E23
- 2 Otherwise → Go to question E26

E23 Then, could you estimate in which of the following groups your total personal income falls?

Was your total personal income from all sources less than \$20,000 or \$20,000 or more?

- 1 Less than \$20,000
 - 2 \$20,000 or more → Go to question E25
 - 7 Don't know
 - 8 Refusal
- } → Go to question E26

E27

Can you estimate in which of the following groups your household income falls?

Was the total household income less than \$20,000 or \$20,000 or more?

- 1 Less than \$20,000
- 2 \$20,000 or more → Go to question E29
- 3 Don't know
- 4 Refusal
- Go to question E30

E28Was your total household income from all sources...MARK ONE ONLY.

- 5 Less than \$5,000
- 6 \$5,000 to \$9,999
- 7 \$10,000 to \$14,999
- 8 \$15,000 to \$19,999
- Go to question E30

E29Was your total household income from all sources...MARK ONE ONLY.

- 1 Less than \$30,000
- 2 \$30,000 to \$39,999
- 3 \$40,000 to \$49,999
- 4 \$50,000 to \$59,999
- 5 \$60,000 to \$79,999
- 6 \$80,000 or more

E30

INTERVIEWER CHECK ITEM:

Please refer to Flap to verify if respondent is living with a spouse/partner.

- 7 R1 = Living with spouse/partner → Go to next question
- 8 Otherwise → Go to question E52

ABOUT YOUR PARTNER

E31 The next few questions are about your (spouse/partner).

Excluding kindergarten, how many years of elementary and/or high school has (NAME OF SPOUSE/PARTNER) successfully completed?

years

¹ No schooling → Go to question E36

E32 How many years of education has (NAME OF SPOUSE/PARTNER) completed at university?

years

E33 How many years of schooling has (NAME OF SPOUSE/PARTNER) ever completed at an institution other than a university, a secondary (high) school or an elementary school?

Include years of schooling at community colleges, technical institutes, CEGEPs (general and professional), private trade schools or private business colleges, diploma schools of nursing, etc.

years

E34 What is the highest degree, diploma or certificate (NAME OF SPOUSE/PARTNER) ever obtained?

Include any qualifications obtained from secondary (high) schools, or trade schools and other postsecondary educational institutions.

MARK ONE ONLY.

- 1 None
- 2 Secondary (high) school graduation certificate or equivalent
- 3 Trades certificate or diploma
- 4 Other non-university certificate or diploma (obtained at community college, CEGEP, technical institute, etc.)
- 5 University certificate or diploma **below** bachelor level
- 6 Bachelors degree(s) (e.g., B.A., B.Sc., LL.B.)
- 7 University certificate or diploma **above** bachelor level
- 8 Master's degree(s) (e.g., M.A., M.Sc., M.Ed.)
- 9 Degree above master's

E35

What was the major field of study or training of (NAME OF SPOUSE/PARTNER) 's highest degree, certificate or diploma (excluding secondary or high school graduation certificates)? For example, accounting, carpentry, civil engineering, history, legal secretary, welding.

E36

Please look at page 11 of your response booklet. Which of the following things is the main thing that (NAME OF SPOUSE/PARTNER) is currently doing?

MARK ONE ONLY.

1) Full-time paid employee (30 hours or more a week)

2) Part-time paid employee (under 30 hours a week)

3) Full-time self-employed

4) Part-time self-employed

5) Unemployed and seeking work

6) Temporarily sick/disabled (up to 6 months)

7) Permanently sick/disabled

8) Looking after home/family

9) Going to school full or part-time

10) Other

Specify: _____

1

2

3

4

5

6

7

8

9

10

Go to next question

Go to question E42

Go to question E47

E37

How long has (NAME OF SPOUSE/PARTNER) been in this job?

11 Less than a month

12 1 month to less than 6 months

13 6 months to less than 1 year

14 1 year to less than 2 years

15 2 or more years

E38 For whom does (he/she) currently work?

¹ Self-Employed

E39 What kind of business, industry or service is this? (For example, wheat farm, trapping, road maintenance, retail shoe store, secondary school).

E40 What kind of work is (he/she) doing? (For example, medical lab technician, accounting clerk, secondary school teacher, supervisor of data entry unit).

E41 What are (his/her) most important activities or duties? (For example, analysis of blood samples, verifying invoices, teaching mathematics, organizing work schedules, cleaning vegetables).

} → Go to question E52

E42 How many weeks has (he/she) been unemployed and looking for work?

 weeks

¹ Never worked → Go to question E52

E43 Thinking about (his/her) last job, what was the name of the business?

E44 Thinking about (his/her) last job, what kind of business, industry or service was this? (For example, wheat farm, trapping, road maintenance, retail shoe store, secondary school).

E45

What kind of work was (he/she) doing? (For example, medical lab technician, accounting clerk, secondary school teacher, supervisor of data entry unit).

E46

What were (his/her) most important activities or duties? (For example, analysis of blood samples, verifying invoices, teaching mathematics, organizing work schedules, cleaning vegetables).



Go to question E52

E47

When did (he/she) last have a full-time job (30 or more hours per week)?

1 Less than 6 months ago

2 6 months to 1 year ago

3 More than 1 year ago

4 Never



Go to question E52

E48

What was the name of the business (he/she) worked for?

E49

What kind of business, industry or service was this? (For example, wheat farm, trapping, road maintenance, retail shoe store, secondary school).

E50

What kind of work was (he/she) doing? (For example, medical lab technician, accounting clerk, secondary school teacher, supervisor of data entry unit).

E51

What were (his/her) most important activities or duties? (For example, analysis of blood samples, verifying invoices, teaching mathematics, organizing work schedules, cleaning vegetables).

Now please turn to page 12 of your response booklet. Take a moment and consider each of the main areas in your life. Think about those things which are important to you and then tell me, in general, how satisfied you are with each of the following...

	Very satisfied A	Somewhat satisfied B	Neither satisfied nor dissatisfied C	Somewhat dissatisfied D	Very dissatisfied E
a) your health?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
b) your education?	6 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>	9 <input type="radio"/>	10 <input type="radio"/>
c) your job or main activity?	11 <input type="radio"/>	12 <input type="radio"/>	13 <input type="radio"/>	14 <input type="radio"/>	15 <input type="radio"/>
d) your finances?	16 <input type="radio"/>	17 <input type="radio"/>	18 <input type="radio"/>	19 <input type="radio"/>	20 <input type="radio"/>
e) your housing?	21 <input type="radio"/>	22 <input type="radio"/>	23 <input type="radio"/>	24 <input type="radio"/>	25 <input type="radio"/>
f) your neighbourhood?	26 <input type="radio"/>	27 <input type="radio"/>	28 <input type="radio"/>	29 <input type="radio"/>	30 <input type="radio"/>
g) your spouse, living partner or single status?	31 <input type="radio"/>	32 <input type="radio"/>	33 <input type="radio"/>	34 <input type="radio"/>	35 <input type="radio"/>
h) your relationship with friends and family members?	36 <input type="radio"/>	37 <input type="radio"/>	38 <input type="radio"/>	39 <input type="radio"/>	40 <input type="radio"/>
i) your life in general?	41 <input type="radio"/>	42 <input type="radio"/>	43 <input type="radio"/>	44 <input type="radio"/>	45 <input type="radio"/>

F Data Sharing Agreement

F1 Statistics Canada conducts this survey in conjunction with McMaster University. The data will be kept strictly confidential and used only for statistical purposes. Do you agree to share the data with McMaster University?

1 Yes

2 No

For information only

G3

In case we can't reach that person, we would like your permission to obtain your new address and telephone number from other government sources (such as Canada Customs and Revenue Agency (Revenue Canada) or provincial Motor Vehicle files). This would only be used to help us contact you. Do we have your permission?

3 Yes

4 No

COMMENTS:

End of Interview

Thank you

Demographic - Relationships

R1 Living with spouse/partner

R2 Single parent

R3 Selected child

Name:  _____

A. Health

A32 Losing interest

A33 Feeling tired

A35 Weight change

A37 Trouble falling asleep

A38 Trouble concentrating

A39 Feeling down on yourself

A40 Thoughts about death

A51 Feeling tired

A53 Weight change

A55 Trouble falling asleep

A56 Trouble concentrating

A57 Feeling down on yourself

A58 Thoughts about death

B. Worker Role

B1(A) Worked last week

B1(B) Permanently unable to work

B2(A) Temporarily absent

B2(B) Did not work last week

B3 More than one job

B5 Respondent never worked

B6(A) Worked within last year

B6(B) Did not work within last year

B18 Self-employed

B34(A) Seasonal Layoff

B34(B) Temporary layoff

B39 Do not expect to return

B41(A) Will be recalled

B41(B) Will not be recalled

B44 Hours worked

B50 Job seeker

B57 Available to work

B64 Currently attending school

C. Social

C6 Has a romantic partner

C20 No Mother

C22 No Father

C28 Problems with emotions/nerves

C29 Problems with alcohol/drugs

C30 Trouble with police

C36 Never left home

C37 Years