




Second Follow-Up to the Ontario Child Health Study (OCHS2000)

OCHS 4

Partner Self-Complete Questionnaire

Confidential document once completed.

Collected under the authority of the
Statistics Act revised Statutes of Canada,
1985, Chapter S19.

Version française aussi disponible. 

SELECTED CHILD

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Please read instructions on next page before beginning

FOR OFFICE USE ONLY

HOUSEHOLD-ID P/L 00

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RESPONDENT'S FIRST NAME

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INTERVIEW DATE

2	0	0					
Year				Month		Day	

INTERVIEWER ASSIGNMENT # REGIONAL OFFICE LANGUAGE

										1
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INSTRUCTIONS

When you answer these questions you can mark your answers like this or fill in the circle , or write a number in the boxes, as in the examples below. When you write your answers, make sure you press hard with your pencil.

EXAMPLE 1

A1

These 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?

EXAMPLE 2

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

All information you provide is **CONFIDENTIAL**.
Statistics Canada will keep your answers **PRIVATE**.

Thank you for your help!

Section A: About Your 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 <input type="radio"/>	not at all?
2 <input type="radio"/>	slightly?
3 <input type="radio"/>	moderately?
4 <input type="radio"/>	quite a bit?
5 <input type="radio"/>	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 <input type="radio"/>	not at all?
7 <input type="radio"/>	a little bit?
8 <input type="radio"/>	moderately?
9 <input type="radio"/>	quite a bit?
10 <input type="radio"/>	extremely?

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

Would you say...

1 <input type="radio"/>	none?
2 <input type="radio"/>	very mild?
3 <input type="radio"/>	mild?
4 <input type="radio"/>	moderate?
5 <input type="radio"/>	severe?
6 <input type="radio"/>	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.

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

	All of the time	Most of the time	A good bit of the time	Some of the time	A little of the time	None of the time
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?

Would you say...

	Definitely true	Mostly true	Don't know	Mostly false	Definitely false
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"/>

Section B:

About You and Your Partner

B1 The following statements describe people's feelings about their partner. For each statement, please choose the response which you think most closely applies to you. The best answer is usually the one which comes to your mind first.

In general, how well does your partner meet your needs?

- 1 Extremely well
- 2 Very well
- 3 Quite well
- 4 Fairly well
- 5 Not too well

B2 How satisfied are you with your relationship?

- 6 Extremely satisfied
- 7 Very satisfied
- 8 Quite satisfied
- 9 Fairly satisfied
- 10 Not too satisfied

B3 How good is your relationship compared to most?

- 1 A lot better
- 2 A little bit better
- 3 About the same
- 4 A little bit worse
- 5 A lot worse

B4 How often do you wish you hadn't entered into this relationship?

- 6 Almost always
- 7 Fairly often
- 8 Sometimes
- 9 Almost never
- 10 Never

B5

To what extent does your relationship meet your original expectations?

- 1 To a very great extent
- 2 To a considerable extent
- 3 Somewhat
- 4 A little bit
- 5 Not at all

B6

How much do you love your partner?

- 6 A very great deal
- 7 A great deal
- 8 Quite a bit
- 9 Somewhat
- 10 Very little

B7

How many problems are there in your relationship?

- 1 None
- 2 Hardly any
- 3 Some
- 4 Quite a few
- 5 Quite a lot

Section C:

About Your Partner and Family

C1

Some behaviours can cause difficulties in a relationship. Please check the response that best describes how often your (spouse/partner) behaves in the ways listed.

	Very Often	Often	Sometimes	Rarely	Never
a) (He/She) drinks or uses drugs too much.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
b) (He/She) wastes money we need for other things.	6 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>	9 <input type="radio"/>	10 <input type="radio"/>
c) (He/She) has affairs with other people.	11 <input type="radio"/>	12 <input type="radio"/>	13 <input type="radio"/>	14 <input type="radio"/>	15 <input type="radio"/>
d) (He/She) is so depressed at times that it interferes with (his/her) normal activities.	16 <input type="radio"/>	17 <input type="radio"/>	18 <input type="radio"/>	19 <input type="radio"/>	20 <input type="radio"/>
e) (He/She) is very moody and disagreeable.	21 <input type="radio"/>	22 <input type="radio"/>	23 <input type="radio"/>	24 <input type="radio"/>	25 <input type="radio"/>
f) (He/She) threatens to end our relationship.	26 <input type="radio"/>	27 <input type="radio"/>	28 <input type="radio"/>	29 <input type="radio"/>	30 <input type="radio"/>
g) (He/She) tries to control my life.	31 <input type="radio"/>	32 <input type="radio"/>	33 <input type="radio"/>	34 <input type="radio"/>	35 <input type="radio"/>
h) (He/She) avoids spending time with me.	36 <input type="radio"/>	37 <input type="radio"/>	38 <input type="radio"/>	39 <input type="radio"/>	40 <input type="radio"/>
i) (He/She) has fits of anger.	41 <input type="radio"/>	42 <input type="radio"/>	43 <input type="radio"/>	44 <input type="radio"/>	45 <input type="radio"/>

Below are some statements about families and family relationships. The family includes any family members that you currently live with. For each one, please check the response that best describes your family.

	Strongly agree	Agree	Disagree	Strongly disagree
a) Planning family activities is difficult because we misunderstand each other.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
b) In times of crisis, we can turn to each other for support.	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
c) We cannot talk to each other about sadness we feel.	9 <input type="radio"/>	10 <input type="radio"/>	11 <input type="radio"/>	12 <input type="radio"/>
d) Individuals (in the family) are accepted for what they are.	13 <input type="radio"/>	14 <input type="radio"/>	15 <input type="radio"/>	16 <input type="radio"/>
e) We avoid discussing our fears or concerns.	17 <input type="radio"/>	18 <input type="radio"/>	19 <input type="radio"/>	20 <input type="radio"/>
f) We express feelings to each other.	21 <input type="radio"/>	22 <input type="radio"/>	23 <input type="radio"/>	24 <input type="radio"/>
g) There are lots of bad feelings in our family.	25 <input type="radio"/>	26 <input type="radio"/>	27 <input type="radio"/>	28 <input type="radio"/>
h) We feel accepted for what we are.	29 <input type="radio"/>	30 <input type="radio"/>	31 <input type="radio"/>	32 <input type="radio"/>
i) Making decisions is a problem for our family.	33 <input type="radio"/>	34 <input type="radio"/>	35 <input type="radio"/>	36 <input type="radio"/>
j) We are able to make decisions about how to solve problems.	37 <input type="radio"/>	38 <input type="radio"/>	39 <input type="radio"/>	40 <input type="radio"/>
k) We don't get along well together.	41 <input type="radio"/>	42 <input type="radio"/>	43 <input type="radio"/>	44 <input type="radio"/>
l) We confide in each other.	45 <input type="radio"/>	46 <input type="radio"/>	47 <input type="radio"/>	48 <input type="radio"/>

Section D: About Your Child

If you do not have a (child/children) who live(s) with you full-time or at least in joint custody on an equal time basis, please go to Section E on page 18.

D1

In most families there are disagreements or arguments. How often do you and your (spouse/partner/other caregivers) disagree about...

	Very Often	Often	Sometimes	Hardly Ever	Never
a) how your children are raised?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
b) disciplining children?	6 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>	9 <input type="radio"/>	10 <input type="radio"/>
c) how you spend money on children?	11 <input type="radio"/>	12 <input type="radio"/>	13 <input type="radio"/>	14 <input type="radio"/>	15 <input type="radio"/>
d) how (he/she) spends money on children?	16 <input type="radio"/>	17 <input type="radio"/>	18 <input type="radio"/>	19 <input type="radio"/>	20 <input type="radio"/>
e) the amount of time (he/she) spends with the children?	21 <input type="radio"/>	22 <input type="radio"/>	23 <input type="radio"/>	24 <input type="radio"/>	25 <input type="radio"/>

The remainder of the questions in this section refer to the "selected child" identified on the front cover of this questionnaire. Please think of this child when answering the following questions.

D2

For each one, please check the answer which best describes this child.

	Definitely true	More or less true	Neither true nor false	More or less false	Definitely false
a) My child'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) My child 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) My child 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, my child usually catches it.	16 <input type="radio"/>	17 <input type="radio"/>	18 <input type="radio"/>	19 <input type="radio"/>	20 <input type="radio"/>

D3

Over the past few months, how often has this child been in good health?

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

D4

Does this 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

D5

The next few questions are about you and how you act and feel as a parent. Please check the answer that best describes how often you act in this way with your child.

How often do you praise this child, by saying something like "Good for you!" or "What a nice thing you did!" or "That's good going"?

- 1 Never
- 2 About once a week or less
- 3 A few times a week
- 4 One or two times a day
- 5 Many times each day

D6

How often do you and your child talk or play with each other, focussing attention on each other for five minutes or more, just for fun?

- 6 Never
- 7 About once a week or less
- 8 A few times a week
- 9 One or two times a day
- 10 Many times each day

D7

How often do you and your child laugh together?

- 1 Never
- 2 About once a week or less
- 3 A few times a week
- 4 One or two times a day
- 5 Many times each day

D8

How often do you get annoyed with this child for saying or doing something (he/she) is not supposed to?

- 6 Never
- 7 About once a week or less
- 8 A few times a week
- 9 One or two times a day
- 10 Many times each day

D9

How often do you tell your child that (he/she) is bad or not as good as others?

- 1 Never
- 2 About once a week or less
- 3 A few times a week
- 4 One or two times a day
- 5 Many times each day

D10

How often do you do something special with this child that (he/she) enjoys?

- 6 Never
- 7 About once a week or less
- 8 A few times a week
- 9 One or two times a day
- 10 Many times each day

**If your child is less than 3 years old, please go to question D12.
Otherwise, go to next question.**

D11 How often do you play sports, hobbies or games with this child?

- 1 Never
- 2 About once a week or less
- 3 A few times a week
- 4 One or two times a day
- 5 Many times each day

**Go to
question
D13**

D12 How often do you play games with this child?

- 6 Never
- 7 About once a week or less
- 8 A few times a week
- 9 One or two times a day
- 10 Many times each day

If your child is less than 2 years old, please go to Section E on page 18. Otherwise, go to next question.

D13 We know that when parents spend time together with their children, some of the time things go well and some of the time they don't go well. For the following questions, please mark what proportion of the time things turn out in different ways when you and this child are together.

Of all the times that you talk to this child about (his/her) behaviour, what proportion is praise?

- 1 Never
- 2 Less than half the time
- 3 About half the time
- 4 More than half the time
- 5 All the time

D14 Of all the times that you talk to your child about (his/her) behaviour, what proportion is disapproval?

- 6 Never
- 7 Less than half the time
- 8 About half the time
- 9 More than half the time
- 10 All the time

D15

When you give your child a command or order to do something, what proportion of the time do you make sure that (he/she) does it?

- 1 Never
- 2 Less than half the time
- 3 About half the time
- 4 More than half the time
- 5 All the time

D16

If you tell your child that (he/she) will get punished if (he/she) doesn't stop doing something, and (he/she) keeps doing it, how often will you punish (him/her)?

- 6 Never
- 7 Less than half the time
- 8 About half the time
- 9 More than half the time
- 10 All the time

D17

How often does (he/she) get away with things that you feel should have been punished?

- 1 Never
- 2 Less than half the time
- 3 About half the time
- 4 More than half the time
- 5 All the time

D18

How often do you get angry when you punish this child?

- 6 Never
- 7 Less than half the time
- 8 About half the time
- 9 More than half the time
- 10 All the time

D19

How often do you think that the kind of punishment you give this child depends on your mood?

- 1 Never
- 2 Less than half the time
- 3 About half the time
- 4 More than half the time
- 5 All the time

D20

How often do you feel you are having problems managing your child in general?

- 6 Never
- 7 Less than half the time
- 8 About half the time
- 9 More than half the time
- 10 All the time

D21

How often is this child able to get out of a punishment when (he/she) really sets (his/her) mind to it?

- 1 Never
- 2 Less than half the time
- 3 About half the time
- 4 More than half the time
- 5 All the time

D22

How often when you discipline this child, does (he/she) ignore the punishment?

- 6 Never
- 7 Less than half the time
- 8 About half the time
- 9 More than half the time
- 10 All the time

D23

How often do you have to discipline your child repeatedly for the same thing?

- 1 Never
- 2 Less than half the time
- 3 About half the time
- 4 More than half the time
- 5 All the time

If your child is 6 years old or older, please go to next question. Otherwise, go to Section E on page 18.

D24

For each statement, please choose one answer that best describes your child now or within the past six months.

	Never or not true	Sometimes or somewhat true	Often or very true
a) Can't sit still, is restless or hyperactive.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
b) Destroys (his/her) own things.	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
c) Steals at home.	7 <input type="radio"/>	8 <input type="radio"/>	9 <input type="radio"/>
d) Seems to be unhappy, sad or depressed.	10 <input type="radio"/>	11 <input type="radio"/>	12 <input type="radio"/>
e) Gets into many fights.	13 <input type="radio"/>	14 <input type="radio"/>	15 <input type="radio"/>
f) Is distractible, has trouble sticking to any activity.	16 <input type="radio"/>	17 <input type="radio"/>	18 <input type="radio"/>
g) Is not as happy as other children.	19 <input type="radio"/>	20 <input type="radio"/>	21 <input type="radio"/>
h) Destroys things belonging to (his/her) family, or other children.	22 <input type="radio"/>	23 <input type="radio"/>	24 <input type="radio"/>
i) Fidgets.	25 <input type="radio"/>	26 <input type="radio"/>	27 <input type="radio"/>
j) Is disobedient at school.	28 <input type="radio"/>	29 <input type="radio"/>	30 <input type="radio"/>
k) Can't concentrate, can't pay attention for long.	31 <input type="radio"/>	32 <input type="radio"/>	33 <input type="radio"/>
l) Is impulsive, acts without thinking.	34 <input type="radio"/>	35 <input type="radio"/>	36 <input type="radio"/>
m) Is too fearful or anxious.	37 <input type="radio"/>	38 <input type="radio"/>	39 <input type="radio"/>
n) Tells lies or cheats.	40 <input type="radio"/>	41 <input type="radio"/>	42 <input type="radio"/>
o) Is worried.	43 <input type="radio"/>	44 <input type="radio"/>	45 <input type="radio"/>
p) Has difficulty awaiting turn in games or groups.	46 <input type="radio"/>	47 <input type="radio"/>	48 <input type="radio"/>
q) When somebody accidentally hurts (him/her), (he/she) reacts with anger and fighting.	49 <input type="radio"/>	50 <input type="radio"/>	51 <input type="radio"/>
r) Physically attacks people.	52 <input type="radio"/>	53 <input type="radio"/>	54 <input type="radio"/>
s) Cries a lot.	55 <input type="radio"/>	56 <input type="radio"/>	57 <input type="radio"/>

D24*(CONTINUED.)*

	Never or not true	Sometimes or somewhat true	Often or very true
t) Vandalizes.	58 <input type="radio"/>	59 <input type="radio"/>	60 <input type="radio"/>
u) Threatens people.	61 <input type="radio"/>	62 <input type="radio"/>	63 <input type="radio"/>
v) Is cruel, bullies or is mean to others.	64 <input type="radio"/>	65 <input type="radio"/>	66 <input type="radio"/>
w) Is nervous, high strung or tense.	67 <input type="radio"/>	68 <input type="radio"/>	69 <input type="radio"/>
x) Kicks, bites or hits other children.	70 <input type="radio"/>	71 <input type="radio"/>	72 <input type="radio"/>
y) Steals outside the home.	73 <input type="radio"/>	74 <input type="radio"/>	75 <input type="radio"/>
z) Has trouble enjoying (himself/herself).	76 <input type="radio"/>	77 <input type="radio"/>	78 <input type="radio"/>

D25

Please think about your child, and choose the statement which applies to (him/her).

	Not at all like	A little bit like	Somewhat like	A lot like	Totally like
a) Is cheerful, happy.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
b) Waits (his/her) turn in games and other activities.	6 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>	9 <input type="radio"/>	10 <input type="radio"/>
c) Does neat, careful work.	11 <input type="radio"/>	12 <input type="radio"/>	13 <input type="radio"/>	14 <input type="radio"/>	15 <input type="radio"/>
d) Is curious and exploring, likes new experiences.	16 <input type="radio"/>	17 <input type="radio"/>	18 <input type="radio"/>	19 <input type="radio"/>	20 <input type="radio"/>
e) Thinks before (he/she) acts, is not impulsive.	21 <input type="radio"/>	22 <input type="radio"/>	23 <input type="radio"/>	24 <input type="radio"/>	25 <input type="radio"/>
f) Gets along well with other children.	26 <input type="radio"/>	27 <input type="radio"/>	28 <input type="radio"/>	29 <input type="radio"/>	30 <input type="radio"/>
g) Usually does what you tell (him/her) to do.	31 <input type="radio"/>	32 <input type="radio"/>	33 <input type="radio"/>	34 <input type="radio"/>	35 <input type="radio"/>
h) Can get over being upset quickly.	36 <input type="radio"/>	37 <input type="radio"/>	38 <input type="radio"/>	39 <input type="radio"/>	40 <input type="radio"/>
i) Is admired and well-liked by other children.	41 <input type="radio"/>	42 <input type="radio"/>	43 <input type="radio"/>	44 <input type="radio"/>	45 <input type="radio"/>
j) Tries to do things for (himself/herself), is self-reliant.	46 <input type="radio"/>	47 <input type="radio"/>	48 <input type="radio"/>	49 <input type="radio"/>	50 <input type="radio"/>

Section E:

About You

E1

The final questions are about you.

Where were you born?

- 1 Canada
- 2 United Kingdom
- 3 Italy
- 4 United States
- 5 Portugal
- 6 Poland
- 7 Germany
- 8 Holland
- 9 Greece
- 10 Jamaica
- 11 India
- 12 Sri Lanka
- 13 Hong Kong
- 14 Vietnam
- 15 Philippines
- 16 Hungary
- 17 Yugoslavia
- 18 El Salvador
- 19 Other

For information only

E2

Which of the following best describes your main activity?

MARK ONE ONLY.

- 1) Full-time paid employee (30 or more hours 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 question E4

Go to next question

E3

At any time during the past 12 months, did you work as either a paid employee or self-employed?

1 Yes

2 No → Go to question E8

E4

How many weeks during the past 12 months did you work for pay or profit?

weeks

E5

When you were working during the past 12 months, about how many hours on average did you work per week?

Hours

E6

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?

\$,					.	0	0
----	--	--	--	--	---	--	--	--	--	---	---	---

E7

(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?

E8

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	0
----	--	--	--	--	---	--	--	--	--	---	---	---

No income

E9

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

\$,					.	0	0
----	--	--	--	--	---	--	--	--	--	---	---	---

No income

E10 Employment Insurance Benefit (before deductions and repayments)?

\$, .

No income

E11 Child Tax Benefit/National Child Benefit and provincial child benefits?

\$, .

No income

E12 Social assistance (welfare) and provincial income supplements such as Ontario Works or Ontario Child Care Supplement for Working families?

\$, .

No income

E13 Child and/or spousal support?

\$, .

No income

E14 All other sources, including dividends, interest, capital gains, tips, etc.?

\$, .

No income

Take a moment and consider each of the main areas in your life. Think about those things that are important to you and then check, in general, how satisfied you are with each of the following...

	Very satisfied	Somewhat satisfied	Neither satisfied nor dissatisfied	Somewhat dissatisfied	Very dissatisfied
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"/>

Section 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

COMMENTS:

For information only

Thank you for your co-operation in answering these questions for us.

Please let the interviewer know that you have finished and return your questionnaire to the interview in the envelope provided.

For information only

