

**Dwelling Characteristics (DC)**

DC\_BEG Beginning of section

Content block

External variables required:

HHLNUM: number of members in household, from Demographics block.  
 DWELCODE: dwelling type, from Entry block.

DC\_R01 **The first set of questions are about the dwelling in which you currently reside.**

INTERVIEWER: Press <1> to continue.

DC\_Q01A **In what year was this dwelling originally built?**

INTERVIEWER: Provide best estimate.

|||  
 (MIN: 1800) (MAX: 2009)  
 DK, RF (Go to DC\_Q01B)  
 Go to DC\_D02

Note: Coverage: All respondents.

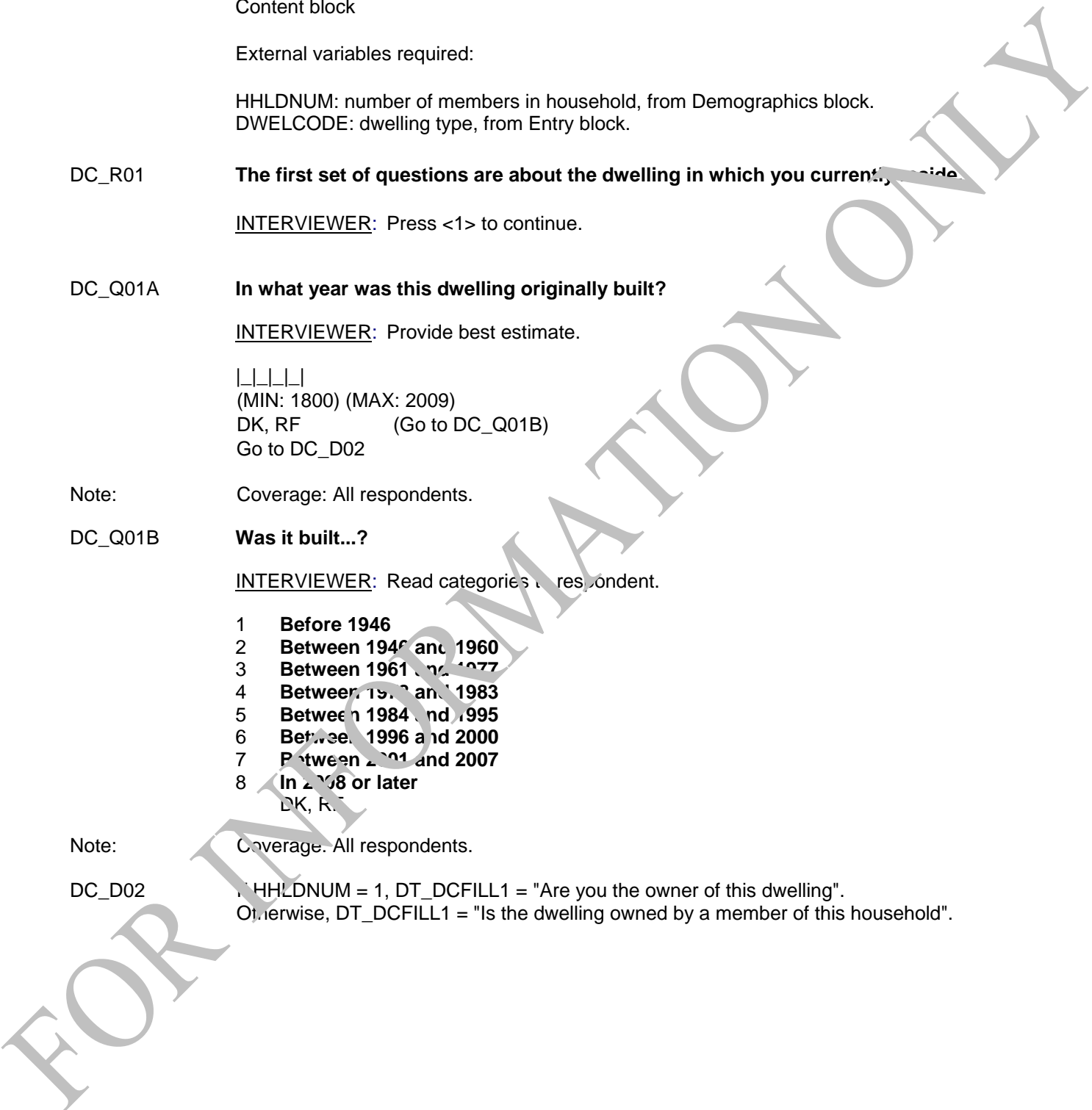
DC\_Q01B **Was it built...?**

INTERVIEWER: Read categories to respondent.

- 1 **Before 1946**
  - 2 **Between 1946 and 1960**
  - 3 **Between 1961 and 1977**
  - 4 **Between 1978 and 1983**
  - 5 **Between 1984 and 1995**
  - 6 **Between 1996 and 2000**
  - 7 **Between 2001 and 2007**
  - 8 **In 2008 or later**
- DK, RF

Note: Coverage: All respondents.

DC\_D02 If HHLNUM = 1, DT\_DCFILL1 = "Are you the owner of this dwelling".  
 Otherwise, DT\_DCFILL1 = "Is the dwelling owned by a member of this household".



DC\_Q02      **^DT\_DCFILL1?**

- 1    Yes
- 2    No  
     DK, RF

Note:            Coverage: All respondents.

DC\_C03        If DWELCODE = 3, 5, 6 (Townhouse, Low Rise, High Rise), go to DC\_Q03.  
Otherwise, go to DC\_C04.

DC\_Q03        **Is the dwelling part of a condominium?**

- 1    Yes
- 2    No  
     DK, RF

Note:            Coverage: Respondents who live in a townhouse or an apartment.

DC\_C04        If DC\_Q02 = 1 and DC\_Q03 NE 1, go to DC\_D05.  
Otherwise, go to DC\_D04.

DC\_D04        If DC\_Q02 = 1, DK, RF and DC\_Q03 = 1, DT\_DCFILL2 = "the condominium  
corporation".  
Otherwise, DT\_DCFILL2 = "the landlord or property manager".

DC\_Q04        **Is ^DT\_DCFILL2 responsible for paying any of the energy bills for the  
dwelling?**

- 1    Yes
- 2    No  
     DK, RF

Note:            Coverage: Respondents who do not own their dwelling or currently reside in a  
condominium.

DC\_D05        If HHLNUM = 1, DT\_DCFILL3 = "have you".  
Otherwise, DT\_DCFILL3 = "has your household".

DC\_Q05      **How long ^DT\_DCFILL3 lived in this dwelling?**

INTERVIEWER: Provide best estimate in months or years. Probe for the length of time that at least one household member has lived in the current dwelling.

|||  
(MIN: 1) (MAX: 95)  
DK, RF      (Go to DC\_END)

Note:      Coverage: All respondents.

DC\_N05      INTERVIEWER: Ask if necessary: (**Is this in months or years?**)

1    Months  
2    Years

(DK, RF are not allowed)

Note:      Coverage: All respondents.

DC\_E05      An unusual value has been entered. Please confirm.

Note:      Trigger soft edit if {(DC\_Q01A ne DK,RF) and (DC\_Q05 ne DK,RF) and (DC\_N05=2) and (2010-DC\_Q01A < DC\_Q05)} or

{(DC\_Q01A ne DK,RF) and (DC\_Q05 ne DK,RF) and (DC\_N05=1) and (2010-DC\_Q01A < (DC\_Q05)/12)} or

{(DC\_Q01A = DK,RF) and (DC\_Q05 ne DK,RF) and (DC\_N05=2) and [(DC\_Q01B=2 and DC\_Q05>64) or (DC\_Q01B=3 and DC\_Q05>49) or (DC\_Q01B=4 and DC\_Q05>32) or (DC\_Q01B=5 and DC\_Q05>26) or (DC\_Q01B=6 and DC\_Q05>14) or (DC\_Q01B=7 and DC\_Q05>9) or (DC\_Q01B=8 and DC\_Q05>2)]} or

{(DC\_Q01A = DK,RF) and (DC\_Q05 ne DK,RF) and (DC\_N05=1) and [(DC\_Q01B=2 and DC\_Q05>64\*12) or (DC\_Q01B=3 and DC\_Q05>49\*12) or (DC\_Q01B=4 and DC\_Q05>32\*12) or (DC\_Q01B=5 and DC\_Q05>26\*12) or (DC\_Q01B=6 and DC\_Q05>14\*12) or (DC\_Q01B=7 and DC\_Q05>9\*12) or (DC\_Q01B=8 and DC\_Q05>2\*12)]}

DC\_END      End of section

**Energy Use and Home Heating (EH)**

EH\_BEG Beginning of section

Content block

External variables required:

HHLNUM: number of members in household, from Demographics block.  
DWELCODE: dwelling type, from Entry block.

EH\_Q01 **What is your dwelling's main type of heating equipment? Is it...?**

INTERVIEWER: Read categories to respondent.

- 1 **A forced air furnace (hot air vents)**
- 2 **Electric baseboards** (Go to EH\_C03)
- 3 **A heating stove**
- 4 **A boiler with hot water or steam radiators**
- 5 **Electric radiant heating** (Go to EH\_C03)
- 6 **A heat pump** (Go to EH\_C03)
- 7 Other - Specify (Go to EH\_S01)  
DK, RF (Go to EH\_C03)

Go to EH\_D02

Note: Coverage: All respondents.

EH\_S01 What is your dwelling's main type of heating equipment?

INTERVIEWER: Specify.

\_\_\_\_\_  
(80 spaces)  
(DK, RF are not allowed)

EH\_D02 If EH\_Q01 = 1, DT\_FURNACE = "forced air furnace".  
If EH\_Q01 = 3, DT\_FURNACE = "heating stove".  
If EH\_Q01 = 4, DT\_FURNACE = "boiler with hot water or steam radiators".  
Otherwise, DT\_FURNACE = "^EH\_S01".

EH\_Q02      **What source of energy does your ^DT\_FURNACE use?**

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

- 1    **Electricity**
- 2    **Natural gas**
- 3    **Heating oil**
- 4    **Wood or wood pellets**
- 5    **Propane**
- 6    Other - Specify      (Go to EH\_S02)  
      DK, RF

Go to EH\_C03

Note:                    Coverage: Respondents who use a forced air furnace, a heating stove or a boiler with hot water or steam radiators as the main type of heating for the dwelling.

EH\_S02                What source of energy does your ^DT\_FURNACE use?

INTERVIEWER: Specify.

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(80 spaces)  
(DK, RF are not allowed)

EH\_C03                If DWELCODE = 5 (Low Rise Apt.) or 6 (High Rise Apt.), go to EH\_Q05.  
Otherwise, go to EH\_D03.

EH\_D03                If HHLDDNUM = 1, DT\_EHFILL1 = "Do you".  
Otherwise, DT\_EHFILL1 = "Does your household".

EH\_Q03                **^DT\_EHFILL1 use any alternative energy sources in your dwelling (besides electricity, natural gas, heating oil, propane, wood or wood pellets)?**

- 1    Yes
- 2    No                    (Go to EH\_Q05)  
      DK, RF              (Go to EH\_Q05)

Note:                    Coverage: Respondents who do not live in an apartment.

EH\_Q04      **Which one(s)?**INTERVIEWER: Mark all that apply.

- 1    Geothermal
- 2    Solar panels used to heat water
- 3    Solar panels used to generate electricity (photovoltaic)
- 4    Wind power
- 5    Biofuels (e.g., biodiesel)
- 6    Other - Specify      (Go to EH\_S04)  
DK, RF

Go to EH\_Q05

Note:                    Coverage: Respondents who do not live in an apartment and use any other energy sources besides electricity, natural gas, heating oil, propane or wood.

EH\_S04      **Which one(s)?**INTERVIEWER: Specify.

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(80 spaces)  
(DK, RF are not allowed)

EH\_Q05      **Does your dwelling have an air conditioner?**

- 1    Yes
- 2    No                    (Go to EH\_Q07)  
DK, RF                (Go to EH\_Q07)

Note:                    Coverage: All respondents.

EH\_Q06      **Is it...?**INTERVIEWER: Read categories to respondent. Mark all that apply.

- 1    **A central air system**
- 2    **A stand alone unit in a window or elsewhere**
- 3    Other - Specify      (Go to EH\_S06)  
DK, RF

Go to EH\_Q07

Note:                    Coverage: Respondents who have an air conditioner.

EH\_S06

Is it...?

INTERVIEWER: Specify.

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(80 spaces)

(DK, RF are not allowed)

EH\_Q07

**Do you have a thermostat?**INTERVIEWER: If necessary, ask: **(Can you control or regulate the temperature in your dwelling?)**

- 1 Yes
- 2 No (Go to EH\_C13)
- DK, RF (Go to EH\_C13)

Note:

Coverage: All respondents.

EH\_Q08

**How many thermostats do you have?**

- 1 One
- 2 More than one
- DK, RF (Go to EH\_Q11)

Note:

Coverage: Respondents who have at least one thermostat in their dwelling.

EH\_D09

If EH\_Q08 = 1, DT\_MAINTHERMO = "Is it".  
Otherwise, DT\_MAINTHERMO = "Is your main thermostat".

EH\_Q09

**^DT\_MAINTHERMO programmable? That is, it can be set to automatically change the temperature according to the time of day.**

- 1 Yes
- 2 No (Go to EH\_Q11)
- DK, RF (Go to EH\_Q11)

Note:

Coverage: Respondents who have at least one thermostat in their dwelling.

EH\_Q10

**Is it programmed?**

- 1 Yes
- 2 No
- DK, RF

Note:

Coverage: Respondents who have a programmable thermostat in their dwelling.

EH\_Q11 **During the winter season, at what temperature is the dwelling usually kept:**

**...when you are there and awake?**

INTERVIEWER: Only enter the degree. If respondent has replied 'turn it off', please enter a value of zero. If respondent provides half degrees, please round up to the nearest degree.

|||  
(MIN: 0) (MAX: 94)  
DK, RF

Note: Coverage: Responding households that have at least one thermostat in their dwelling.

EH\_E11 An unusual value has been entered. Please confirm.

Note: Trigger soft edit if  $1 \leq EH\_Q11 < 10$  or  $30 < EH\_Q11 < 60$  or  $EH\_Q11 > 90$

EH\_Q12 **(During the winter season, at what temperature is the dwelling usually kept:)**

**... when you are asleep?**

INTERVIEWER: Only enter the degree. If respondent has replied 'turn it off', please enter a value of zero. If respondent provides half degrees, please round up to the nearest degree.

|||  
(MIN: 0) (MAX: 94)  
DK (Go to EH\_Q12A)  
RF (Go to EH\_C13)  
Go to EH\_C13

Note: Coverage: Respondents who have at least one thermostat in their dwelling.

EH\_E12 An unusual value has been entered. Please confirm.

Note: Trigger soft edit if  $1 \leq EH\_Q12 < 10$  or  $30 < EH\_Q12 < 60$  or  $EH\_Q12 > 90$

EH\_Q12A **Is it...?**

INTERVIEWER: Read categories to respondent. Determine if the night time temperature was higher, lower or the same as when they are there and awake.

1 **Higher**  
2 **Lower**  
3 **Same**  
DK, RF



EH\_C13 If EH\_Q05 = 1 (air conditioner), go to EH\_Q13.  
Otherwise, go to EH\_Q16.

EH\_Q13 **When using your air conditioner during the summer season, at what temperature is the dwelling usually kept:**

**... when you are there and awake?**

INTERVIEWER: Only enter the degree. If respondent has replied 'turn it off', please enter a value of zero. If respondent provides half degrees, please round up to the nearest degree.

|||  
(MIN: 0) (MAX: 94)  
DK, RF

Note: Coverage: Respondents who have an air conditioner in their dwelling.

EH\_E13 An unusual value has been entered. Please confirm.

Note: Trigger soft edit if  $1 \leq \text{EH\_Q13} < 10$  or  $30 < \text{EH\_Q13} < 60$  or  $\text{EH\_Q13} > 90$

EH\_Q14 **(When using your air conditioner during the summer season, at what temperature is the dwelling usually kept:)**

**... when you are asleep?**

INTERVIEWER: Only enter the degree. If respondent has replied 'turn it off', please enter a value of zero. If respondent provides half degrees, please round up to the nearest degree.

|||  
(MIN: 0) (MAX: 94)  
DK (Go to EH\_Q14A)  
RF (Go to EH\_Q15)  
Go to EH\_Q15

Note: Coverage: Respondents who have an air conditioner in their dwelling.

EH\_E14 An unusual value has been entered. Please confirm.

Note: Trigger soft edit if  $1 \leq \text{EH\_Q14} < 10$  or  $30 < \text{EH\_Q14} < 60$  or  $\text{EH\_Q14} > 90$

EH\_Q14A

**Is it...?**

**INTERVIEWER:** Read categories to respondent. Determine if the night time temperature was higher, lower or the same as when they are there and awake.

- 1 **Higher**
  - 2 **Lower**
  - 3 **Same**
- DK, RF

EH\_Q15

**(When using your air conditioner during the summer season, at what temperature is the dwelling usually kept:)**

**... when you are not at home?**

**INTERVIEWER:** Only enter the degree. If respondent has replied 'turn off', please enter a value of zero. If respondent provides half degrees, please round up to the nearest degree.

[[ ]  
(MIN: 0) (MAX: 94)  
DK, RF

Note: Coverage: Respondents who have an air conditioner in their dwelling.

EH\_E15 An unusual value has been entered. Please confirm.

Note: Trigger soft edit if  $1 \leq EH\_Q15 < 30$  or  $30 < EH\_Q15 < 60$  or  $EH\_Q15 > 90$

EH\_Q16

**Do you have any of the following types of energy saving lights?**

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

- 1 **Compact fluorescent lights (for example corkscrew or spiral)**
  - 2 **Fluorescent tubes**
  - 3 **Halogen lights**
  - 4 **LED holiday lights**
  - 5 **Other types of LED lights**
  - 6 **None of the above - Household does not have any energy saving lights**
- DK, RF

Note: Coverage: All respondents.

EH\_E16

You cannot select "None of the above - Household does not have any energy saving lights" and another category. Please return and correct.

Note: Trigger hard edit if  $EH\_Q16 = 6$  and any other category.

EH\_D17 If HHLNUM = 1, DT\_EHFILL2 = "you do".  
Otherwise, DT\_EHFILL2 = "anyone in your household does".

EH\_Q17 **Please indicate if ^DT\_EHFILL2 any of the following. Do you...?**

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

- 1 **Use dimmers on household lights**
- 2 **Unplug electronics when away for an extended period of time**
- 3 **Reduce heating or cooling in certain areas of the dwelling (for example by blocking or closing vents or sealing off unused areas of the dwelling seasonally)**
- 4 **Use a clothesline or drying rack to dry clothing**
- 5 **Use fans for cooling in the summer**
- 6 **Close the blinds or drapes in your dwelling during the hottest part of the day**
- 7 **Put plastic film on the windows in the winter**
- 8 **Put on more clothing, such as a sweater, instead of adjusting the temperature**
- 9 None of the above activities  
DK, RF

Note: Coverage: All respondents.

EH\_E17 You cannot select "None of the above" and another category. Please return and correct.

Note: Trigger hard edit if EH\_Q17 = 9 and any other category.

EH\_Q18 **Has an energy audit ever been conducted for your dwelling?**

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

Note: Coverage: All respondents.

EH\_Q19 **Was it conducted in the last 10 years?**

- 1 Yes
- 2 No  
DK, RF

Note: Coverage: Respondents who have had an energy audit conducted for their dwelling.

EH\_END End of section

**Water (WA)**

WA\_BEG Beginning of section

Content block

External variables required:

HHLNUM: number of members in household, from Demographics block.  
DWELCODE: dwelling type, from Entry block.

WA\_R01 **The next set of questions are about the use of water in your dwelling.**

INTERVIEWER: Press <1> to continue.

WA\_Q01 **What is your dwelling's main source of water? Is it...?**

INTERVIEWER: Read categories to respondent.

- 1 **Water supplied by your city, town or municipality**
- 2 **Water from a private well**
- 3 **Water from a surface source such as a spring, lake, river, or dugout**
- 4 Other - Specify (Go to WA\_S01)  
DK, RF

Go to WA\_D02

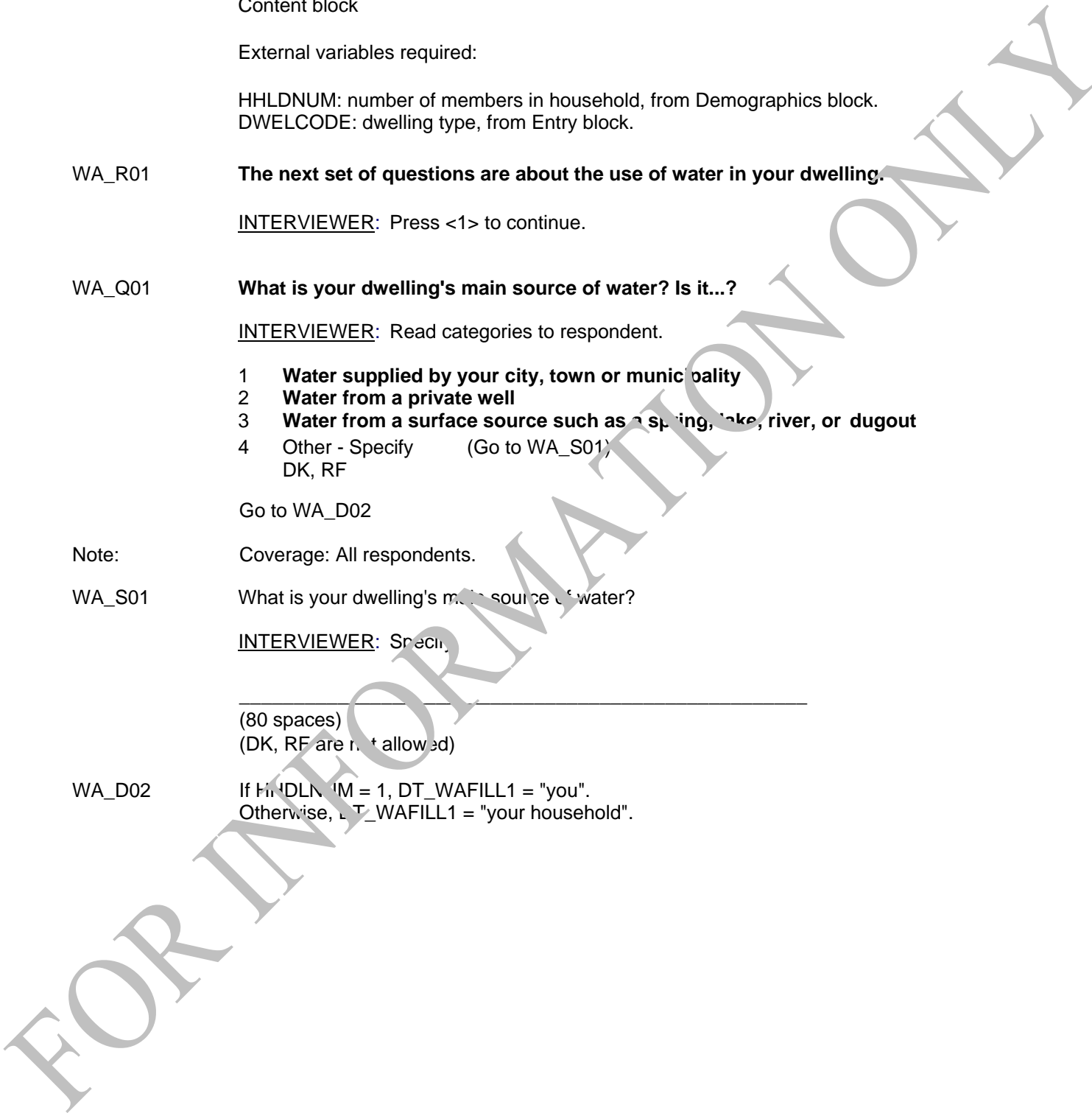
Note: Coverage: All respondents.

WA\_S01 What is your dwelling's main source of water?

INTERVIEWER: Specify

\_\_\_\_\_  
(80 spaces)  
(DK, RF are not allowed)

WA\_D02 If HHLNUM = 1, DT\_WAFILL1 = "you".  
Otherwise, DT\_WAFILL1 = "your household".



WA\_Q02 **During the past 12 months, what type of water did ^DT\_WAFILL1 primarily use for drinking at home? Was it...?**

INTERVIEWER: Read categories to respondent.

- 1 **Tap water**
- 2 **Bottled water including purchased water in a water cooler, tank or other dispenser**
- 3 Both (Go to WA\_Q04)
- 4 Other - Specify (Go to WA\_S02)  
DK, RF (Go to WA\_Q04)

Go to WA\_D03

Note: Coverage: All respondents.

WA\_S02 During the past 12 months, what type of water did ^DT\_WAFILL1 primarily use for drinking at home?

INTERVIEWER: Specify.

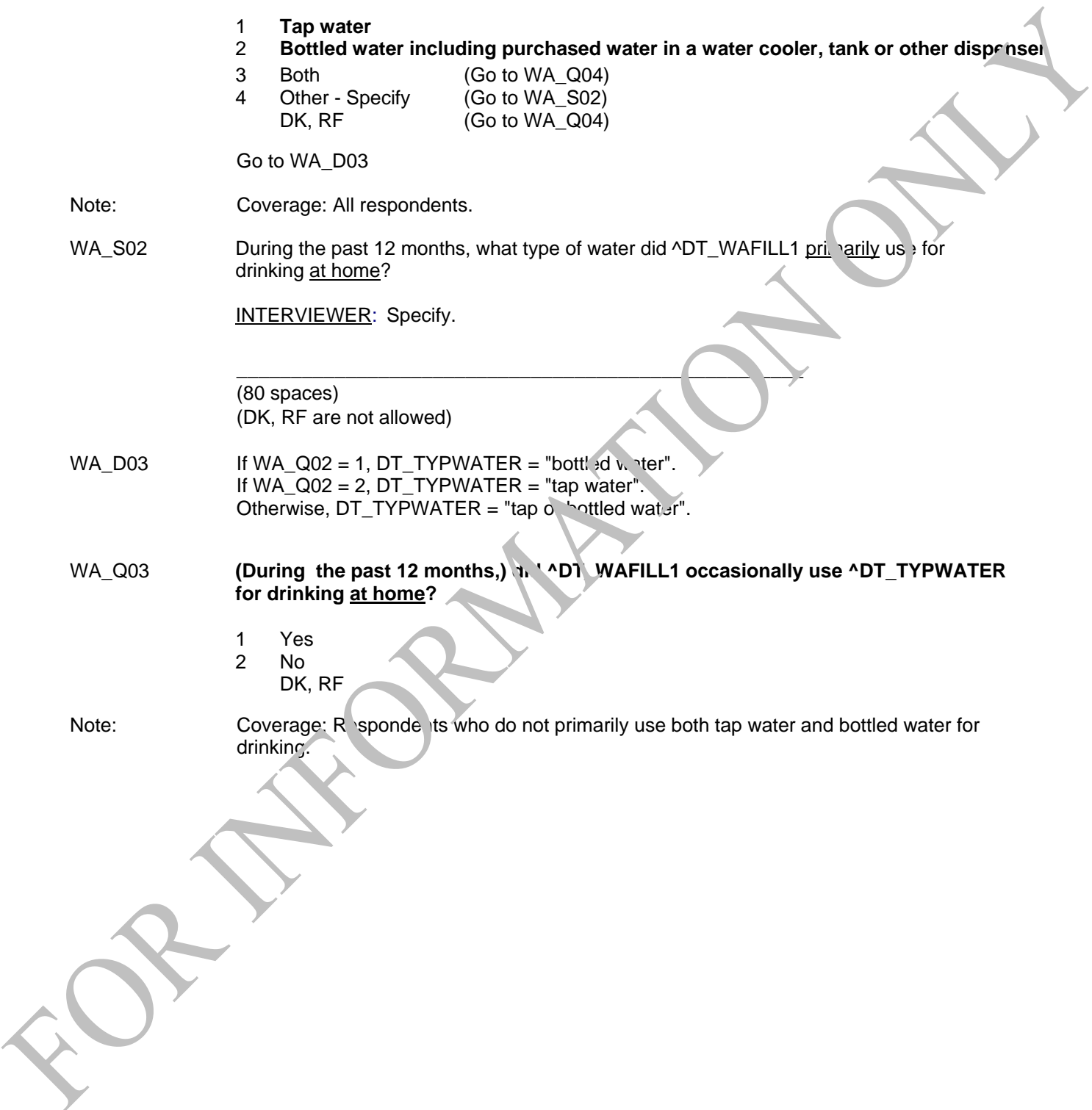
\_\_\_\_\_  
(80 spaces)  
(DK, RF are not allowed)

WA\_D03 If WA\_Q02 = 1, DT\_TYPWATER = "bottled water".  
If WA\_Q02 = 2, DT\_TYPWATER = "tap water".  
Otherwise, DT\_TYPWATER = "tap or bottled water".

WA\_Q03 **(During the past 12 months,) did ^DT\_WAFILL1 occasionally use ^DT\_TYPWATER for drinking at home?**

- 1 Yes
- 2 No  
DK, RF

Note: Coverage: Respondents who do not primarily use both tap water and bottled water for drinking.



WA\_Q04 **During the past 12 months, did you do any of the following to the main water source? Did you...?**

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

- 1 **Use a filter or purifier on the main water supply pipe**
- 2 **Use a filter or purifier on the taps, including built-in water dispensers in your refrigerator**
- 3 **Use a jug filter (for example a Brita system)**
- 4 **Boil water (in order to make it safe for drinking)**
- 5 Do nothing (Go to WA\_Q08)  
DK, RF (Go to WA\_Q08)

Note: Coverage: All respondents.

WA\_E04 You cannot select "do nothing" and another category. Please return and correct.

Note: Trigger hard edit if WA\_Q04 = 5 and any other category.

WA\_C05 If WA\_Q04 = 1 (filter on main supply pipe), go to WA\_Q05.  
Otherwise, go to WA\_C06.

WA\_Q05 **What type of filter or purifier was used on the main water supply pipe? Was it...?**

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

- 1 **An activated charcoal or carbon filter**
- 2 **A ceramic filter**
- 3 **A reverse osmosis system**
- 4 **An ultraviolet light system**
- 5 **A distilled water system**
- 6 Other - Specify (Go to WA\_S05)  
DK, RF

Go to WA\_C06

Note: Coverage: Respondents who have a filter on the main supply pipe.

WA\_S05 What type of filter or purifier was used on the main water supply pipe?

INTERVIEWER: Specify.

\_\_\_\_\_  
(80 spaces)  
(DK, RF are not allowed)

WA\_C06 If WA\_Q04 = 2 (filter or purifier on taps), go to WA\_Q06.  
Otherwise, go to WA\_C07.

WA\_Q06 **What type of filter or purifier was used on your taps? Was it...?**

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

- 1 **An activated charcoal or carbon filter**
- 2 **A ceramic filter**
- 3 **A reverse osmosis system**
- 4 **An ultraviolet light system**
- 5 **A distilled water system**
- 6 Other - Specify (Go to WA\_S06)  
DK, RF

Go to WA\_C07

Note: Coverage: Respondents who have a filter on their tap

WA\_S06 What type of filter or purifier was used on your taps?

INTERVIEWER: Specify.

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(80 spaces)  
(DK, RF are not allowed)

WA\_C07 If WA\_Q04 = 1,2,3,4 (Use some type of filter or boil water), go to WA\_Q07.  
Otherwise, go to WA\_C08.

WA\_Q07 **Why did you treat the main water source? Was it...?**

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

- 1 **To improve the appearance, taste or odour**
- 2 **To remove water treatment chemicals such as chlorine**
- 3 **To soften the water**
- 4 **To remove metals or minerals other than for hard water**
- 5 **To remove possible bacterial contamination**
- 6 **Because of an advisory to boil water**
- 7 Other - Specify (Go to WA\_S07)  
DK, RF

Go to WA\_Q08

Note: Coverage: Respondents who treated their water in some form during the past 12 months.

WA\_S07 Why did you treat the main water source?

INTERVIEWER: Specify.

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(80 spaces)  
(DK, RF are not allowed)

WA\_Q08 **In the past 12 months, was your water tested by a laboratory?**

- 1 Yes
- 2 No (Go to WA\_Q10)  
DK, RF (Go to WA\_Q10)

Note: Coverage: All respondents.

WA\_Q09 **Were any problems found?**

- 1 Yes
- 2 No  
DK, RF

Note: Coverage: Respondents who had their water tested by a laboratory in the past 12 months.

WA\_Q10 **Is your dwelling connected to...?**

INTERVIEWER: Read categories to respondent.

- 1 **The sewer system of your city, town or municipality**
- 2 **A private septic system, including holding tanks**
- 3 **A communal septic system**
- 4 Other  
DK, RF

Note: Coverage: All respondents.

WA\_C11 If WA\_Q01 = 1 (Water from city, town or municipality), go to WA\_Q11.  
Otherwise, go to WA\_Q12.

WA\_Q11 **Do you have:**

**... a meter to measure your water use?**

- 1 Yes
- 2 No  
DK, RF

Note: Coverage: Respondents whose main source of water is supplied by their city, town or municipality.



WA\_Q12 (Do you have:  
 ... a water saving, low flow showerhead?

- 1 Yes
- 2 No  
 DK, RF

Note: Coverage: All respondents.

WA\_Q13 (Do you have:  
 ... a low volume toilet or a toilet tank with the water volume modified for  
 example with a bottle or a brick?

- 1 Yes
- 2 No  
 DK, RF

Note: Coverage: All respondents.

WA\_C14 If DWELCODE= 5 or 6 (Low Rise or High Rise Apartment), go to WA\_END.  
 Otherwise, go to WA\_Q14.

WA\_Q14 Do you have a lawn or an area with grass?

- 1 Yes
- 2 No (Go to WA\_Q21)
- DK, RF (Go to WA\_Q21)

Note: Coverage: Respondents who do not live in an apartment.

WA\_D15 If HHLNUM = 1, DT\_WAFILL2 = "you".  
 Otherwise, DT\_WAFILL2 = "anyone in your household".

WA\_Q15 Last summer, did ^DT\_WAFILL2 water your lawn? Please include automatic  
 sprinkler and irrigation systems.

- 1 Yes
- 2 No (Go to WA\_Q21)
- 3 Not applicable (no lawn last summer) (Go to WA\_Q21)
- DK, RF (Go to WA\_Q21)

Note: Coverage: Respondents who do not live in an apartment and have a lawn.

WA\_Q16 **Last summer, during an average week, how many times was your lawn watered? Was it...?**

INTERVIEWER: Read categories to respondent.

- 1 **Less than once a week**
  - 2 **Once a week**
  - 3 **Twice a week**
  - 4 **Three times or more a week**
- DK, RF (Go to WA\_Q18)

Note: Coverage: Respondents who do not live in an apartment, have a lawn and watered it last summer.

WA\_Q17 **On average, how long was each watering session? Was it...?**

INTERVIEWER: Read categories to respondent.

- 1 **Less than 15 minutes**
  - 2 **15 to less than 30 minutes**
  - 3 **30 to less than 60 minutes**
  - 4 **60 minutes or more**
- DK, RF

Note: Coverage: Respondents who do not live in an apartment, have a lawn and watered it last summer.

WA\_Q18 **At what time of the day was your lawn usually watered? Was it...?**

INTERVIEWER: Read categories to respondent.

- 1 **Early in the morning**
  - 2 **During the day**
  - 3 **In the evening or just before dusk**
  - 4 **At various times throughout the day**
- DK, RF

Note: Coverage: Respondents who do not live in an apartment, have a lawn and watered it last summer.

WA\_Q19 **How was your lawn usually watered? Was it...?**

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

- 1 **By hand using a watering can or a hose (include soaker hoses)**
  - 2 **With a sprinkler or sprinkler system**
  - 3 **Other**
- DK, RF

Note: Coverage: Respondents who do not live in an apartment, have a lawn and watered it last summer.

WA\_C20 If WA\_Q19 = 2 (use of sprinkler system), go to WA\_Q20.  
Otherwise, go to WA\_Q21.

WA\_Q20 **Was the sprinkler or sprinkler system connected to a timer?**

- 1 Yes
- 2 No  
DK, RF

Note: Coverage: Respondents who do not live in an apartment, have a lawn and watered it last summer with a sprinkler system.

WA\_Q21 **Do you have a garden or areas with trees, shrubs, flowers or vegetables outside?**

- 1 Yes
- 2 No (Go to WA\_Q26)  
DK, RF (Go to WA\_Q26)

Note: Coverage: Respondents who do not live in an apartment.

WA\_Q22 **Last summer, did ^DT\_WAFILL2 water these areas?**

- 1 Yes
- 2 No (Go to WA\_Q26)
- 3 Not applicable (no garden last summer) (Go to WA\_Q26)  
DK, RF (Go to WA\_Q26)

Note: Coverage: Respondents who do not live in an apartment and have a garden.

WA\_Q23 **Last summer, during an average week, how many times were these areas watered? Was it...?**

INTERVIEWER: Read categories to respondent.

- 1 **Less than once a week**
- 2 **Once a week**
- 3 **Twice a week**
- 4 **Three times or more a week**  
DK, RF

Note: Coverage: Respondents who do not live in an apartment, have a garden and watered it last summer.

WA\_Q24 **How were these areas usually watered? Was it...?**

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

- 1 **By hand using a watering can or a hose (include soaker hoses)**
- 2 **With a sprinkler or sprinkler system**
- 3 Other  
DK, RF

Note: Coverage: Respondents who do not live in an apartment, have a garden and watered it last summer.

WA\_C25 If WA\_Q24 = 2 (use of sprinkler system), go to WA\_Q25.  
Otherwise, go to WA\_Q26.

WA\_Q25 **Was the sprinkler or sprinkler system connected to a timer?**

- 1 Yes
- 2 No  
DK, RF

Note: Coverage: Respondents who do not live in an apartment, have a garden and watered it last summer with a sprinkler system.

WA\_Q26 **Do you have a barrel or cistern to collect rain water?**

- 1 Yes
- 2 No  
DK, RF

Note: Coverage: Respondents who do not live in an apartment.

WA\_END End of section

FOR INFORMATION ONLY

**Fertilizer and Pesticide Use (FP)**

FP\_BEG Beginning of section

Content block

External variables required:

WA\_Q14: presence of lawn or area with grass, from Water block.

WA\_Q21: presence of garden or area with trees, from Water block.

FP\_C01 If WA\_Q14 = 1 or WA\_Q21 = 1 (lawn or garden), go to FP\_D01.  
Otherwise, go to FP\_END.

FP\_D01 If WA\_Q14 = 1 and WA\_Q21 NE 1, DT\_LAWNGARD = "lawn".  
If WA\_Q14 NE 1 and WA\_Q21 = 1, DT\_LAWNGARD = "garden".  
Otherwise, DT\_LAWNGARD = "lawn or garden".

FP\_R01 **The following questions are about fertilizer and pesticide use.**

INTERVIEWER: Press <1> to continue.

FP\_Q01 **In the past 12 months, were any chemical fertilizers applied to your ^DT\_LAWNGARD?**

- 1 Yes
- 2 No
- DK, RF

Note: Coverage: Respondents who do not live in an apartment and have a lawn or garden.

FP\_Q02 **In the past 12 months, were any natural or organic fertilizers applied to your ^DT\_LAWNGARD?**

- 1 Yes
- 2 No
- DK, RF

Note: Coverage: Respondents who do not live in an apartment and have a lawn or garden.

FP\_C03 If FP\_Q01 = 1 or FP\_Q02 = 1, go to FP\_Q03.  
Otherwise, go to FP\_Q04.

FP\_Q03 **Who applied the fertilizers to your ^DT\_LAWNGARD in the past 12 months? Was it...?**

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

- 1 **Someone in your household**
- 2 **A lawn care or maintenance company**
- 3 **Someone else (for example friend, neighbour, family)**  
DK, RF

Note: Coverage: Respondents who do not live in an apartment, have a lawn or garden and applied fertilizers in the past 12 months.

FP\_Q04 **In the past 12 months, were any chemical pesticides such as weed killers (herbicides), bug killers (insecticides), or fungicides applied to your ^DT\_LAWNGARD? (Please include fertilizer and herbicide mixes such as 'Weed and Feed'.)**

- 1 Yes
- 2 No (Go to FP\_Q06)
- DK, RF (Go to FP\_Q06)

Note: Coverage: Respondents who do not live in an apartment and have a lawn or garden.

FP\_Q05 **What types of chemical pesticides were applied to your ^DT\_LAWNGARD? Was it...?**

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

- 1 **Weed killer (Herbicide)**
- 2 **Bug killer (Insecticide)**
- 3 **Fungicide**  
DK, RF

Note: Coverage: Respondents who do not live in an apartment, have a lawn or garden and applied chemical pesticides in the past 12 months.

FP\_Q06 **In the past 12 months, were any natural or organic pesticides applied to your ^DT\_LAWNGARD?**

- 1 Yes
- 2 No  
DK, RF

Note: Coverage: Respondents who do not live in an apartment and have a lawn or garden.

FP\_C07 If FP\_Q04 = 1 or FP\_Q06 = 1, go to FP\_Q07.  
Otherwise, go to FP\_END.

FP\_Q07 **Were the pesticide products applied to your ^DT\_LAWNGARD...?**

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

- 1 **As part of a regular maintenance schedule (include seasonal application)**
- 2 **When a specific problem arose**
- 3 Other  
DK, RF

Note: Coverage: Respondents who do not live in an apartment, have a lawn or garden and applied pesticides in the past 12 months.

FP\_Q08 **Who applied the pesticides to your ^DT\_LAWNGARD in the past 12 months. Was it...?**

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

- 1 **Someone in your household**
- 2 **A lawn care or maintenance company**
- 3 **Someone else (for example, friend, neighbour, family)**  
DK, RF

Note: Coverage: Respondents who do not live in an apartment, have a lawn or garden and applied pesticides in the past 12 months.

FP\_END End of section

FOR INFORMATION ONLY

**Recreational vehicles/Outdoor equipment (GP)**

GP\_BEG Beginning of section

Content block

External variables required:

HHLDDNUM: number of members in household, from Demographics block.

DWELCODE: dwelling type, from Entry block.

WA\_Q14: presence of lawn or area with grass, from Water block.

GP\_R01 **The next set of questions are about recreational vehicles and lawn care**INTERVIEWER: Press <1> to continue.

GP\_D01 If HHLDDNUM = 1, DT\_GPFILL1 = "Have you".

Otherwise, DT\_GPFILL1 = "Has anyone in your household".

GP\_Q01 **^DT\_GPFILL1 owned any of the following recreational vehicles in the last 12 months?**INTERVIEWER: Read categories to respondent. Mark all that apply.1 **All-terrain vehicle (ATV)**2 **Snowmobile**3 **Dirt bike or motocross motorcycle**4 **Personal watercraft (for example a Sea-Doo or Jet Ski)**5 **Motorboat (with an inboard or outboard motor)**

6 Household does not own any recreational vehicles (Go to GP\_C02A)

DK, RF (Go to GP\_C02A)

Note: Coverage: All respondents.

GP\_E01 You cannot select "Household does not own any recreational vehicles" and another category. Please return and correct.

Note: Trigger hard edit if GP\_Q01 = 6 and any other category.

GP\_C02A If DWELCODE = 5 or 6 (Low rise or high rise apt.), go to GP\_END.

Otherwise, go to GP\_C02B.

GP\_C023 If WA\_Q14 = 2 (No lawn), DK, RF, go to GP\_Q08.

Otherwise, go to GP\_D02.



GP\_D02            If HHLDDNUM = 1, DT\_GPFILL2 = "you".  
                      Otherwise, DT\_GPFILL2 = "anyone in your household".

GP\_Q02            **In the past 12 months, did ^DT\_GPFILL2:**

**... use a lawnmower?**

- 1    Yes
- 2    No            (Go to GP\_Q04)
- DK, RF        (Go to GP\_Q04)

Note:              Coverage: Respondents who do not live in an apartment and have a lawn.

GP\_Q03            **What type of engine did it have?**

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

- 1    **Gas**
- 2    **Electric**
- 3    **Manual (push reel)**
- DK, RF

Note:              Coverage: Respondents who do not live in an apartment, have a lawn and used a lawnmower in the past 12 months.

GP\_Q04            **(In the past 12 months,) did ^DT\_GPFILL2 use:**

**... a grass trimmer?**

- 1    Yes
- 2    No            (Go to GP\_Q06)
- DK, RF        (Go to GP\_Q06)

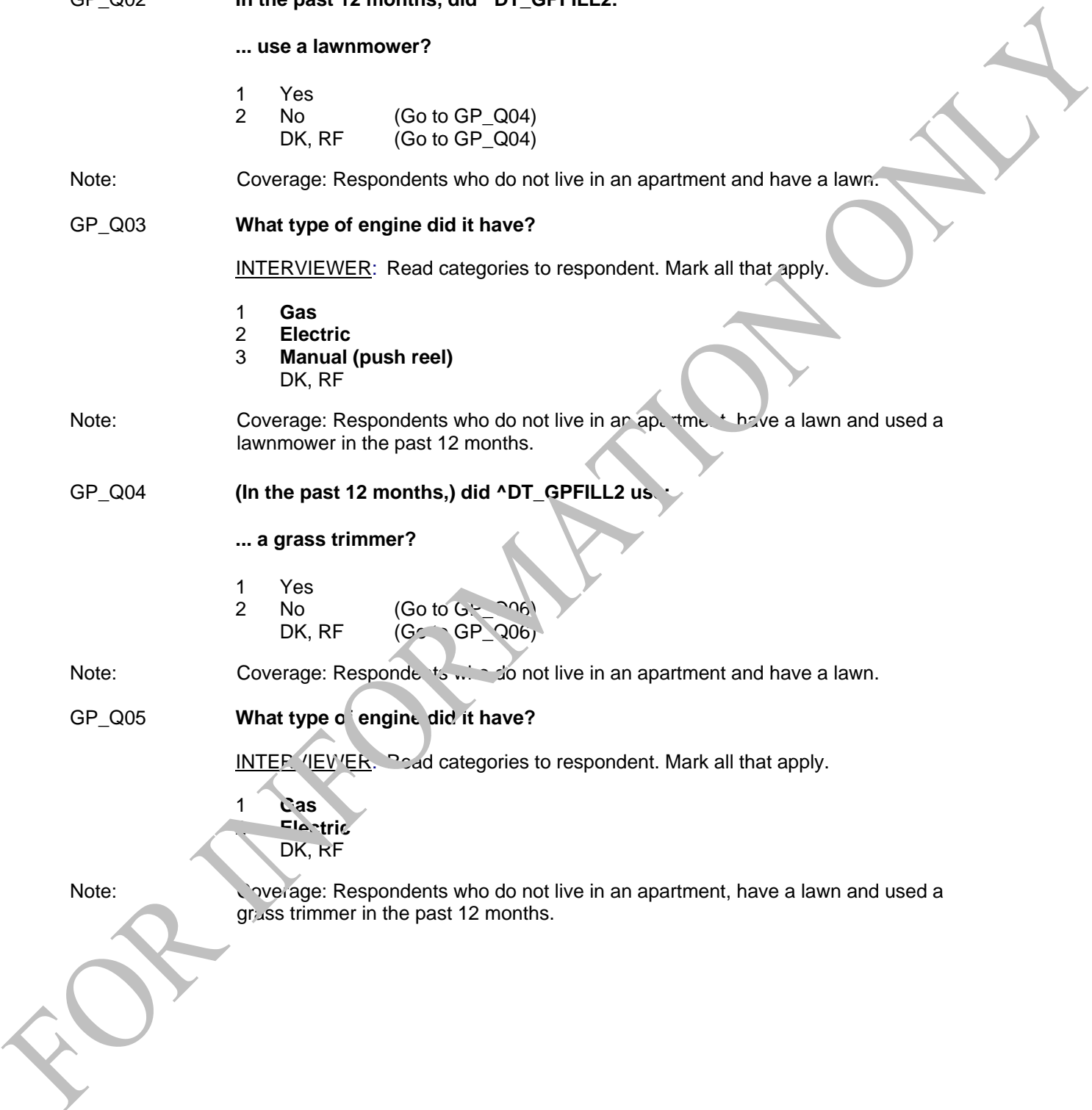
Note:              Coverage: Respondents who do not live in an apartment and have a lawn.

GP\_Q05            **What type of engine did it have?**

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

- 1    **Gas**
- Electric**
- DK, RF

Note:              Coverage: Respondents who do not live in an apartment, have a lawn and used a grass trimmer in the past 12 months.



GP\_Q06 (In the past 12 months, did ^DT\_GPFILL2 use:)

... a leaf blower?

- 1 Yes
- 2 No (Go to GP\_Q08)  
DK, RF (Go to GP\_Q08)

Note: Coverage: Respondents who do not live in an apartment and have a lawn.

GP\_Q07 What type of engine did it have?

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

- 1 Gas
- 2 Electric  
DK, RF

Note: Coverage: Respondents who do not live in an apartment, have a lawn and used a leaf blower in the past 12 months.

GP\_Q08 In the past 12 months, did ^DT\_GPFILL2 use:

... a chain saw?

- 1 Yes
- 2 No (Go to GP\_Q10)  
DK, RF (Go to GP\_Q10)

Note: Coverage: Respondents who do not live in an apartment.

GP\_Q09 What type of engine did it have?

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

- 1 Gas
- 2 Electric  
DK, RF

Note: Coverage: Respondents who do not live in an apartment and used a chain saw in the past 12 months.

GP\_Q10 (In the past 12 months, did ^DT\_GPFILL2 use:)

... a snow blower?

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

Note: Coverage: Respondents who do not live in an apartment.

GP\_Q11      **What type of engine did it have?**

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

- 1    **Gas**
- 2    **Electric**  
     DK, RF

Note:                      Coverage: Respondents who do not live in an apartment and used a snow blower in the past 12 months.

GP\_END                  End of section

FOR INFORMATION ONLY

**Composting (CP)**

CP\_BEG Beginning of section

Content block

External variables required:

WA\_Q14: presence of lawn or area with grass, from Water block.

WA\_Q21: presence of garden or area with trees, from Water block.

HHLNUM: number of members in household, from Demographics block.

CP\_R01 **The next questions are about composting.**INTERVIEWER: Press <1> to continue.CP\_D01 If HHLNUM = 1, DT\_CPFILL1 = "you".  
Otherwise, DT\_CPFILL1 = "your household".CP\_Q01 **During the past 12 months, did ^DT\_CPFILL1 separate any kitchen waste from the rest of your garbage and put it out for compost collection, take it to a depot or put it in a compost bin or pile?**

- 1 Yes
- 2 No (Go to CP\_C05)
- DK, RF (Go to CP\_C05)

Note: Coverage: All respondents.

CP\_Q02 **How was your kitchen waste composted? Was it...?**INTERVIEWER: Read categories to respondent. Mark all that apply.

- 1 **Collected by your city or private company**
- 2 **Taken to a depot**
- 3 **Put in a compost bin, pile or garden**
- 4 Other
- DK, RF

Note: Coverage: Respondents who compost any kitchen waste.

CP\_Q03 **How many months a year do you compost your kitchen waste?**INTERVIEWER: If less than 1 month, enter 1.

|||  
(MIN: 1) (MAX: 12)  
DK, RF

Note: Coverage: Respondents who compost any kitchen waste.

CP\_Q04 **Thinking of a standard plastic grocery bag as a unit of measure, on average, how many bags do you fill with kitchen waste for composting each week?**

INTERVIEWER: Obtain respondent's best estimate (Number of bags.) If less than 1 bag, enter 1.

|||  
(MIN: 1) (MAX: 95)  
DK, RF

Note: Coverage: Respondents who compost any kitchen waste.

CP\_C05 If WA\_Q14 = 1 or WA\_Q21 = 1, go to CP\_Q05.  
Otherwise, go to CP\_C07.

CP\_Q05 **In the past 12 months, did <sup>^DT\_CPFILL1</sup> separate any yard waste such as leaves, plants, or grass clippings from the rest of your garbage and put it out for collection, take it to a depot or put it in a compost bin or pile?**

- 1 Yes
- 2 No (Go to CP\_C07)
- DK, RF (Go to CP\_C07)

Note: Coverage: Respondents who do not live in an apartment and have a lawn or a garden.

CP\_Q06 **How was your yard waste composted? Was it...?**

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

- 1 **Collected by your city or private company**
- 2 **Taken to a depot**
- 3 **Put in a compost bin, pile or garden**
- 4 Other
- DK, RF

Note: Coverage: Respondents who do not live in an apartment, have a lawn or garden and separated or collected any yard waste in the past 12 months.

CP\_C07 If CP\_Q01 = 2 or CP\_Q05 = 2, go to CP\_D07A.  
Otherwise, go to CP\_END.

CP\_D07A If CP\_Q01 = 2 and CP\_Q05 = 1, DT\_KITCHYARD = "kitchen".  
If CP\_Q01 = 1 and CP\_Q05 = 2, DT\_KITCHYARD = "yard".  
If CP\_Q01 = 2, DK, RF and CP\_Q05 = 2, DK, RF, DT\_KITCHYARD = "kitchen and yard".  
Otherwise, DT\_KITCHYARD = "kitchen".

CP\_D07B If HHLNUM = 1, DT\_CPFILL2 = "Do you".  
 Otherwise, DT\_CPFILL2 = "Does your household".

CP\_D07C (Not applicable)

CP\_Q07 **^DT\_CPFILL2 have access to a municipal composting or organics collection program for ^DT\_KITCHYARD waste?**

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

Note: Coverage: Respondents who do not compost kitchen and/or yard waste.

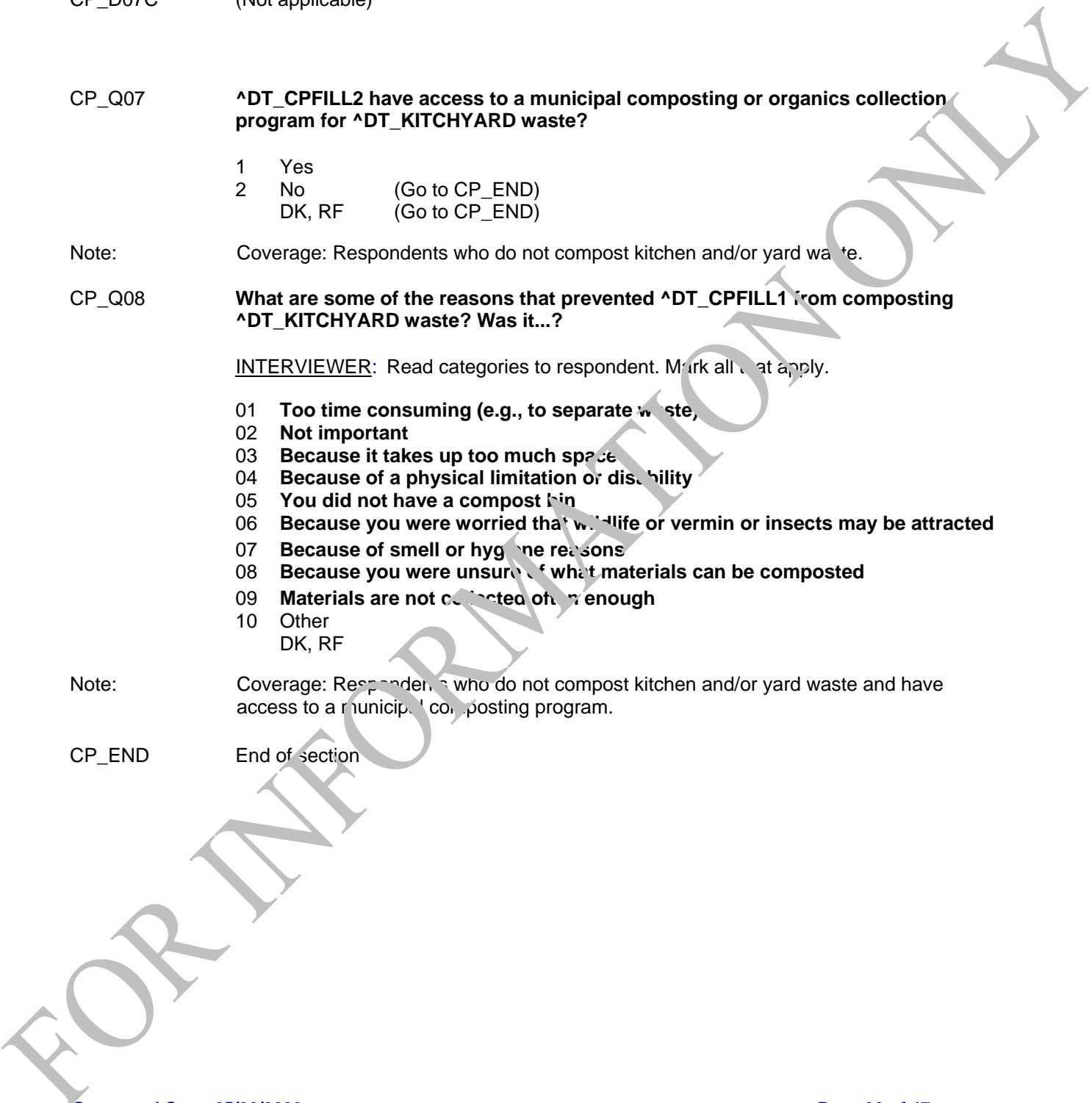
CP\_Q08 **What are some of the reasons that prevented ^DT\_CPFILL1 from composting ^DT\_KITCHYARD waste? Was it...?**

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

- 01 **Too time consuming (e.g., to separate waste,**
- 02 **Not important**
- 03 **Because it takes up too much space**
- 04 **Because of a physical limitation or disability**
- 05 **You did not have a compost bin**
- 06 **Because you were worried that wildlife or vermin or insects may be attracted**
- 07 **Because of smell or hygiene reasons**
- 08 **Because you were unsure of what materials can be composted**
- 09 **Materials are not collected often enough**
- 10 Other  
 DK, RF

Note: Coverage: Respondents who do not compost kitchen and/or yard waste and have access to a municipal composting program.

CP\_END End of section



**Indoor environment (IE)**

IE\_BEG Beginning of section

Content block

External variables required:

HHLDDNUM: number of members in household, from Demographics block.

DWELCODE: dwelling type, from Entry block.

EH\_Q01: dwelling main heating system, from Energy Use block.

EH\_Q05: presence of air conditioner in dwelling, from Energy block.

IE\_R01 **The following questions are about air quality.**

INTERVIEWER: Press <1> to continue.

IE\_Q01 **During the past 12 months, which of the following products were used to clean your windows?**

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

- 1 **Commercial chemical cleaner (for example Windex, Mr. Clean, Bon Ami)**
- 2 **Other cleaners (for example vinegar or "green" or biodegradable cleaners)**
- 3 **Did not use cleaners, did not clean or did not have windows during past 12 months**  
DK, RF

Note: Coverage: All respondents.

IE\_E01 You cannot select "Did not use cleaners, did not clean or did not have windows during the past 12 months" and another category. Please return and correct.

Note: Trigger hard edit if IE\_Q01 = 3 and any other category.

IE\_Q02 **In the past 12 months, were any of the following chemical products used within your dwelling?**

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

- 1 **Oven cleaners and degreasers**
  - 2 **Solvents (for example paint thinner)**
  - 3 **Nail polish remover or makeup remover**
  - 4 **Indoor pesticides or insecticides (for example Raid, Ant-B-Gone)**
  - 5 **Air fresheners (for example potpourri, essential oil dispensers or incense)**
  - 6 **Perfumes or aftershaves**
  - 7 None of the above
- DK, RF

Note: Coverage: All respondents.

IE\_E02 You cannot select "None of the above" and another category. Please return and correct.

Note: Trigger hard edit if IE\_Q02 = 7 and any other category.

IE\_Q03 **In the past 12 months, have you noticed any condensation on the inside surfaces of your windows other than moisture from showers or cooking?**

- 1 Yes
  - 2 No
  - 3 Dwelling does not have windows
- DK, RF

Note: Coverage: All respondents.

IE\_Q04 **In the past 12 months, have you noticed any mould or mildew in your dwelling?**

- 1 Yes
  - 2 No
- DK, RF

Note: Coverage: All respondents.

IE\_C05 If EH\_Q01 = 1 (forced air furnace), go to IE\_Q05.  
Otherwise, go to IE\_Q06.



IE\_Q05 **During the past 12 months, how often has the filter in your furnace been changed or cleaned?**

INTERVIEWER: Read categories to respondent.

- 1 **Every 3 months or more frequently**
- 2 **Every 6 months**
- 3 **Once in the past year**
- 4 **Did not change or clean filter in the past year**  
DK, RF

Note: Coverage: Respondents who have a forced air furnace.

IE\_Q06 **During the past 12 months, how would you rate the quality of the air inside your dwelling? Is it...?**

INTERVIEWER: Read categories to respondent.

- 1 **Excellent**
- 2 **Very good**
- 3 **Good**
- 4 **Fair**
- 5 **Poor**  
DK, RF

Note: Coverage: All respondents.

IE\_D07 If HHLDNUM = 1, DT\_IEFILL1 = "did you".  
Otherwise, DT\_IEFILL1 = "did anyone in your household".

IE\_Q07 **In the past 12 months, DT\_IEFILL1 have health problems that may have been caused by the quality of the air in your dwelling?**

- 1 Yes
- 2 No  
DK, RF

Note: Coverage: All respondents.

IE\_D08 If HHLDNUM = 1, DT\_IEFILL2 = "do you".  
Otherwise, DT\_IEFILL2 = "does your household".

IE\_Q08            **What measures ^DT\_IEFILL2 take to improve the quality of the air in your dwelling? Do you...?**

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

- 01 **Open windows more often to increase air circulation**
- 02 **Turn on a floor or ceiling fan to increase air circulation**
- 03 **Use an air conditioner more frequently**
- 04 **Use a dehumidifier**
- 05 **Use a humidifier**
- 06 **Use an air cleaning system (excluding ionizing systems)**
- 07 **Use higher quality filters in the furnace**
- 08 **Use the furnace fan or a heat recovery ventilation (HRV) system to increase air circulation**
- 09 **Use air fresheners (for example potpourri, essential oil dispensers or incense)**
- 10 Other - Specify            (Go to IE\_S08)
- 11 None of the above  
DK, RF

Go to IE\_C09

Note:            Coverage: All respondents.

Note: Display category 3 if EH\_Q05 = 1. Display category 7 if EH\_Q01 = 1.

IE\_E08A            You cannot enter a response that is not included in the displayed categories. Please return and correct.

Note:            Trigger hard edit if (IE\_Q08 = 3 and EH\_Q05 NE 1) or if (IE\_Q08 = 7 and EH\_Q01 NE 1)

IE\_E08B            You cannot select "None of the above" and another category. Please return and correct.

Note:            Trigger hard edit if IE\_Q08 = 11 and any other category.

IE\_S08            What measures ^DT\_IEFILL2 take to improve the quality of the air in your dwelling?

INTERVIEWER: Specify.

---

(10 spaces)  
(DK, RF are not allowed)

IE\_C09            If IE\_Q08 = 1, go to IE\_Q09.  
Otherwise, go to IE\_Q11.

IE\_Q09 **During the winter season, how often do you open a window to allow fresh air into your dwelling?**

INTERVIEWER: Read categories to respondent.

- 1 **Every day**
- 2 **At least once a week**
- 3 **A few times during the season**
- 4 **Never**  
DK, RF

Note: Coverage: Respondents who open windows more often to increase air circulation in their dwelling.

IE\_Q10 **During the summer season, (how often do you open a window to allow fresh air into your dwelling?)**

INTERVIEWER: Read categories to respondent.

- 1 **Every day**
- 2 **At least once a week**
- 3 **A few times during the season**
- 4 **Never**  
DK, RF

Note: Coverage: Respondents who open windows more often to increase air circulation in their dwelling.

IE\_Q11 **Have you ever heard of radon ?**

- 1 Yes (Go to IE\_Q12)
- 2 No  
DK, RF

Note: Coverage: All respondents.

IE\_R11 INTERVIEWER: If necessary, read: **(Radon is a naturally occurring radioactive gas that is colourless, odourless and tasteless and is found in soil. When radon enters an enclosed space, such as a basement, it can accumulate to unsafe levels and may increase the chances of someone developing lung cancer.)**

Press <1> to continue.

Go to IE\_END

IE\_Q12 **How would you describe radon if you were asked to explain what it is?**

INTERVIEWER: Please type in respondent answer in the space provided below.

\_\_\_\_\_  
(250 spaces)  
DK, RF

Note: Coverage: Respondents who have knowledge of radon.

IE\_Q13 **Do you consider radon to be a health hazard?**

- 1 Yes
- 2 No  
DK, RF

Note: Coverage: Respondents who have knowledge of radon.

IE\_C14 If DWELCODE = 5 (Low rise apt.) or 6 (High rise apt.), go to IE\_END.  
Otherwise, go to IE\_Q14.

IE\_Q14 **Has your dwelling ever been tested for radon?**

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

Note: Coverage: Respondents who do not live in an apartment and have knowledge of radon.

IE\_Q15 **Was it tested in the last 10 years?**

- 1 Yes
- 2 No  
DK, RF

Note: Coverage: Respondents who do not live in an apartment, have knowledge of radon and whose dwelling has been testing for radon.

IE\_END End of section

FOR INFORMATION ONLY

**Air quality (AQ)**

AQ\_BEG Beginning of section

Content block

External variables required:

HHLNUM: number of members in household, from Demographics block.

DWELCODE: dwelling type, from Entry block.

EH\_Q05: presence of an air conditioner in the dwelling, from Energy Use block

GP\_Q03: type of engine of lawnmower, from GP block

GP\_Q05: type of engine of grass trimmer, from GP block

GP\_Q07: type of engine of leaf blower, from GP block

GP\_Q09: type of engine of chain saw, from GP block

AQ\_D01 If HHLNUM = 1, DT\_AQFILL1 = "were you".  
Otherwise, DT\_AQFILL1 = "was anyone in your household"AQ\_Q01 **In the past 12 months, ^DT\_AQFILL1 aware of any advisories issued in your area for smog, smoke or poor air quality?**

- 1 Yes
- 2 No (Go to AQ\_C04)
- DK, RF (Go to AQ\_C04)

Note: Coverage: All respondents.

AQ\_D02 If HHLNUM = 1, DT\_AQFILL2 = "Did you change any of your".  
Otherwise, DT\_AQFILL2 = "Did anyone in your household change any of their".AQ\_Q02 **^DT\_AQFILL2 behavior or activities because of these air quality advisories?**

- 1 Yes
- 2 No (Go to AQ\_C04)
- DK, RF (Go to AQ\_C04)

Note: Coverage: Respondents who were aware of advisories such as smog, smoke or poor air quality issued in their area.

**AQ\_Q03      What behaviours or activities were changed?**

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

- 1    **Reduced outdoor exercise**
- 2    **Used public transit or carpooled**
- 3    **Turned the air conditioning on or lowered the temperature**
- 4    **Stayed inside**
- 5    **Did not use gas powered outdoor equipment**
- 6    **Used car (for example as an alternative to public transit or running/walking/cycling)**
- 7    Other - Specify      (Go to AQ\_S03)  
      DK, RF

Go to AQ\_C04

Note: Coverage: Respondents who were aware of advisories such as smoke, smoke or poor air quality issued in their area and made some form of change to their behaviour.

Note: Display category 3 if EH\_Q05 = 1. Display category 5 if GP\_Q03 = 1 or if GP\_Q05 = 1 or if GP\_Q07 = 1 or if GP\_Q09 = 1.

AQ\_E03      You cannot enter a response that is not included in the displayed categories. Please return and correct.

Note: Trigger hard edit if (AQ\_Q03 = 3 and EH\_Q05 NE 1) or if (AQ\_Q03 = 5 and (GP\_Q03/Q05/Q07/Q09) NE 1)

AQ\_S03      What behaviours or activities were changed?

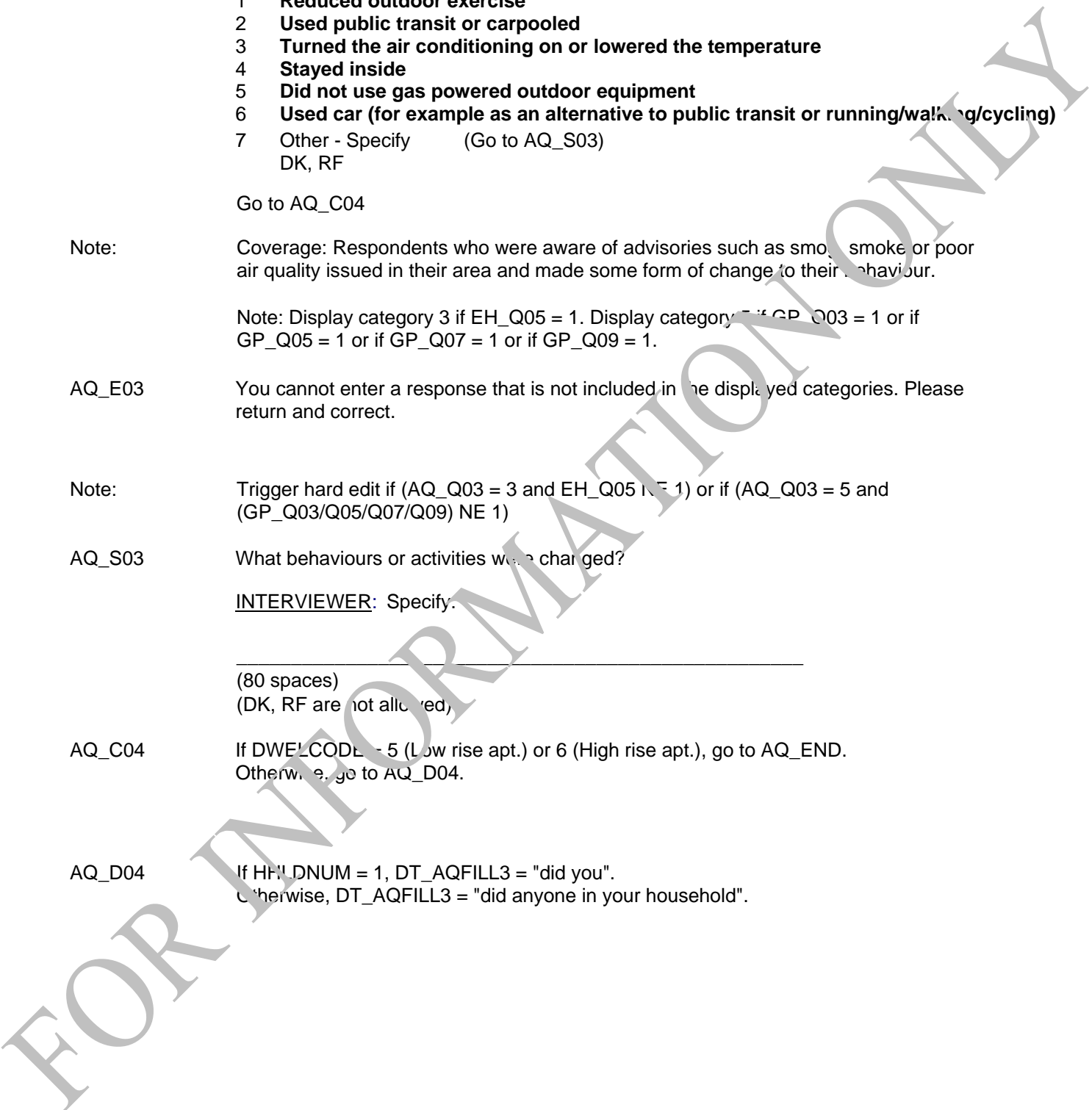
INTERVIEWER: Specify.

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(80 spaces)  
(DK, RF are not allowed)

AQ\_C04      If DWELCODE = 5 (Low rise apt.) or 6 (High rise apt.), go to AQ\_END.  
Otherwise, go to AQ\_D04.

AQ\_D04      If HH1\_DNUM = 1, DT\_AQFILL3 = "did you".  
Otherwise, DT\_AQFILL3 = "did anyone in your household".



AQ\_Q04            **In the past 12 months, ^DT\_AQFILL3 burn yard waste on your property?**

INTERVIEWER: Please include leaves, branches, grass clippings, etc.

- 1    Yes
- 2    No  
     DK, RF

Note:            Coverage: Respondents who do not live in an apartment.

AQ\_Q05            **(In the past 12 months,) ^DT\_AQFILL3 burn household waste on your property?**

INTERVIEWER: Please include all household items that can be burned, excluding only yard waste and materials generated from the operation of a business.

- 1    Yes
- 2    No  
     DK, RF

Note:            Coverage: Respondents who do not live in an apartment.

AQ\_END            End of section

FOR INFORMATION ONLY

**Hazardous Waste (HW)**

HW\_BEG Beginning of section

Content block

External variables required:

HHLDDNUM: number of members in household, from Demographics block.  
EH\_Q16: types of energy saving lights, from Energy Use block.

HW\_R01 **The next set of questions are about the disposal of hazardous products.**

INTERVIEWER: Press <1> to continue.

HW\_D01 If HHLDDNUM = 1, DT\_HWFILL1 = "you".  
Otherwise, DT\_HWFILL1 = "anyone in your household".

HW\_Q01 **In the past 12 months, did ^DT\_HWFILL1 have:**

**... any leftover or expired medication to dispose of?**

- 1 Yes
- 2 No (Go to HW\_Q03)
- DK, RF (Go to HW\_Q03)

Note: Coverage: All respondents.

HW\_Q02 **What did you do with them? Did you ...?**

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

- 1 Put them in the garbage
- 2 Take or send them to a depot or drop off center
- 3 Return them to a supplier/retailer
- 4 Pour them down the drain, sewer, ground, toilet or sink
- 5 Still have them
- 6 Other
- DK, RF

Note: Coverage: Respondents who had leftover or expired medication to dispose of in the past 12 months.

HW\_Q03 **(In the past 12 months,) did ^DT\_HWFILL1 have:**

**... any leftover paint or solvents (to dispose of?)**

- 1 Yes
- 2 No (Go to HW\_Q05)
- DK, RF (Go to HW\_Q05)

Note: Coverage: All respondents.



HW\_Q04 **(What did you do with them?) Did you...?**

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

- 1 **Put them in the garbage**
- 2 **Take or send them to a depot or drop off center**
- 3 **Return them to a supplier/retailer**
- 4 **Still have them**
- 5 Other  
DK, RF

Note: Coverage: Respondents who had leftover paint or solvents to dispose of in the past 12 months.

HW\_Q05 **(In the past 12 months,) did ^DT\_HWFILL1 have:**

**... any unwanted engine oil or anti-freeze (to dispose of?)**

- 1 Yes
- 2 No (Go to HW\_Q07)  
DK, RF (Go to HW\_Q07)

Note: Coverage: All respondents.

HW\_Q06 **(What did you do with them?) Did you...?**

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

- 1 **Put them in the garbage**
- 2 **Take or send them to a depot or drop off center**
- 3 **Return them to a supplier/retailer**
- 4 **Still have them**
- 5 Other  
DK, RF

Note: Coverage: Respondents who had unwanted oils or antifreeze to dispose of in the past 12 months.

HW\_Q07 **(In the past 12 months,) did ^DT\_HWFILL1 have:**

**... any used or unwanted car batteries (to dispose of?)**

INTERVIEWER: Include batteries used for recreational vehicles such as motorboats, all-terrain vehicles and snowmobiles.

- 1 Yes
- 2 No (Go to HW\_Q09)  
DK, RF (Go to HW\_Q09)

Note: Coverage: All respondents.

HW\_Q08 (What did you do with them?) Did you...?

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

- 1 Put them in the garbage
- 2 Take or send them to a depot or drop off center
- 3 Return them to a supplier/retailer
- 4 Still have them
- 5 Other  
DK, RF

Note: Coverage: Respondents who had unwanted or dead car batteries to dispose of in the past 12 months.

HW\_Q09 (In the past 12 months,) did ^DT\_HWFILL1 have:

... any dead or unwanted batteries (to dispose of?)

INTERVIEWER: Include general purpose batteries such as AA batteries, cellphone, PDA, laptop, computer, hearing aid and watch batteries.

Exclude car, motorcycle, boat (marine) and tractor batteries.

- 1 Yes
- 2 No (Go to HW\_Q11)
- DK, RF (Go to HW\_Q11)

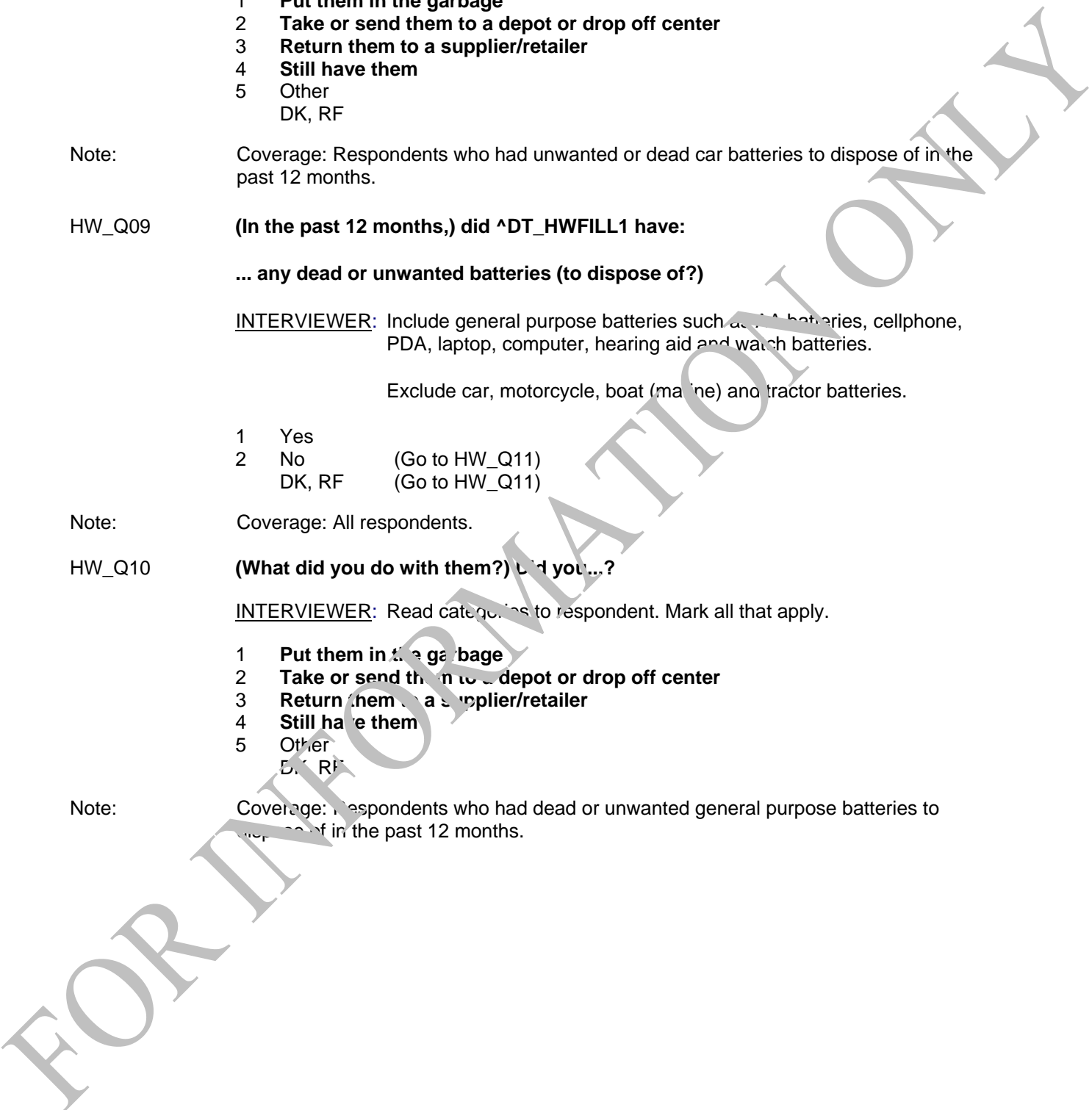
Note: Coverage: All respondents.

HW\_Q10 (What did you do with them?) Did you...?

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

- 1 Put them in the garbage
- 2 Take or send them to a depot or drop off center
- 3 Return them to a supplier/retailer
- 4 Still have them
- 5 Other  
DK, RF

Note: Coverage: Respondents who had dead or unwanted general purpose batteries to dispose of in the past 12 months.



HW\_Q11 **In the past 12 months, did ^DT\_HWFILL1 have:**

**... any unwanted electronic devices to dispose of?**

INTERVIEWER: Include televisions, radios, computers, monitors, printers, keyboards, scanners, hard drives, external drives, fax machines, telephones, cell phones and pagers.

Exclude: software, floppy discs, and CD-ROMs.

- 1 Yes
- 2 No (Go to HW\_C13)
- DK, RF (Go to HW\_C13)

Note: Coverage: All respondents.

HW\_Q12 **What did you do with them? Did you...?**

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

- 1 **Put them in the garbage**
- 2 **Take or send them to a depot or drop off center**
- 3 **Return them to a supplier/retailer**
- 4 **Donate or give them away**
- 5 **Still have them**
- 6 Other
- DK, RF

Note: Coverage: Respondents who had computer or communications devices to dispose of in the past 12 months.

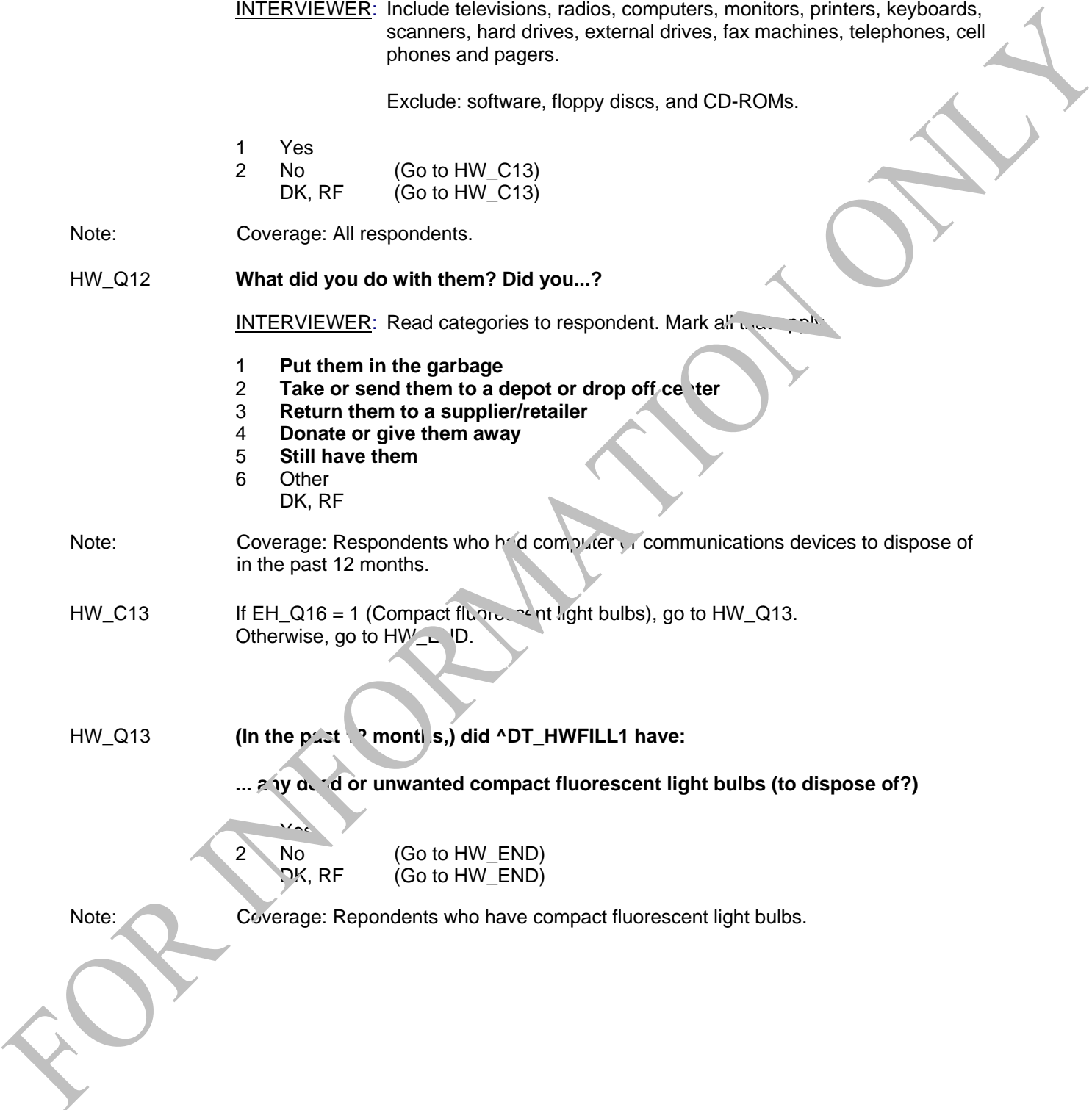
HW\_C13 If EH\_Q16 = 1 (Compact fluorescent light bulbs), go to HW\_Q13. Otherwise, go to HW\_END.

HW\_Q13 **(In the past 12 months,) did ^DT\_HWFILL1 have:**

**... any used or unwanted compact fluorescent light bulbs (to dispose of?)**

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

Note: Coverage: Respondents who have compact fluorescent light bulbs.



HW\_Q14 (What did you do with them?) Did you...?

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

- 1 Put them in the garbage
- 2 Take or send them to a depot or drop off center
- 3 Donate or give them away
- 4 Still have them
- 5 Other  
DK, RF

Note: Coverage: Respondents who had dead or unwanted compact fluorescent light bulbs to dispose of in the past 12 months.

HW\_END End of section

FOR INFORMATION ONLY

**Purchasing decisions (PD)**

PD\_BEG Beginning of section

Content block

External variables required:

HHLNUM: number of members in household, from Demographics block.

PD\_R01 **The next few questions are about purchasing decisions.**

INTERVIEWER: Press <1> to continue.

PD\_D01 If HHLNUM = 1, DT\_PDFILL1 = "Did you".  
Otherwise, DT\_PDFILL1 = "Did your household".

PD\_Q01 **^DT\_PDFILL1 purchase any major appliances in the last 5 years? This includes stoves, refrigerators, dishwashers, freezers, washers or dryers.**

- 1 Yes
- 2 No (Go to PD\_Q03)
- DK, RF (Go to PD\_Q03)

Note: Coverage: All respondents.

PD\_D02 If HHLNUM = 1, DT\_PDFILL2 = "you".  
Otherwise, DT\_PDFILL2 = "your household".

PD\_Q02 **Which two of the following factors were the most important the last time ^DT\_PDFILL2 purchased a major appliance? Was it...?**

INTERVIEWER: Read categories to respondent. Limit responses to two categories.

- 1 **Energy or water consumption**
- 2 **Reliability**
- 3 **Price**
- 4 **Features**
- 5 Other
- DK, RF

Note: Coverage: Respondents who purchased major appliances in the last five years.

PD\_L03 (Not applicable)

PD\_Q03            **In the past 12 months, how often did ^DT\_PDFILL2:  
... purchase organic foods while shopping for groceries?**

INTERVIEWER: Read categories to respondent.

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

Note:            Coverage: All respondents.

PD\_Q04            **(In the past 12 months,) how often did ^DT\_PDFILL2:  
... purchase environmentally friendly or "green" cleaning products?**

INTERVIEWER: Read categories to respondent.

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

Note:            Coverage: All respondents.

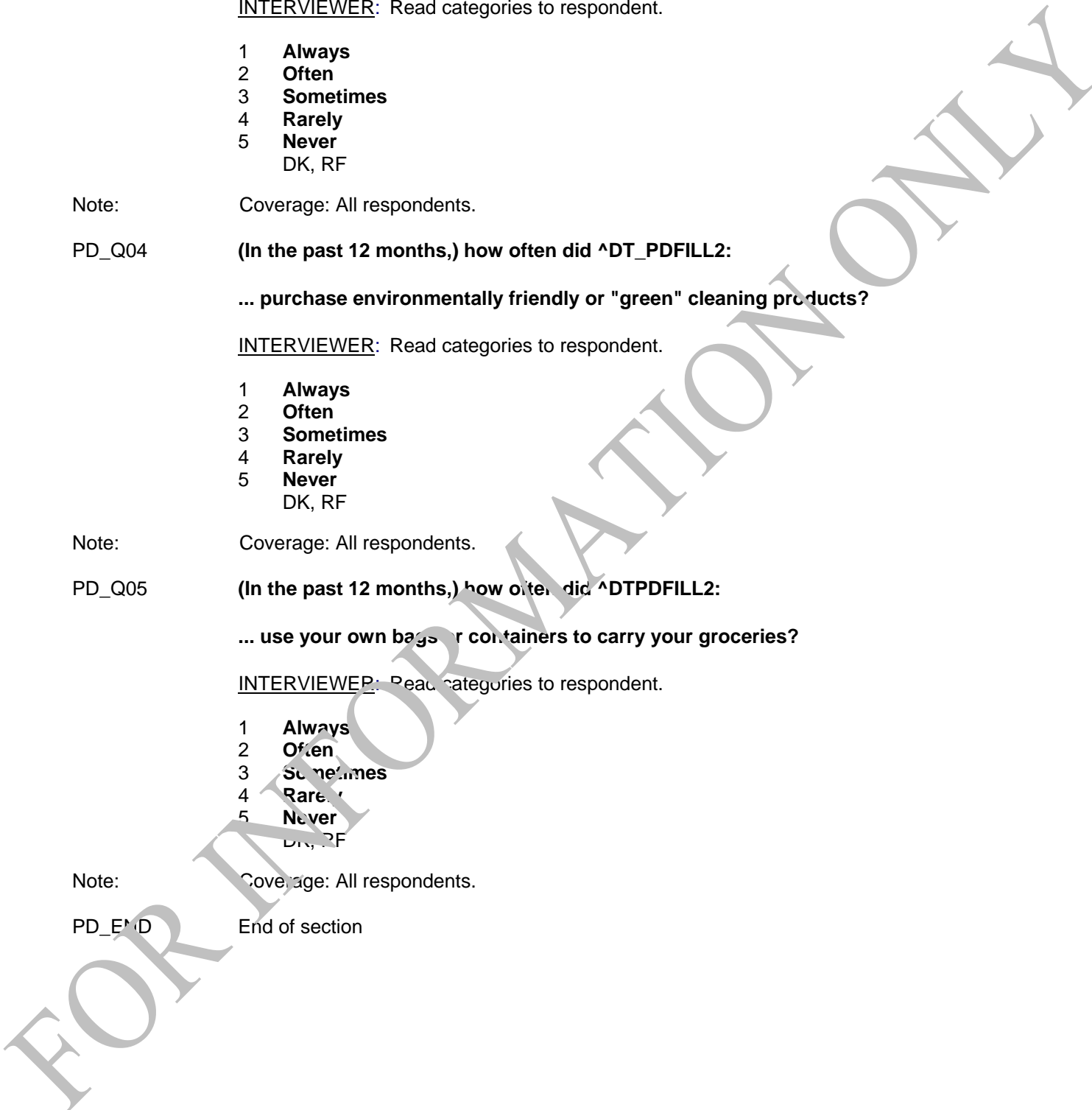
PD\_Q05            **(In the past 12 months,) how often did ^DTPDFILL2:  
... use your own bags or containers to carry your groceries?**

INTERVIEWER: Read categories to respondent.

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

Note:            Coverage: All respondents.

PD\_END           End of section



**Income (HD)**

HD\_BEG Beginning of section

Content block

HD\_R01 **The following question deals with income. Household income is needed in order to study the relationship between economic situation and the level of participation in environmental practices by Canadian households.**

INTERVIEWER: Press <1> to continue.

HD\_Q01 **What is your best estimate of the total household income received by all household members from all sources, before taxes and deductions, during the past 12 months?**

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

INTERVIEWER: If necessary ask: **(Please provide your best estimate to the nearest \$5,000.)**

|||||  
 (MIN: -999995) (MAX: 999995)  
 DK, RF (Go to HD\_Q02)  
 Go to HD\_END

Note: Coverage: All respondents

HD\_Q02 **(What is your best estimate of the total household income received by all household members from all sources, before taxes and deductions, during the last 12 months?) Was it...?**

INTERVIEWER: Read categories to respondent.

- 1 Less than \$20,000 (includes income loss)
  - 2 \$20,000 to less than \$40,000
  - 3 \$40,000 to less than \$60,000
  - 4 \$60,000 to less than \$80,000
  - 5 \$80,000 to less than \$100,000
  - 6 \$100,000 to less than \$150,000
  - 7 \$150,000 and over
- DK, RF

Note: Coverage: All respondents.

HD\_END End of section