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DEM\_R160  
186

**What is the language that you first learned at home in childhood and still understand?**

If you no longer understand the first language learned, select the second language learned.

If you learned two or more languages at the same time in early childhood, report the language you spoke most often at home before starting school. Report two or more languages only if those languages were used equally often and are still understood.

DEM\_Q160

Select all that apply.

- 1 English
- 2 French
- 3 Other

(Go to DEM\_S160)

Go to DEM\_Q170

DEM\_S160

**Specify other language**

---

(80 spaces) (Text)

DEM\_Q170  
187

**What is the highest certificate, diploma or degree that your father (or father's substitute or male guardian) ever completed?**

- 01 High school diploma or equivalency certificate
- 02 Trades or vocational certificate or diploma
- 03 Certificate of Apprenticeship or Certificate of Qualification (Journeyperson's designation)
- 04 CEGEP certificate or diploma
- 05 College or other non-university certificate or diploma
- 06 University certificate or diploma below a bachelor's degree
- 07 Bachelor's degree  
Help text: **e.g.**, B.A., B.A.(Hons.), B.Sc., B.Ed., LL.B.
- 08 University certificate or diploma above a bachelor's degree
- 09 Degree in medicine, dentistry, veterinary medicine or optometry  
Help text: **e.g.**, M.D., D.D.S., D.M.D., D.V.M., O.D.
- 10 Master's degree  
Help text: **e.g.**, M.A., M.Sc., M.Ed., M.B.A.
- 11 Earned doctorate  
Help text: **e.g.**, Ph.D., D.Sc., D.Ed.
- 12 Other
- 13 None  
Help text: **Include** education below the high school level.
- 14 I don't know

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DEM\_Q180  
188

**What is the highest certificate, diploma or degree that your mother (or mother's substitute or female guardian) ever completed?**

- 01 High school diploma or equivalency certificate
- 02 Trades or vocational certificate or diploma
- 03 Certificate of Apprenticeship or Certificate of Qualification (Journey person's designation)
- 04 CEGEP certificate or diploma
- 05 College or other non-university certificate or diploma
- 06 University certificate or diploma below a bachelor's degree
- 07 Bachelor's degree  
Help text: **e.g.**, B.A., B.A.(Hons.), B.Sc., B.Ed., LL.B.
- 08 University certificate or diploma above a bachelor's degree
- 09 Degree in medicine, dentistry, veterinary medicine or optometry  
Help text: **e.g.**, M.D., D.D.S., D.M.D., D.V.M., O.D.
- 10 Master's degree  
Help text: **e.g.**, M.A., M.Sc., M.Ed., M.B.A.
- 11 Earned doctorate  
Help text: **e.g.**, Ph.D., D.Sc., D.Ed.
- 12 Other
- 13 None  
Help text: **Include** education below the high school level.
- 14 I don't know

DEM\_END

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**Disability Screening Questions**  
**(DSQ)**

DSQ\_BEG

DSQ\_T01A

Title: Activities of daily living

DSQ\_R01

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

DSQ\_T01B

Title: Seeing

DSQ\_Q01

189

**Do you have any difficulty seeing?**

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

Null go to DSQ\_Q05

DSQ\_Q02

190

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

- 1 Yes
- 2 No
- 9 DK

DSQ\_Q03

191

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

- 1 No difficulty seeing (Go to DSQ\_Q05)
- 2 Some difficulty seeing
- 3 A lot of difficulty seeing
- 4 You are legally blind
- 5 You are blind
- 9 DK (Go to DSQ\_Q05)

Null go to DSQ\_Q05

DSQ\_Q04

192

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

- 1 Never
- 2 Rarely
- 3 Sometimes
- 4 Often
- 5 Always
- 9 DK

DSQ\_T05

Title: Hearing

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DSQ\_Q05  
193

**Do you have any difficulty hearing?**

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

Null go to DSQ\_Q09

DSQ\_Q06  
194

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

- 1 Yes
- 2 No
- 9 DK

DSQ\_Q07  
195

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

- 1 No difficulty hearing (Go to DSQ\_Q09)
- 2 Some difficulty hearing
- 3 A lot of difficulty hearing
- 4 You cannot hear at all
- 5 You are Deaf
- 9 DK (Go to DSQ\_Q09)

Null go to DSQ\_Q09

DSQ\_Q08  
196

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

- 1 Never
- 2 Rarely
- 3 Sometimes
- 4 Often
- 5 Always
- 9 DK

DSQ\_T09  
Title:

Physical activities

DSQ\_Q09  
197

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

- 1 No (Go to DSQ\_R22)
- 2 Sometimes
- 3 Often
- 4 Always
- 9 DK

Null go to DSQ\_R22

DSQ\_T10  
Title:

Mobility

DSQ\_R10

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

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DSQ\_Q10  
198

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

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

- 1 No difficulty
- 2 Some difficulty
- 3 A lot of difficulty
- 4 You cannot do at all
- 9 DK

DSQ\_Q11  
199

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

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

- 1 No difficulty
- 2 Some difficulty
- 3 A lot of difficulty
- 4 You cannot do at all
- 9 DK

DSQ\_Q12  
200

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

- 1 Never
- 2 Rarely
- 3 Sometimes
- 4 Often
- 5 Always
- 9 DK

DSQ\_T13  
Title:

Flexibility

DSQ\_Q13  
201

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

- 1 No difficulty
- 2 Some difficulty
- 3 A lot of difficulty
- 4 You cannot do at all
- 9 DK

DSQ\_Q14  
202

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

- 1 No difficulty
- 2 Some difficulty
- 3 A lot of difficulty
- 4 You cannot do at all
- 9 DK

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DSQ\_Q15  
203

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

- 1 Never
- 2 Rarely
- 3 Sometimes
- 4 Often
- 5 Always
- 9 DK

DSQ\_T16  
Title:

Dexterity

DSQ\_Q16  
204

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

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

Null go to DSQ\_R18

DSQ\_Q17  
205

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

- 1 Never
- 2 Rarely
- 3 Sometimes
- 4 Often
- 5 Always
- 9 DK

DSQ\_T18  
Title:

Pain

DSQ\_R18

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

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DSQ\_Q18  
206

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

- 1 Yes
- 2 No
- 9 DK

DSQ\_Q19  
207

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

- 1 Yes
- 2 No
- 9 DK

DSQ\_Q20  
208

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

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

- 1 Never (Go to DSQ\_R22)
- 2 Rarely (Go to DSQ\_R22)
- 3 Sometimes
- 4 Often
- 5 Always
- 9 DK (Go to DSQ\_R22)

Null go to DSQ\_R22

DSQ\_Q21  
209

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

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

- 1 No difficulty
- 2 Some difficulty
- 3 A lot of difficulty
- 4 You cannot do most activities
- 9 DK

DSQ\_T22  
Title:

Cognitive activities

DSQ\_R22

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

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DSQ\_Q22  
210

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

- 1 No (Go to DSQ\_R33)
- 2 Sometimes
- 3 Often
- 4 Always
- 9 DK

Null go to DSQ\_R33

DSQ\_T23  
Title:

Learning

DSQ\_Q23  
211

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

- 1 Yes
- 2 No
- 9 DK

DSQ\_Q24  
212

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

- 1 Yes
- 2 No
- 9 DK

DSQ\_Q25  
213

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

- 1 Never (Go to DSQ\_Q27)
- 2 Rarely (Go to DSQ\_Q27)
- 3 Sometimes
- 4 Often
- 5 Always
- 9 DK (Go to DSQ\_Q27)

Null go to DSQ\_Q27

DSQ\_Q26  
214

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

- 1 No difficulty
- 2 Some difficulty
- 3 A lot of difficulty
- 4 You cannot do most activities
- 9 DK

DSQ\_T27  
Title:

Developmental



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DSQ\_Q27  
215

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

- 1 Yes
- 2 No (Go to DSQ\_Q30)
- 9 DK (Go to DSQ\_Q30)

Null go to DSQ\_Q30

DSQ\_Q28  
216

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

- 1 Never (Go to DSQ\_Q30)
- 2 Rarely (Go to DSQ\_Q30)
- 3 Sometimes
- 4 Often
- 5 Always
- 9 DK (Go to DSQ\_Q30)

Null go to DSQ\_Q30

DSQ\_Q29  
217

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

- 1 No difficulty
- 2 Some difficulty
- 3 A lot of difficulty
- 4 You cannot do most activities
- 9 DK

DSQ\_T30  
Title:

Memory

DSQ\_Q30  
218

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

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

- 1 Yes
- 2 No (Go to DSQ\_R33)
- 9 DK (Go to DSQ\_R33)

Null go to DSQ\_R33

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DSQ\_Q31  
219

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

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

- |   |           |                 |
|---|-----------|-----------------|
| 1 | Never     | (Go to DSQ_R33) |
| 2 | Rarely    | (Go to DSQ_R33) |
| 3 | Sometimes |                 |
| 4 | Often     |                 |
| 5 | Always    |                 |
| 9 | DK        | (Go to DSQ_R33) |

Null go to DSQ\_R33

DSQ\_Q32  
220

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

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

- |   |                               |  |
|---|-------------------------------|--|
| 1 | No difficulty                 |  |
| 2 | Some difficulty               |  |
| 3 | A lot of difficulty           |  |
| 4 | You cannot do most activities |  |
| 9 | DK                            |  |

DSQ\_T33  
Title:

Mental health

DSQ\_R33

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

DSQ\_Q33  
221

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

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

- |   |           |                 |
|---|-----------|-----------------|
| 1 | No        | (Go to DSQ_Q36) |
| 2 | Sometimes |                 |
| 3 | Often     |                 |
| 4 | Always    |                 |
| 9 | DK        | (Go to DSQ_Q36) |

Null go to DSQ\_Q36

DSQ\_Q34  
222

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

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

- |   |           |                 |
|---|-----------|-----------------|
| 1 | Never     | (Go to DSQ_Q36) |
| 2 | Rarely    | (Go to DSQ_Q36) |
| 3 | Sometimes |                 |
| 4 | Often     |                 |
| 5 | Always    |                 |
| 9 | DK        | (Go to DSQ_Q36) |

Null go to DSQ\_Q36

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DSQ\_Q35  
223

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

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

- 1 No difficulty
- 2 Some difficulty
- 3 A lot of difficulty
- 4 You cannot do most activities
- 9 DK

DSQ\_T36  
Title:

Other health condition

DSQ\_Q36  
224

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

**Exclude** any health problems previously reported.

- 1 Yes
- 2 No (Go to DSQ\_R38)
- 9 DK (Go to DSQ\_R38)

(Null go to DSQ\_R38)

DSQ\_Q37  
225

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

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

- 1 Never
- 2 Rarely
- 3 Sometimes
- 4 Often
- 5 Always
- 9 DK

DSQ\_T38  
Title:

Pain

DSQ\_R38

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

DSQ\_Q38  
226

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

- 1 Yes
- 2 No
- 9 DK

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DSQ\_Q39  
227

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

- 1 Yes
- 2 No
- 9 DK

DSQ\_Q40  
228

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

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

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

Null go to DSQ\_END

DSQ\_Q41  
229

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

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

- 1 No difficulty
- 2 Some difficulty
- 3 A lot of difficulty
- 4 You cannot do most activities
- 9 DK

DSQ\_END

**Income in 2017 (INC)**

INC\_BEG

INC\_T01  
Title:

Income in 2017

INC\_R010

**The following questions are about your total employment income and total personal income for the year ending December 31, 2017.**

Please provide your best estimates.

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INC\_Q010  
230

**What was your total employment income from wages, salaries and net self-employment income, before taxes and other deductions?**

**Include** tips, bonuses, commissions, overtime pay and research grants.

|\_|\_|\_|\_|\_|\_|\_|\_|  
(MIN: -9,999,999)  
(MAX: 9,999,999)  
Currency without decimal

INC\_Q020  
231

**What was your total personal income from all sources, before taxes and other deductions?**

**Include** total employment income reported above, as well as income from sources such as Employment Insurance, Social Assistance, Child Tax Benefit, GST/QST/HST credits, provincial tax credits, child support, spousal support (alimony), investments, rental income and scholarships.

**Exclude** capital gains or losses.

|\_|\_|\_|\_|\_|\_|\_|\_|  
(MIN: -9,999,999)  
(MAX: 9,999,999)  
Currency without decimal

Need Flow

If INC\_Q010 = blank, Go to INC\_R030  
If INC\_Q020 = blank, Go to INC\_R030  
Otherwise go to INC\_END

INC\_R030

**Please provide an estimate of your [total employment income and your total personal income/total employment income/total personal income] for the year ending December 31, 2017.**

INC\_Q030  
232

**What was your total employment income from wages, salaries and net self-employment income, before taxes and other deductions?**

**Include** tips, bonuses, commissions, overtime pay and research grants.

- 01 Less than \$5,000
- 02 \$5,000 to less than \$10,000
- 03 \$10,000 to less than \$15,000
- 04 \$15,000 to less than \$20,000
- 05 \$20,000 to less than \$25,000
- 06 \$25,000 to less than \$30,000
- 07 \$30,000 to less than \$40,000
- 08 \$40,000 to less than \$50,000
- 09 \$50,000 to less than \$60,000
- 10 \$60,000 to less than \$70,000
- 11 \$70,000 to less than \$80,000
- 12 \$80,000 to less than \$90,000
- 13 \$90,000 to less than \$100,000
- 14 \$100,000 and over

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INC\_Q040  
233

**What was your total personal income from all sources, before taxes and other deductions?**

**Include** total employment income reported above, as well as income from sources such as Employment Insurance, Social Assistance, Child Tax Benefit, GST/QST/HST credits, provincial tax credits, child support, spousal support (alimony), investments, rental income and scholarships.

**Exclude** capital gains or losses.

- 01 Less than \$5,000
- 02 \$5,000 to less than \$10,000
- 03 \$10,000 to less than \$15,000
- 04 \$15,000 to less than \$20,000
- 05 \$20,000 to less than \$25,000
- 06 \$25,000 to less than \$30,000
- 07 \$30,000 to less than \$40,000
- 08 \$40,000 to less than \$50,000
- 09 \$50,000 to less than \$60,000
- 10 \$60,000 to less than \$70,000
- 11 \$70,000 to less than \$80,000
- 12 \$80,000 to less than \$90,000
- 13 \$90,000 to less than \$100,000
- 14 \$100,000 and over

INC\_END

**Data Sharing Agreement (DSA)**

DSA\_BEG

DSA\_T01

Title: Data Sharing Agreement

DSA\_R010

**To avoid duplication in the collection of information and ensure uniform statistics, Statistics Canada has entered into agreements to share the information collected from the National Graduates Survey, with the provincial and territorial ministries of education in Newfoundland and Labrador, Nova Scotia, Québec, Ontario, Alberta, Yukon, and the Northwest Territories as well as the Maritime Provinces Higher Education Commission. Your name, address, telephone number or other identifiers will not be shared. These organizations will keep the information confidential and use it for statistical purposes only.**

DSA\_Q010  
234

**Do you agree to share your information with the provincial and territorial ministries of education and the Maritime Provinces Higher Education Commission?**

- 1 Yes
- 2 No

DSA\_END