

**Ontario Employment Benefits and Support Measures Survey (EBSM) 2004
Questionnaire**

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FOR INFORMATION ONLY

Ontario Employment Benefits and Support Measures Survey (EBSM) 2004 Questionnaire

Section: Introduction (IN)

INT_R01 This survey will collect information on the Ontario Employment Benefits and Support Measures (EBSM). The purpose of this survey is to collect the information necessary to evaluate the impact of several employment benefits programs and support measures services offered by Human Resources Development Canada (HRDC) in the Ontario region. Your answers will be kept strictly confidential and used only for statistical purposes. While participation in the survey is voluntary, your answers are important and will be kept confidential under the Statistics Act.

Note: Throughout the questionnaire, we will be using the abbreviation DK for "Don't know" and RF for "Refusal". In this text, the use of the masculine is generic and applies to both men and women. Please note that during the actual interview, the questions were personalized to be appropriate to the gender of the respondent.

Coverage: All respondents.

INT_R02 **List of programs or services (intervention):**
Skills Development Program (SD) - receiving financial assistance to take any type of training and education.
Self-Employment Assistance Program (SEA) - getting help developing a business plan and/or receiving Employment Insurance payments while starting up your business.
Targeted Wage Subsidy Program (TWS) - participating in a program where Human Resources Development Canada paid part of your wages and you worked with an employer for a period of time to gain work experience.
Job Creation Partnership Program (JCP) - working on community and other projects where you earned some wages or an Employment Insurance top up that was not insurable.
Employment Assistance Services (EAS) -receiving advice on job search, resumé preparation and other job search or employment related activities as part of a group, or discussing employment and training options and other ways to help you get and keep employment with anyone in Human Resources Centre of Canada office (HRCC) or a community coordinator, or an employment resource centre (ERC).

INT_R03 **Definitions**
(START DATE) = Refers to the start date of program or service for participants or start date of Employment Insurance for non-participants.
(END DATE) = Refers to the end date of program or service for participants or end date of Employment Insurance for non-participants.

Section: Verification of Participation (VP)

VP_BEG Start of Section

VP_C01 If Participant = 1 (Participant)(Go to VP_Q01)
Else if Participant = 2 (Non participant)(Go to VP_END)

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VP_Q01 **We are interested in the programs and services you may have received during (the month of .../the period between...). According to the information provided for this survey, you (participated in a program/received a service) during (the month of.../the period between...). Did you (participate in a program/receive a service)?**

- 1 Yes.....(Go to VP_C04)
- 2 No
 DK, RF

Coverage: Respondents who participated in one of the Employment Benefits and Support measures programs or services as identified from sample file.

VP_Q02 **This (program/service) would have consisted of (type of program/service). Did you (participate in this program/receive these services)?**

- 1 Yes.....(Go to VP_C04)
- 2 No
 DK, RF

Coverage: Respondents who participated in one of the Employment Benefits and Support measures programs or services as identified from sample file but response for VP_Q01 was not «yes».

VP_Q03 **Did you participate in any of the following programs or services?**

INTERVIEWER: Read categories to respondent.
If the respondent participated in more than one program, ask for the one that lasted the longest.

- 01 Skills Development Program
- 02 Self-Employment Assistance Program
- 03 Targeted Wage Subsidy Program
- 04 Job Creation Partnership Program
- 05 Employment Assistance Services
- 06 None of the above
 DK, RF

Coverage: Respondents who participated in one of the Employment Benefits and Support measures programs or services as identified from sample file but response for VP_Q01, VP_Q02 was not «yes».

VP_C04 If VP_Q03 = 06 or DK, RF(Go to VP_R06)
 Else.....(Go to VP_Q04)

VP_Q04 **Did your (program/service) end in (end date)?**

- 1 Yes.....(Go to VP_END)
- 2 No
 DK, RF

Note: (End date) refers to the end date of program or service for participants or end date of Employment Insurance for non-participants.

Coverage: Respondents who participated in one of the Employment Benefits and Support measures programs or services and response was yes for VP_Q02 or response for VP_Q03 was between 01 and 05.

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VP_Q05M When did your (program/service) end? (month)

- 01 January
- 02 February
- 03 March
- 04 April
- 05 May
- 06 June
- 07 July
- 08 August
- 09 September
- 10 October
- 11 November
- 12 December
- DK, RF

Coverage: Respondents who participated in one of the Employment Benefits and Support measures programs or services and end date from sample file was not correct.

VP_Q05Y When did your (program/service) end? (year)

INTERVIEWER: Enter a four digit year.
If necessary, ask: (What is the year?)

____(4 spaces) [Min: 1870 Max: 2004]
DK, RF

Coverage: Respondents who participated in one of the Employment Benefits and Support measures programs or services and end date from sample file was not correct.

VP_C06 If VP_Q03 = 06 (None of the above) or DK, RF or VP_Q05M or VP_Q05Y = NON RESPONSE or (VP_Q05M or VP_Q05Y = response before January 2001 or after June 2002 or VP_Q05M and VP_Q05Y is before program start date(Go to VP_R06)
Else.....(Go to VP_END)

**VP_R06 Unfortunately you are ineligible to complete the remainder of the survey.
Thank you for your time and assistance.**

VP_END End of Section

Section: Verification of Non-Participants (NP)

NP_BEG Start of Section

NP_C01 If Participant = 1.....(Go to NP_Q01)
Else (Participant = 2)(Go to NP_R01)

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NP_R01 **According to the information provided for this survey, you received Employment Insurance benefits at some time in the period between (start date) and (end date). For statistical purposes, we are particularly interested in knowing how people were doing during (the month of.../the period between...) and subsequently after they received Employment Insurance benefits.**

Coverage: *Respondents who did not participate in one of the Employment Benefits and Support measures programs or services.*

NP_Q01 **During (the month of.../the period between...), did you visit a Human Resources Centre of Canada office, a community agency, an employment resource centre, or an employment services agency to get help in finding work?**

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

Coverage: *All respondents.*

NP_Q02 **Did you participate in a job finding club to help you organize your job search or actively look for work?**

INTERVIEWER: Job finding clubs are a group activity, led by an employment counsellor and are usually 2-3 weeks in duration.

- 1 Yes
- 2 No
- DK, RF

Coverage: *Respondents who visited a Human Resources Centre of Canada Office, a community agency, an employment resource centre, or an employment services agency.*

NP_Q03 **Did you participate in a workshop, seminar or another activity involving job search tips or job search strategies?**

INTERVIEWER: These workshops and seminars can take place individually or as a group and are usually of short duration of one day or half a day.

- 1 Yes
- 2 No
- DK, RF

Coverage: *Respondents who visited a Human Resources Centre of Canada Office, a community agency, an employment resource centre, or an employment services agency.*

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NP_Q04 **Did you participate in a special employment service for immigrants?**

INTERVIEWER: This employment service can vary in duration from a few hours to many days and is offered individually or to a group.

- 1 Yes
- 2 No
- DK, RF

Coverage: Respondents who visited a Human Resources Centre of Canada Office, a community agency, an employment resource centre, or an employment services agency.

NP_Q05 **Did you meet with an employment services officer or facilitator to help you with career or job choices, help you with writing your resumé, or provide any other employment-related service to help you find work?**

- 1 Yes
- 2 No
- DK, RF

Coverage: Respondents who visited a Human Resources Centre of Canada Office, a community agency, an employment resource centre, or an employment services agency.

NP_Q06 **Did you participate in any other workshops, seminars or sessions offered by Human Resources Development Canada (HRDC) that we haven't mentioned yet?**

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

Coverage: Respondents who visited a Human Resources Centre of Canada Office, a community agency, an employment resource centre, or an employment services agency.

NP_Q07 **Which other workshops, seminars or training sessions did you attend?**

INTERVIEWER: Obtain the name of the workshop or seminar or its main subject.

_____(80 spaces)
DK, RF

Coverage: Respondents who participated in other workshops, seminars, or other training sessions offered by HRDC.

NP_END End of Section

Section: **Skills Development Program (SD)**

SD_BEG Start of Section

SD_C01 If Intervention = SD(Go to SD_Q01)
Else(Go to SD_END)

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SD_Q01 **What was the subject or major field of study of the training course or program of study you took as part of the Skills Development Program?**

INTERVIEWER: If necessary, ask: (According to the information provided for this survey, you participated in a Skills Development Program during (the month of .../the period between...))

____(80 spaces)
DK, RF

Coverage: *Respondents who participated in the 'Skills Development Program'.*

SD_Q02 **Who provided this training course or program of study?**

- 01 A high school or adult high school
- 02 A community college or CEGEP
- 03 A trade/vocational school or a publicly-funded technical institute
- 04 A university or university-college
- 05 A private training institute or a private business school
- 06 A private non-profit organization or community centre
- 07 Other - Specify.....(Go to SD_S02)
DK, RF

Default: (Go to SD_Q03)

Coverage: *Respondents who participated in the 'Skills Development Program'.*

SD_S02 Who provided this training course or program of study?

____(80 spaces)

Coverage: *Respondents who participated in the 'Skills Development Program'.*

SD_Q03 **In total, how many weeks did this training course or program of study last?**

INTERVIEWER: Courses or education taken during (the month of.../the period between...). If more than 100 weeks, enter 100.

____(3 spaces) [Min: 1 Max: 100]

DK, RF(Go to SD_Q05)

Coverage: *Respondents who participated in the 'Skills Development Program'.*

SD_Q04 **On average, how many hours per week did you take this training course or program of study?**

INTERVIEWER: If more than 100 hours, enter 100.

____(3 spaces) [Min: 1 Max: 100]

DK, RF

Coverage: *Respondents who participated in the 'Skills Development Program'.*

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SD_Q05 **Did you complete your training course or program of study as planned?**

1 Yes.....(Go to SD_Q07)
2 No
 DK, RF(Go to SD_Q07)

Coverage: *Respondents who participated in the 'Skills Development Program'.*

SD_Q06 **What were the reasons you did not complete your training course or program of study?**

INTERVIEWER: Mark all that apply.

01 Found employment
02 Started a business
03 Could not afford/funding insufficient
04 Funding was discontinued (by Skills Development Program)
05 Not satisfied with course/instructor
06 Was too difficult/failing
07 Caring for own children
08 Health reasons
09 Other - Specify.....(Go to SD_S06)
 DK, RF

Default: (Go to SD_Q08)

Coverage: *Respondents who participated in the 'Skills Development Program' but did not complete the program.*

SD_S06 **What were the reasons you did not complete your training course or program of study?**

 ____(80 spaces)

Default: (Go to SD_Q08)

Coverage: *Respondents who participated in the 'Skills Development Program' but did not complete the program.*

SD_Q07 **Did you obtain a certificate, diploma or a degree as part of your training course or program of study?**

1 Certificate
2 Diploma
3 Degree (Bachelor's, Master's, Doctorate)
4 No certificate, diploma or degree was granted
 DK, RF

Coverage: *Respondents who completed the 'Skills Development Program'.*

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SD_Q08 **Apart from the job-specific skills you gained by taking this training, did you gain any other skills related to...?**

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

- 01 Problem solving
- 02 Basic reading and writing
- 03 Basic math
- 04 Learning English or French as a second language
- 05 Management or supervision
- 06 Working with people or team work
- 07 Working with the public (in sales, service or communications with clients)
- 08 Working with computers and other office equipment
- 09 Working with non-office equipment and machinery
- 10 Other - Specify..... (Go to SD_S08)
- 11 No other skill was gained
DK, RF

Default: (Go to SD_END)

Coverage: *Respondents who participated in the 'Skills Development Program'.*

SD_S08 **Apart from the job-specific skills you gained by taking this training, did you gain any other skills related to...?**

____(80 spaces)

Coverage: *Respondents who participated in the 'Skills Development Program'.*

SD_END End of Section

Section: **Self-Employment Assistance Program (SB)**

SB_BEG Start of Section

SB_C01 If Intervention = SEA (Go to SB_Q01)
Else..... (Go to SB_END)

SB_Q01 **Were you successful in starting a business after participating in the Self-employment Assistance Program?**

INTERVIEWER: If necessary, ask: (According to the information provided for this survey, you participated in a Self-employment Assistance Program during (the month of.../the period between...) that provided you help to start a business.)

- 1 Yes..... (Go to SB_Q04)
- 2 No
DK, RF (Go to SB_END)

Coverage: *Respondents who participated in the 'Self-Employment Assistance Program'.*

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SB_Q02 Why did you not start the business?

INTERVIEWER: Mark all that apply.

- 01 Still in planning stage
 - 02 Found employment (with someone else)
 - 03 Uncertainty/risk/lack of security or stability
 - 04 Difficulties obtaining financing
 - 05 Couldn't afford it/funding insufficient
 - 06 Funding was discontinued (by Self-employment Assistance Program)
 - 07 Began a program of study or training
 - 08 Caring for own children
 - 09 Health reasons
 - 10 Other - Specify..... (Go to SB_S02)
- DK, RF

Default: (Go to SB_Q03)

Coverage: *Respondents who participated in the 'Self-Employment Assistance Program' but were not successful in starting a business.*

SB_S02 Why did you not start the business?

____(80 spaces)

Coverage: *Respondents who participated in the 'Self-Employment Assistance Program' but were not successful in starting a business.*

SB_Q03 Are you still planning on starting the business at a later date?

- 1 Yes
 - 2 No
- DK, RF

Default: (Go to SB_END)

Coverage: *Respondents who participated in the 'Self-Employment Assistance Program' but were not successful in starting a business.*

SB_Q04 Are you still running this business?

- 1 Yes..... (Go to SB_Q06)
 - 2 No
- DK, RF (Go to SB_Q06)

Coverage: *Respondents who participated in the 'Self-Employment Assistance Program' and were successful in starting a business.*

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SB_Q05 Why are you no longer running this business?

INTERVIEWER: Mark all that apply.

- 01 Business wasn't profitable/fluctuations of income/cash flow problems
- 02 Found employment (with someone else)
- 03 Began a program of study or training
- 04 Couldn't afford it/funding insufficient
- 05 Funding was discontinued (by Self-employment Assistance Program)
- 06 Caring for own children
- 07 Health reasons
- 08 Too much responsibility
- 09 Long hours/no time off
- 10 Interference in family life
- 11 Working alone/isolation
- 12 Stress
- 13 Other - Specify..... (Go to SB_S05)
- DK, RF

Default: (Go to SB_Q06)

Coverage: *Respondents who participated in the 'Self-Employment Assistance Program' and were successful in starting a business but are no longer running this business.*

SB_S05 Why are you no longer running this business?

____ (80 spaces)

Coverage: *Respondents who participated in the 'Self-Employment Assistance Program' and were successful in starting a business but are no longer running this business.*

**SB_Q06 How important was receiving financial support to your ability to start your own business?
Was it ...?**

INTERVIEWER: Read categories to respondent.

- 1 Very important
- 2 Somewhat important
- 3 Neither important nor unimportant
- 4 Somewhat unimportant
- 5 Very unimportant
- DK, RF

Coverage: *Respondents who participated in the 'Self-Employment Assistance Program' and were successful in starting a business.*

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SB_Q07 **How important was receiving information on starting a business to your ability to start your own business? Was it ...?**

INTERVIEWER: Read categories to respondent.

- 1 Very important
 - 2 Somewhat important
 - 3 Neither important nor unimportant
 - 4 Somewhat unimportant
 - 5 Very unimportant
- DK, RF

Coverage: Respondents who participated in the 'Self-Employment Assistance Program' and were successful in starting a business.

SB_Q08 **Would you have started this business without the help of the Self-employment Assistance Program?**

- 1 Yes
 - 2 No
- DK, RF

Coverage: Respondents who participated in the 'Self-Employment Assistance Program' and were successful in starting a business.

SB_Q09 **Apart from the job-specific skills you gained as a result of participating in the Self-employment Assistance Program, did you gain any other skills related to...?**

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

- 01 Problem solving
 - 02 Basic reading and writing
 - 03 Basic math
 - 04 Learning English or French as a second language
 - 05 Management or supervision
 - 06 Working with people or team work
 - 07 Working with the public (in sales, service or communications with clients)
 - 08 Working with computers and other office equipment
 - 09 Working with non-office equipment and machinery
 - 10 Other - Specify..... (Go to SB_S09)
 - 11 No other skill was gained
- DK, RF

Coverage: Respondents who participated in the 'Self-Employment Assistance Program' and were successful in starting a business.

SB_S09 Apart from the job-specific skills you gained as a result of participating in the Self-employment Assistance Program, did you gain any other skills related to...?

____(80 spaces)

Coverage: Respondents who participated in the 'Self-Employment Assistance Program' and were successful in starting a business.

SB_END End of Section

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Section: Targeted Wage Subsidy Program (TWS)

TWS_BEG Start of Section

TWS_C01 If Intervention = TWS.....(Go to TWS_Q01)
Else.....(Go to TWS_END)

TWS_Q01 **Did you work for the employer that hired you as part of the Targeted Wage Subsidy Program throughout the time period as planned?**

INTERVIEWER: If necessary, ask: (According to the information provided for this survey, you participated in a program during (the month of.../the period between...) where Human Resource Development Canada (HRDC) paid part of your wages and you worked with an employer for a period of time to gain work experience.)

- 1 Yes.....(Go to TWS_Q03)
2 No
DK, RF(Go to TWS_Q03)

Coverage: Respondents who participated in the 'Targeted Wage Subsidy Program'.

TWS_Q02 **Why didn't you work for this employer until the planned completion date?**

INTERVIEWER: Mark all that apply.

- 01 Shortage of work/layoff/went out of business
02 Found other employment
03 Didn't like the job
04 Employer terminated the agreement/was fired
05 Wages were too low/couldn't afford it
06 Funding was discontinued (by Targeted Wage Subsidy Program)
07 Started a business
08 Began a program of study or training
09 Caring for own children
10 Health reasons
11 Other - Specify.....(Go to TWS_S02)
DK, RF

Default: (Go to TWS_Q03)

Coverage: Respondents who participated in the 'Targeted Wage Subsidy Program' but did not work for the employer that hired them throughout the time period as planned.

TWS_S02 Why didn't you work for this employer until the planned completion date?

____(80 spaces)

Coverage: Respondents who participated in the 'Targeted Wage Subsidy Program' but did not work for the employer that hired them throughout the time period as planned.

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TWS_Q03 **What statement best describes the way you found this job?**

INTERVIEWER: Read categories to respondent.

- 1 You knew about the wage subsidy program and approached the employer looking for a job
- 2 The employer was looking for employees who were eligible for a wage subsidy
- 3 A community agency or organization located the employer and matched you to the job
- 4 None of the above
 DK, RF

Coverage: Respondents who participated in the 'Targeted Wage Subsidy Program'.

TWS_Q04 **Did you receive any training, including on-the-job training from this employer?**

- 1 Yes
- 2 No
 DK, RF

Coverage: Respondents who participated in the 'Targeted Wage Subsidy Program'.

TWS_Q05 **Apart from the job-specific skills you gained as a result of participating in the Targeted Wage Subsidy Program, did you gain any other skills related to...?**

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

- 01 Problem solving
- 02 Basic reading and writing
- 03 Basic math
- 04 Learning English or French as a second language
- 05 Management or supervision
- 06 Working with people or team work
- 07 Working with the public (in sales, service or communications with clients)
- 08 Working with computers and other office equipment
- 09 Working with non-office equipment and machinery
- 10 Other - Specify..... (Go to TWS_S05)
- 11 No other skill was gained
 DK, RF

Coverage: Respondents who participated in the 'Targeted Wage Subsidy Program'.

TWS_S05 Apart from the job-specific skills you gained as a result of participating in the Targeted Wage Subsidy Program, did you gain any other skills related to...?

____(80 spaces)

Coverage: Respondents who participated in the 'Targeted Wage Subsidy Program'.

TWS_END End of Section

Section: **Job Creation Partnership Program (JP)**

JP_BEG Start of Section

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JP_C01 If Intervention = JCP (Go to JP_Q01)
Else(Go to JP_END)

JP_Q01 **Did you work for the organization or employer that hired you as part of the Job Creation Partnership Program until the project ended as planned?**

INTERVIEWER: If necessary ask: (According to the information provided for this survey you participated in a program during (the month of.../the period between...) where you worked for wages or an Employment Insurance top-up on a community project.)

- 1 Yes..... (Go to JP_Q03)
2 No
DK, RF (Go to JP_Q03)

Coverage: *Respondents who participated in the 'Job Creation Partnership Program'.*

JP_Q02 **Why did you not work for this organization or employer until the planned completion date?**

INTERVIEWER: Mark all that apply.

- 01 Shortage of work/layoff/project ended
02 Found other employment
03 Didn't like the job
04 Organization or employer terminated the agreement/was fired
05 Wages were too low/couldn't afford it
06 Funding was discontinued (by Job Creation Partnership Program)
07 Started a business
08 Began a program of study or training course
09 Caring for own children
10 Health reasons
11 Other - Specify.....(Go to JP_S02)
DK, RF

Default: (Go to JP_Q03)

Coverage: *Respondents who participated in the 'Job Creation Partnership Program' but did not work for the organization or employer that hired them until the project ended.*

JP_S02 Why did you not work for this organization or employer until the planned completion date?

____(80 spaces)

Coverage: *Respondents who participated in the 'Job Creation Partnership Program' but did not work for the organization or employer that hired them until the project ended.*

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JP_Q03 **Apart from the job-specific skills you gained as a result of participating in the Job Creation Partnership Program, did you gain any other skills related to...?**

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

- 01 Problem solving
- 02 Basic reading and writing
- 03 Basic math
- 04 Learning English or French as a second language
- 05 Management or supervision
- 06 Working with people or team work
- 07 Working with the public (in sales, service or communications with clients)
- 08 Working with computers and other office equipment
- 09 Working with non-office equipment and machinery
- 10 Other - Specify..... (Go to JP_S03)
- 11 No other skill was gained
DK, RF

Coverage: *Respondents who participated in the 'Job Creation Partnership Program'.*

JP_S03 **Apart from the job-specific skills you gained as a result of participating in the Job Creation Partnership Program, did you gain any other skills related to...?**

____(80 spaces)

Coverage: *Respondents who participated in the 'Job Creation Partnership Program'.*

JP_END End of Section

Section: **Barriers and Access (BA)**

BA_BEG Start of Section

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BA_Q01 **Thinking back to the time just before (start date), what were the factors that prevented you from finding work?**

INTERVIEWER: Mark all that apply.

- 01 General lack of jobs/poor economy
- 02 Lack of skills needed to get a job
- 03 Lack of jobs matched to my skills
- 04 Lack of recognition of foreign credentials
- 05 Lack of recognition of out-of-province credentials
- 06 Unable or did not want to move for work
- 07 Language problems
- 08 Cultural factors
- 09 Did not know the job market, the city or town
- 10 Employer or societal attitudes/discrimination
- 11 Caring for own children
- 12 Disability
- 13 Other health reasons
- 14 Other - Specify..... (Go to BA_S01)
- 15 No factors in particular
DK, RF

Default: (Go to BA_Q02)

Note: (Start date) refers to the start date of program or service for participants or start date of Employment Insurance for non-participants.

Coverage: *All respondents.*

BA_S01 **Thinking back to the time just before (start date) what were the factors that prevented you from finding work?**

____ (80 spaces)

Coverage: *All respondents.*

BA_Q02 **During (the month of.../the period between...), did you know that employment benefits and support measures other than Employment Insurance were available to you from Human Resources Development Canada and your local Human Resources Centre?**

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

Coverage: *All respondents.*

BA_Q03 **During this time, did you try to receive any services or participate in any programs other than Employment Insurance?**

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

Coverage: *Respondents who were aware of other programs/services available to them from HRDC.*

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BA_Q04 **Did you have any difficulty receiving the services or participating in the programs you wanted?**

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

Coverage: *Respondents who tried to receive other services/participate in other programs other than Employment Insurance.*

BA_Q05 **Which programs or services did you have difficulty accessing?**

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

- 01 General information about employment programs and services available
- 02 Individual employment counselling or assistance to develop a career plan or training plan
- 03 Self-Employment Assistance Program
- 04 Targeted Wage Subsidy Program
- 05 Job Creation Partnership Program
- 06 Skills Development/Training Program
- 07 Counselling/Job Search assistance
- 08 Other
- DK, RF

Coverage: *Respondents who tried to receive other services/participate in other programs other than Employment Insurance and had difficulty.*

BA_Q06 **Why did you have difficulty accessing these programs or services?**

INTERVIEWER: Mark all that apply.

- 01 Could not find an employer/no employers were available/no community projects were available
- 02 Cost too much/couldn't afford it
- 03 Commute or transportation problems
- 04 The program or service conflicted with your family responsibilities
- 05 Did not know how to register/could not find information on programs and services
- 06 Did not meet the requirements of the program or service
- 07 The program or service was offered at inconvenient hours
- 08 Too much effort, preparation or research required to participate
- 09 Disability
- 10 Other health reasons
- 11 Language problems
- 12 Cultural factors
- 13 Other - Specify.....(Go to BA_S06)
- DK, RF

Default: (Go to BA_END)

Coverage: *Respondents who tried to receive other services/participate in other programs other than Employment Insurance and had difficulty.*

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BA_S06 Why did you have difficulty accessing these programs or services?

____(80 spaces)

Coverage: Respondents who tried to receive other services/participate in other programs other than Employment Insurance and had difficulty.

BA_END End of Section

Section: Client Perceptions (CP)

CP_BEG Start of Section

CP_C01 If Participant = 1 (Participant)(Go to CP_R01)
Else(Go to CP_END)

CP_R01 **The following questions are about your opinion of the (program/service).**

CP_Q01 **How satisfied were you with the (program/service)? Would you say you were ...?**

INTERVIEWER: Read categories to respondent.

- 1 Very satisfied
 - 2 Satisfied
 - 3 Neither satisfied nor dissatisfied
 - 4 Dissatisfied
 - 5 Very dissatisfied
- DK, RF

Coverage: Respondents who participated in one of the Employment Benefits and Support measures programs or services.

CP_Q02 **How important was the (program/service) to your ability to find a job?**

INTERVIEWER: Read categories to respondent.

- 1 Very important
 - 2 Important
 - 3 Neither important nor unimportant
 - 4 Unimportant
 - 5 Very unimportant
- DK, RF

Coverage: Respondents who participated in one of the Employment Benefits and Support measures programs or services.

**Ontario Employment Benefits and Support Measures Survey (EBSM) 2004
Questionnaire**

CP_Q03 **How important was the (program/service) to your ability to keep a job?**

INTERVIEWER: Read categories to respondent.

- 1 Very important
- 2 Important
- 3 Neither important nor unimportant
- 4 Unimportant
- 5 Very unimportant
- DK, RF

Coverage: *Respondents who participated in one of the Employment Benefits and Support measures programs or services.*

CP_Q04 **How important was the (program/service) to your ability to find a longer term job?**

INTERVIEWER: Read categories to respondent.

- 1 Very important
- 2 Important
- 3 Neither important nor unimportant
- 4 Unimportant
- 5 Very unimportant
- DK, RF

Coverage: *Respondents who participated in one of the Employment Benefits and Support measures programs or services.*

CP_Q05 **How important was the (program/service) to your ability to find a better paid job?**

INTERVIEWER: Read categories to respondent.

- 1 Very important
- 2 Important
- 3 Neither important nor unimportant
- 4 Unimportant
- 5 Very unimportant
- DK, RF

Coverage: *Respondents who participated in one of the Employment Benefits and Support measures programs or services.*

**Ontario Employment Benefits and Support Measures Survey (EBSM) 2004
Questionnaire**

CP_Q06 **How important was the (program/service) to your ability to contribute to family income?**

INTERVIEWER: Read categories to respondent.

- 1 Very important
 - 2 Important
 - 3 Neither important nor unimportant
 - 4 Unimportant
 - 5 Very unimportant
- DK, RF

Coverage: *Respondents who participated in one of the Employment Benefits and Support measures programs or services.*

CP_Q07 **How important was the (program/service) to your ability to develop your skills?**

INTERVIEWER: Read categories to respondent.

- 1 Very important
 - 2 Important
 - 3 Neither important nor unimportant
 - 4 Unimportant
 - 5 Very unimportant
- DK, RF

Coverage: *Respondents who participated in one of the Employment Benefits and Support measures programs or services.*

CP_Q08 **How important was the (program/service) to your self-esteem and confidence?**

INTERVIEWER: Read categories to respondent.

- 1 Very important
 - 2 Important
 - 3 Neither important nor unimportant
 - 4 Unimportant
 - 5 Very unimportant
- DK, RF

Coverage: *Respondents who participated in one of the Employment Benefits and Support measures programs or services.*

**Ontario Employment Benefits and Support Measures Survey (EBSM) 2004
Questionnaire**

CP_Q09 **How important was the (program/service) to your interest in further training and skills development?**

INTERVIEWER: Read categories to respondent.

- 1 Very important
 - 2 Important
 - 3 Neither important nor unimportant
 - 4 Unimportant
 - 5 Very unimportant
- DK, RF

Coverage: *Respondents who participated in one of the Employment Benefits and Support measures programs or services.*

CP_Q10 **How important was the (program/service) to your interest in pursuing formal education?**

INTERVIEWER: Read categories to respondent. Formal education consists of education or programs of study in high school or above the high school level in a trade/vocational school, a college or a university.

- 1 Very important
 - 2 Important
 - 3 Neither important nor unimportant
 - 4 Unimportant
 - 5 Very unimportant
- DK, RF

Coverage: *Respondents who participated in one of the Employment Benefits and Support measures programs or services.*

CP_Q11 **How important was the (program/service) to your willingness to relocate in order to accept a job?**

INTERVIEWER: Read categories to respondent.

- 1 Very important
 - 2 Important
 - 3 Neither important nor unimportant
 - 4 Unimportant
 - 5 Very unimportant
- DK, RF

Coverage: *Respondents who participated in one of the Employment Benefits and Support measures programs or services.*

CP_C12 If Intervention = TWS or JCP.....(Go to CP_Q12)
Else.....(Go to CP_END)

**Ontario Employment Benefits and Support Measures Survey (EBSM) 2004
Questionnaire**

CP_Q12 **How important was the (program/service) in providing you with the work experience that has helped in your job or will help you in future jobs?**

INTERVIEWER: Read categories to respondent.

- 1 Very important
 - 2 Important
 - 3 Neither important nor unimportant
 - 4 Unimportant
 - 5 Very unimportant
- DK, RF

Coverage: Respondents who participated in the 'Targeted Wage Subsidy' or 'Job Creation Partnership' programs.

CP_END End of Section

Section: **Pre-Program Employment (PE)**

PE_BEG Start of Section

PE_Q01 **During the 12 months before (you participated in the program/received a service, that is prior to) (start date)/(start date), what was your major activity? Was it...?**

INTERVIEWER: Read categories to respondent.

- 01 Going to school
 - 02 Working
 - 03 Working and going to school
 - 04 Taking care of family or household responsibilities
 - 05 Not working and looking for work
 - 06 Not working and not looking for work
 - 07 Other
- DK, RF

Coverage: All respondents.

PE_C02 If PE_Q01= 2 or 3..... (Go to PE_B03)
Else..... (Go to PE_Q02)

PE_Q02 **Were you employed at all during the 12 month period prior to (start date)?**

- 1 Yes
 - 2 No
- DK, RF

Coverage: Respondents who did not select work as their major activity for the 12 month period prior to start date.

PE_B03 Go to Employment Block (EM)

**Ontario Employment Benefits and Support Measures Survey (EBSM) 2004
Questionnaire**

PE_Q03 (When you began participating in the program/receiving the service, that is in (start date))/(In (start date)) were you receiving Employment Insurance benefits from Human Resources Development Canada or Social Assistance benefits?

- 1 Employment Insurance
- 2 Social Assistance (Go to PE_Q05)
- 3 Both (Go to PE_Q05)
- 4 Neither
DK, RF

Coverage: All respondents.

PE_Q04 During the 12 months before (you started the program or service in)/(start date), did you receive any income from Social Assistance benefits?

- 1 Yes..... (Go to PE_Q05)
- 2 No
DK, RF

Default: (Go to PE_END)

Coverage: Respondents who received Employment Insurance benefits.

PE_Q05 During the 12 months before (you started the program or service in)/(start date), for how many weeks did you receive Social Assistance benefits?

INTERVIEWER: Please include all the weeks from all periods of social assistance.

____ (3 spaces) [Min: 1 Max: 200]
DK, RF

Coverage: Respondents who received Social Assistance benefits.

PE_Q06 On average, how much were you receiving each month in Social Assistance benefits?

INTERVIEWER: Please take into account all periods on social assistance.

____ (4 spaces) [Min: 1 Max: 5000]
DK, RF

Coverage: Respondents who received Social Assistance benefits.

PE_END End of Section

Section: Labour Force Status (LF)

LF_BEG Start of Section

LF_R01 Now I have some questions about your activities last week.

**Ontario Employment Benefits and Support Measures Survey (EBSM) 2004
Questionnaire**

LF_Q01 Last week, did you work at a job or a business?

- 1 Yes..... (Go to LF_Q04)
- 2 No
 DK, RF

Coverage: *All respondents.*

LF_Q02 Last week, did you have a job or business at which you did not work?

- 1 Yes..... (Go to LF_Q03)
- 2 No
 DK, RF

Default: (Go to LF_Q05)

Coverage: *Respondents who did not work the week prior to being interviewed.*

LF_Q03 What was the main reason for this absence?

- 01 Health reasons
- 02 Maternity/Paternity/Parental leave
- 03 Caring for own children
- 04 Other personal or family responsibilities
- 05 School or educational leave
- 06 Labour dispute (strike or lockout)
- 07 Seasonal layoff
- 08 Temporary layoff due to economic condition
- 09 Vacation (paid or unpaid)
- 10 Other
 DK, RF

Coverage: *Respondents who did not work the week prior to being interviewed but did have a job or business.*

LF_Q04 Did you have more than one job or business last week?

- 1 Yes
- 2 No
 DK, RF

Default: (Go to LF_END)

Coverage: *Respondents who had a job the week prior to being interviewed (whether they worked or not).*

LF_Q05 Last week, did you have a job to start at a definite date in the future?

- 1 Yes
- 2 No
 DK, RF

Coverage: *Respondents who did not have a job the week prior to being interviewed.*

**Ontario Employment Benefits and Support Measures Survey (EBSM) 2004
Questionnaire**

LF_Q06 **Last week, were you looking for a job?**

- 1 Yes
- 2 No
 DK, RF

Coverage: *Respondents who did not have a job the week prior to being interviewed.*

LF_END End of Section

Section: **Post-Program Employment (PO)**

PO_BEG **Start of Section**

PO_C01 If LF_Q02 = No, DK, RF (Go to PO_Q01)
 Else (LF_Q02 = Yes or EMPTY) (Go to PO_B05)

PO_Q01 **Have you worked at any job or business since (start date) (when you started your participation/when you started receiving the Employment Assistance Service) ?**

- 1 Yes
- 2 No
 DK, RF

Coverage: *Respondents who did not have a job the week prior to being interviewed.*

PO_Q02 **Did you look for a job since your last job or business ended?**

- 1 Yes
- 2 No (Go to PO_Q03)
 DK, RF

Default: (Go to PO_Q04)

Coverage: *Respondents who did not have a job the week prior to being interviewed.*

**Ontario Employment Benefits and Support Measures Survey (EBSM) 2004
Questionnaire**

PO_Q03 **What is the main reason you did not look for a job since your last job or business ended?**

- 01 Disability
- 02 Other health reasons
- 03 Caring for own children
- 04 Going to school
- 05 No longer interested in finding a job
- 06 Waiting for recall (to a former job)
- 07 Has already found a new job
- 08 Waiting for replies from employer
- 09 Could not find the kind of job wanted
- 10 Discouraged with looking
- 11 Age, near retirement
- 12 Other - Specify.....(Go to PO_S03)
- 13 No reason given
 DK, RF

Default: (Go to PO_C05)

Coverage: *Respondents who did not have a job the week prior to being interviewed and have not looked for a job since their last job ended.*

PO_S03 **What is the main reason you did not look for a job since your last job or business ended?**

_____ (80 spaces)

Default: (Go to PO_C05)

Coverage: *Respondents who did not have a job the week prior to being interviewed and have not looked for a job since their last job ended.*

FOR INFORMATION ONLY

**Ontario Employment Benefits and Support Measures Survey (EBSM) 2004
Questionnaire**

PO_Q04 **What are the factors that have prevented you from finding work since your last job or business ended?**

INTERVIEWER: Mark all that apply.

- 01 General lack of jobs/Poor economy
- 02 Lack of skills needed to get a job
- 03 Lack of jobs matched to my skills
- 04 Lack of recognition of foreign credentials
- 05 Lack of recognition of out-of-province credentials
- 06 Unable or did not want to move for work
- 07 Language problems
- 08 Cultural factors
- 09 Did not know the job market, the city or town
- 10 Employer or societal attitudes/discrimination
- 11 Caring for own children
- 12 Disability
- 13 Other health reasons
- 14 Other - Specify.....(Go to PO_S04)
- 15 No factors in particular
DK, RF

Default: (Go to PO_C05)

Coverage: *Respondents who did not have a job the week prior to being interviewed and have looked for a job since their last job ended.*

PO_S04 **What are the factors that have prevented you from finding work since your last job or business ended?**

____(80 spaces)

Coverage: *Respondents who did not have a job the week prior to being interviewed and have looked for a job since their last job ended.*

PO_C05 If PO_Q01 = No, DK, RF (Go to PO_Q06)
Else.....(Go to PO_B05)

PO_B05 Go to Employment Block (EM)

PO_Q06 **Since (your program/service ended in) (end date)/(end date) did you receive any income from Social Assistance benefits?**

- 1 Yes..... (Go to PO_Q07)
- 2 No
DK, RF

Default: (Go to PO_END)

Coverage: *All respondents.*

**Ontario Employment Benefits and Support Measures Survey (EBSM) 2004
Questionnaire**

PO_Q07 **Since (your program/service ended in) (end date)/(end date) for how many weeks did you receive Social Assistance benefits?**

INTERVIEWER: Please include all the weeks from all periods of social assistance.

____(3 spaces) [Min: 1 Max: 200]
DK, RF

Coverage: Respondents who are receiving Social Assistance benefits.

PO_Q08 **On average, how much were you receiving each month in Social Assistance benefits?**

INTERVIEWER: Please take into account all periods on social assistance.

____(4 spaces) [Min: 1 Max: 5000]
DK, RF

Coverage: Respondents who are receiving Social Assistance benefits.

PO_C09 If Prepsid = 2 (Post program) and PO_Q06 = 1 and [(all EM_Q03= No, where
Prepsid = 2) or (PO_Q01 = No, DK, RF)]
..... (Go to PO_Q09)
Else.....(Go to PO_END)

PO_Q09 **Are you still receiving income from Social Assistance benefits?**

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

Coverage: Respondents who received Social Assistance benefits and have not worked since start date.

**Ontario Employment Benefits and Support Measures Survey (EBSM) 2004
Questionnaire**

- PO_Q10** **What is the main reason you are receiving Social Assistance benefits?**
- 01 General lack of jobs/poor economy
 - 02 Lack of skills needed to get a job
 - 03 Lack of jobs matched to my skills
 - 04 Lack of recognition of foreign credentials
 - 05 Lack of recognition of out-of-province credentials
 - 06 Unable or did not want to move for work
 - 07 Language problems
 - 08 Cultural factors
 - 09 Did not know the job market, the city or town
 - 10 Employer or societal attitudes/discrimination
 - 11 Caring for own children
 - 12 Disability
 - 13 Other health reasons
 - 14 Other - Specify.....(Go to PO_S10)
 - 15 No reasons in particular
 DK, RF

Default: (Go to PO_END)

Coverage: *Respondents who are receiving Social Assistance benefits and have not worked since start date.*

- PO_S10** **What is the main reason you are receiving Social Assistance benefits?**
- ____(80 spaces)

Coverage: *Respondents who are receiving Social Assistance benefits and have not worked since start date.*

PO_END **End of Section**

Section: **Post-Program Education (PP)**

PP_BEG Start of Section

**Ontario Employment Benefits and Support Measures Survey (EBSM) 2004
Questionnaire**

- PP_Q01** **Thinking back to (start date), what was the highest level of education you had completed at that point?**
- 01 Elementary school (grade 8 or Secondary II in Québec)
 - 02 Some secondary school - without diploma (at least grade 9 or Secondary III in Québec)
 - 03 Diploma from secondary or technical high school or its equivalent
 - 04 Some trade or vocational school
 - 05 Trade or vocational diploma or certificate
 - 06 Some college, Cegep
 - 07 College or Cegep certificate
 - 08 College or Cegep diploma
 - 09 Some university
 - 10 University diploma or certificate below bachelor's level
 - 11 Bachelor's degree (e.g. B.A., B.Sc., B.Ed.)
 - 12 Degree in medicine, (M.D.); dentistry (D.D.S, D.M.D); veterinary medicine (D.V.M.); law (LL.B.); optometry (O.D.); theology (M.DIV.)
 - 13 Master's degree (e.g. M.A., M.Sc., M.Ed.)
 - 14 Ph.D. (e.g. Doctorate, D.Sc., D.Ed.)
 - 15 Other - Specify..... (Go to PP_S01)
DK, RF

Default: (Go to PP_Q02)

Coverage: *All respondents.*

- PP_S01** Thinking back to (start date), what was the highest level of education you had completed at that point?
- _____ (80 spaces)

Coverage: *All respondents.*

PP_Q02 **Did you complete this level of education in Canada?**

- 1 Yes..... (Go to PP_Q04)
- 2 No
DK, RF..... (Go to PP_Q04)

Coverage: *All respondents.*

**Ontario Employment Benefits and Support Measures Survey (EBSM) 2004
Questionnaire**

- PP_Q03** **In what country did you complete this level of education?**
- 01 United Kingdom
 - 02 Italy
 - 03 United States
 - 04 Hong Kong
 - 05 India
 - 06 China, People's Republic of
 - 07 Poland
 - 08 Philippines
 - 09 Germany
 - 10 Portugal
 - 11 Vietnam
 - 12 Netherlands
 - 13 Jamaica
 - 14 Greece
 - 15 Guyana
 - 16 Sri Lanka
 - 17 Lebanon
 - 18 Other - Specify..... (Go to PP_S03)
DK, RF

Default: (Go to PP_Q04)

Coverage: *Respondents who did not complete their level of education in Canada.*

- PP_S03** **In what country did you complete this level of education?**
- _____ (80 spaces)

Coverage: *Respondents who did not complete their level of education in Canada.*

- PP_Q04** **Since (start date), (apart from the training you took during the Skills Development Program, did/did) you enrol in a program of study towards a diploma, certificate or degree?**

- 1 Yes
- 2 No (Go to PP_Q06)
DK, RF (Go to PP_Q06)

Coverage: *All respondents.*

**Ontario Employment Benefits and Support Measures Survey (EBSM) 2004
Questionnaire**

PP_Q05 What type of diploma, certificate or degree was it?

INTERVIEWER: Mark all that apply.

- 01 High school diploma or its equivalent
- 02 Registered apprenticeship certificate or diploma
- 03 Trade or vocational diploma or certificate
- 04 College or Cegep certificate
- 05 College or Cegep diploma
- 06 University certificate or diploma
- 07 Bachelor's degree (e.g. B.A., B.Sc., B.Ed.)
- 08 Master's degree (e.g. M.A., M.Sc., M.Ed.)
- 09 Ph.D. (e.g. Doctorate, D.Sc., D.Ed.)
- 10 Diploma or certificate from a private business school or training institute
- 11 Other
- DK, RF

Coverage: Respondents who enrolled in a program of study after start date.

PP_Q06 Since (start date), (apart from the training you took during the Skills Development Program, did/did) you take any courses, workshops, seminars or training in order to improve your job related skills?

- 1 Yes
- 2 No
- DK, RF

Coverage: All respondents.

PP_Q07 Since (start date), (apart from the training you took during the Skills Development Program, did/did) you participate in community or volunteer work?

- 1 Yes
- 2 No
- DK, RF

Coverage: All respondents.

PP_Q08 Since (start date), (apart from the training you took during the Skills Development Program, did/did) you participate in any other activities to increase your job related skills?

INTERVIEWER: Include any other activities that are self-directed such as: reading or using the internet in order to increase their job related skills.

- 1 Yes
- 2 No
- DK, RF

Coverage: All respondents.

**Ontario Employment Benefits and Support Measures Survey (EBSM) 2004
Questionnaire**

PP_Q09 **Do you think you could benefit from (other training/training) or further education to increase your job related skills?**

- 1 Yes
- 2 No
- DK, RF

Coverage: *All respondents.*

PP_C10 If Intervention = SD or PP_Q04 = Yes or PP_Q06 = Yes(Go to PP_Q10)
Else.....(Go to PP_END)

PP_Q10 **What is the highest level of education you have completed now?**

- 01 Elementary school (grade 8 or Secondary II in Québec)
- 02 Some secondary school - without diploma (at least grade 9 or Secondary III in Québec)
- 03 Diploma from secondary or technical high school or its equivalent
- 04 Some trade or vocational school
- 05 Trade or vocational diploma or certificate
- 06 Some college, Cegep
- 07 College or Cegep certificate
- 08 College or Cegep diploma
- 09 Some university
- 10 University diploma or certificate below bachelor's level
- 11 Bachelor's degree (e.g. B.A., B.Sc., B.Ed.)
- 12 Degree in medicine, (M.D.); dentistry (D.D.S, D.M.D); veterinary medicine (D.V.M.); law (LL.B.); optometry (O.D.); theology (M.DIV.)
- 13 Master's degree (e.g. M.A., M.Sc., M.Ed.)
- 14 Ph.D. (e.g. Doctorate, D.Sc., D.Ed.)
- 15 Other - Specify.....(Go to PP_S01)
- DK, RF

Default: (Go to PP_END)

Coverage: *Respondents who participated in a 'Skills Development Program' or enrolled in a program of study or took another course.*

PP_S10 What is the highest level of education you have completed now?

_____ (80 spaces)

Coverage: *Respondents who participated in a 'Skills Development Program' or enrolled in a program of study or took another course.*

PP_END End of Section

Section: **Demographics (DE)**

DE_BEG Start of Section

DE_R01 **Now I would like to ask you a few questions about your household.**

**Ontario Employment Benefits and Support Measures Survey (EBSM) 2004
Questionnaire**

DE_Q01 What is your marital status?

INTERVIEWER: Read categories to respondent.

- 01 Single, never married
- 02 Married
- 03 Living common law
- 04 Widowed
- 05 Separated
- 06 Divorced
- DK, RF

Coverage: *All respondents.*

DE_Q02 How many people, including yourself, live in your household and are financially supported by your household income?

____(2 spaces) [Min: 1 Max: 20]
DK, RF

Coverage: *All respondents.*

DE_C03 If DE_Q02 > 1.....(Go to DE_Q03)
Else.....(Go to DE_Q05)

DE_Q03 How many of them are between the ages of 13 and 18 years old?

____(2 spaces) [Min: 0 Max: 20]
DK, RF

Coverage: *Respondents with a household size greater than one.*

DE_C04 If DE_Q02 > DE_Q03.....(Go to DE_Q04)
Else.....(Go to DE_Q05)

DE_Q04 How many of them are children under the age of 13?

____(2 spaces) [Min: 0 Max: 19]
DK, RF

Coverage: *Respondents with household size greater than one and the other household members are not all between the ages of 13 and 18.*

**Ontario Employment Benefits and Support Measures Survey (EBSM) 2004
Questionnaire**

DE_Q05 **Thinking back to (start date) what was your marital status?**

INTERVIEWER: Read categories to respondent.

- 01 Single, never married
- 02 Married
- 03 Living common law
- 04 Widowed
- 05 Separated
- 06 Divorced
- DK, RF

Coverage: *All respondents.*

DE_Q06 **How many people, including yourself, lived in your household and were financially supported by your household income?**

____(2 spaces) [Min: 1 Max: 20]
DK, RF

Coverage: *All respondents.*

DE_C06 If DE_Q06 > 1.....(Go to DE_Q07)
Else.....(Go to DE_Q09)

DE_Q07 **How many of them were between the ages of 13 and 18 years old?**

____(2 spaces) [Min: 0 Max: 20]
DK, RF

Coverage: *Respondents with a household size greater than one before start date.*

DE_C08 If DE_Q06 > DE_Q07.....(Go to DE_Q08)
Else.....(Go to DE_Q09)

DE_Q08 **How many of them were children under the age of 13?**

____(2 spaces) [Min: 0 Max: 19]
DK, RF

Coverage: *Respondents with household size greater than one and the other household members are not all between the ages of 13 and 18 prior to start of program.*

**Ontario Employment Benefits and Support Measures Survey (EBSM) 2004
Questionnaire**

DE_Q09 **People in Canada come from many racial or cultural backgrounds. I'm going to read you a list. Are you ...?**

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

- 01 Aboriginal (North American Indian, Métis or Inuit)
- 02 White
- 03 Chinese
- 04 South Asian (East Indian, Pakistani, Sri Lankan, etc.)
- 05 Black
- 06 Filipino
- 07 Latin American
- 08 Southeast Asian (Cambodian, Indonesian, Laotian, Vietnamese, etc.)
- 09 Arab
- 10 West Asian (Afghan, Iranian, etc.)
- 11 Japanese
- 12 Korean
- 13 Other - Specify.....(Go to DE_S09)
DK, RF

Default: (Go to DE_Q10)

Coverage: *All respondents.*

DE_S09 **People in Canada come from many racial or cultural backgrounds. Are you ...?**

____(80 spaces)

Coverage: *All respondents.*

DE_Q10 **What is your current status in Canada? Are you a ...?**

INTERVIEWER: Read categories to respondent.

- 01 Canadian citizen by birth(Go to DE_Q12)
- 02 Canadian citizen by naturalization
- 03 Landed immigrant in Canada
- 04 In Canada with a visa, work permit or as a foreign student
- 05 Without status in Canada
- 06 Other
DK, RF

Coverage: *All respondents.*

DE_Q11 **In what year did you come to Canada?**

____(4 spaces) [Min: 1930 Max: 2002]
DK, RF

Coverage: *Respondents who are not a Canadian citizen by birth.*

**Ontario Employment Benefits and Support Measures Survey (EBSM) 2004
Questionnaire**

DE_Q12 **Do you have any long term disabilities or handicaps, that is, ones that have lasted or are expected to last six months or more?**

- 1 Yes
- 2 No
- DK, RF

Coverage: *All respondents.*

DE_R13 **Now I would like to ask you a few questions about your household income.**

DE_Q13 **Approximately what is the total annual income of your entire household, before taxes or deductions? Please include income from employment insurance, social assistance and all other sources.**

INTERVIEWER: Include only:

- wages and salaries before deductions; - military pay and allowances; - tips received by employees such as waiters, porters, cleaners; - net income from self employment; - net commissions of sales persons (gross commissions less expenses).

Round to the nearest dollar. Best estimate is acceptable. If greater than 1,000,000 enter 1,000,000.

____(7 spaces) [Min: 0 Max: 1000000]

DK, RF(Go to DE_Q14)

Default: (Go to DE_Q15)

Coverage: *All respondents.*

DE_Q14 **Approximately what is the total annual income of your entire household, before taxes or deductions? Please include income from employment insurance, social assistance and all other sources. Is it ...?**

INTERVIEWER: Read categories to respondent.

- 01 Less than \$5,000
- 02 \$5,000 to less than \$10,000
- 03 \$10,000 to less than \$20,000
- 04 \$20,000 to less than \$30,000
- 05 \$30,000 to less than \$40,000
- 06 \$40,000 to less than \$50,000
- 07 \$50,000 to less than \$60,000
- 08 \$60,000 to less than \$80,000
- 09 \$80,000 and more
- DK, RF

Coverage: *Respondents who answered "Don't know" or "Refusal" to DE_Q13.*

**Ontario Employment Benefits and Support Measures Survey (EBSM) 2004
Questionnaire**

DE_Q15 **Thinking back to (start date), approximately what was the total annual income of your entire household, before taxes or deductions? Please include income from employment insurance, social assistance and all other sources.**

INTERVIEWER: Include only:

- wages and salaries before deductions; - military pay and allowances; - tips received by employees such as waiters, porters, cleaners; - net income from self employment; - net commissions of sales persons (gross commissions less expenses).

Round to the nearest dollar. Best estimate is acceptable. If greater than 1,000,000 enter 1,000,000.

____(7 spaces) [Min: 0 Max: 1000000]

DK, RF(Go to DE_Q16)

Default: (Go to DE_Q16)

Coverage: *All respondents.*

DE_Q16 **Thinking back to (start date), approximately what was the total annual income of your entire household, before taxes or deductions? Please include income from employment insurance, social assistance and all other sources. Was it ...?**

INTERVIEWER: Read categories to respondent.

- 01 Less than \$5,000
 - 02 \$5,000 to less than \$10,000
 - 03 \$10,000 to less than \$20,000
 - 04 \$20,000 to less than \$30,000
 - 05 \$30,000 to less than \$40,000
 - 06 \$40,000 to less than \$50,000
 - 07 \$50,000 to less than \$60,000
 - 08 \$60,000 to less than \$80,000
 - 09 \$80,000 and more
- DK, RF

Coverage: *Respondents who answered "Don't know" or "Refusal" to DE_Q15.*

DE_END End of Section

Section: **Employment (EM)**

EM_BEG Start of Section

**Ontario Employment Benefits and Support Measures Survey (EBSM) 2004
Questionnaire**

EM_Q01 **What is the employer's name for (this job/the last job you had prior to (start date)) ?**

INTERVIEWER: Name of business, government department or agency, or person. (work you did during/skills you developed in the training or education you took during)

_____(80 spaces)
DK, RF

Note: If post employment the following are the possible fills: (for your main job or business last week, that is the one at which you worked the most hours) or (for the job or business you worked at last week) or (for the job or business at which you did not work last week) or (for your most recent job) or (for this job).

Coverage: Respondents who had a job.

EM_Q02M **When did your job with (Employer's Name) start? (month)**

- 01 January
 - 02 February
 - 03 March
 - 04 April
 - 05 May
 - 06 June
 - 07 July
 - 08 August
 - 09 September
 - 10 October
 - 11 November
 - 12 December
- DK, RF

Coverage: Respondents who had a job.

EM_Q02Y **When did your job with (Employer's Name) start? (year)**

INTERVIEWER: Enter a four digit year.
If necessary, ask: (What is the year?)

_____(4 spaces) [Min: 1870 Max: 2004]
DK, RF

Coverage: Respondents who had a job.

EM_C03 If PrePostProg = 1 (Pre-program) (Go to EM_Q04M)
Else..... (Go to EM_Q03)

EM_Q03 **Are you still working for this employer?**

- 1 Yes..... (Go to EM_Q08)
- 2 No
DK, RF

Coverage: Respondents who had a job after end date.

**Ontario Employment Benefits and Support Measures Survey (EBSM) 2004
Questionnaire**

EM_Q04M When did your job with (Employer's Name) end? (month)

- 01 January
- 02 February
- 03 March
- 04 April
- 05 May
- 06 June
- 07 July
- 08 August
- 09 September
- 10 October
- 11 November
- 12 December
- DK, RF

Coverage: Respondents who had a job but are no longer working for that employer.

EM_Q04Y When did your job with (Employer's Name) end? (year)

INTERVIEWER: Enter a four digit year.
If necessary, ask: (What is the year?)

____(4 spaces) [Min: 1870 Max: 2004]
DK, RF

Coverage: Respondents who had a job but are no longer working for that employer.

EM_C05 If PrePostProg = 2 (Post program) (Go to EM_Q08)
Else (Go to EM_Q05)

EM_Q05 Did you leave this job or did this job come to an end?

- 1 Left job
- 2 Job came to an end (Go to EM_Q07)
- 3 Both
- DK, RF (Go to EM_Q08)

Coverage: Respondents who had a job before start date.

EM_Q06 What was your main reason for leaving this job?

- 01 Caring for own children
- 02 Disability
- 03 Other health reasons
- 04 School
- 05 Found new job
- 06 Moved to a new residence
- 07 Dissatisfied with job
- 08 Retirement
- 09 To concentrate on other job
- 10 Other
- DK, RF

Coverage: Respondents who had a job before start date and left this job.

**Ontario Employment Benefits and Support Measures Survey (EBSM) 2004
Questionnaire**

EM_C07 If EM_Q05 = 3 (Both) (Go to EM_Q07)
Else..... (Go to EM_Q08)

EM_Q07 **What was the main reason why this job came to an end?**

- 01 Company moved
- 02 Company went out of business
- 03 Permanent layoff/business slowdown (not caused by seasonal condition)
- 04 Dismissed by employer
- 05 Seasonal nature of work
- 06 Temporary layoff due to economic condition
- 07 Temporary job/Contract ended
- 08 Labour dispute/strike
- 09 Other
- DK, RF

Coverage: Respondents who had a job before start date and this job came to an end.

EM_Q08 **What kind of business, industry or service (is/was) this employer?**

INTERVIEWER: Get full description (e.g., elementary school, municipal government, retail shoe store).

____(80 spaces)
DK, RF

Coverage: Respondents who had a job.

EM_Q09 **What kind of work (do/did) you do for this employer?**

INTERVIEWER: Get full description (e.g., elementary school teacher, manager of a biological research department, shoe salesperson).

____(80 spaces)
DK, RF

Coverage: Respondents who had a job.

EM_Q10 **In this work, what (are/were) your most important activities or duties?**

INTERVIEWER: Get full description (e.g., teaching geography, managing a research lab, selling shoes).

____(80 spaces)
DK, RF

Coverage: Respondents who had a job.

**Ontario Employment Benefits and Support Measures Survey (EBSM) 2004
Questionnaire**

EM_Q11 **(Are/Were) you a paid worker or self employed?**

1 Paid worker..... (Go to EM_C15)
2 Self employed..... (Go to EM_C12)
3 Unpaid family worker
 DK, RF

Default: (Go to EM_Q16)

Coverage: *Respondents who had a job.*

EM_C12 If PrePostProg = 2 (Post Program) and Intervention = SEA and SB_Q01 = Yes
 (Go to EM_Q12)
Else..... (Go to EM_Q13)

EM_Q12 **(Is/Was) this business a continuation of the business you started as part of
the Self-employment Assistance Program that you participated in?**

1 Yes
2 No
 DK, RF

Coverage: *Respondents who were self-employed after participating in the 'Self-Employment Assistance
Program' and were successful in starting a business.*

EM_Q13 **(Do/Did) you have any employees?**

1 Yes..... (Go to EM_Q14)
2 No
 DK, RF

Default: (Go to EM_C15)

Coverage: *Respondents who were self-employed.*

EM_Q14 **How many employees (do/did) you have?**

INTERVIEWER: If more than 1000 employees, enter 1000.

 (4 spaces) [Min: 1 Max: 1000]
 DK, RF

Coverage: *Respondents who were self-employed and had employees.*

EM_C15 If PrePostProg = 2 (Post Program) and Intervention = TWS or JCP and EM_Q11
 = 1 (Paid worker)
 (Go to EM_Q15)
Else..... (Go to EM_Q16)

**Ontario Employment Benefits and Support Measures Survey (EBSM) 2004
Questionnaire**

EM_Q15 (Is/Was) this job with the same employer that hired you as part of the (program/service)?

- 1 Yes
- 2 No
- DK, RF

Coverage: Respondents who had a job after participating in either the 'Target Wage Subsidy Program' or the 'Job Creation Partnership Program', and were a paid worker.

EM_Q16 (Is/Was) this a permanent, temporary or seasonal job?

- 1 Permanent
- 2 Temporary
- 3 Seasonal
- DK, RF

Coverage: Respondents who had a job.

EM_Q17 (Do/Did) you usually work every week of the month?

- 1 Yes
- 2 No (Go to EM_Q18)
- DK, RF

Default: (Go to EM_Q19)

Coverage: Respondents who had a job.

EM_Q18 How many weeks (do/did) you usually work each month at this job?

____ (1 spaces) [Min: 1 Max: 3]
DK, RF

Coverage: Respondents who had a job and did not usually work every week of the month.

EM_Q19 How many (paid hours/hours) a week (do/did) you usually work at this job?

INTERVIEWER: If it 'varies', ask for an average of the last four weeks worked.
Please round to the nearest hour.

____ (3 spaces) [Min: 1 Max: 168]
DK, RF

Coverage: Respondents who had a job.

EM_C20 If EM_Q11 = 3 (Unpaid family worker) (Go to EM_C23A)
Else (Go to EM_Q20)

**Ontario Employment Benefits and Support Measures Survey (EBSM) 2004
Questionnaire**

EM_Q20 **What is the easiest way for you to tell us your wage or salary, including tips and commissions, and before taxes and other deductions for your job with this employer? Would it be...?**

INTERVIEWER: Read categories to respondent.

- 01 Hourly
- 02 Daily..... (Go to EM_Q21)
- 03 Weekly
- 04 Bi-weekly/every two weeks
- 05 Semi-monthly/twice a month
- 06 Monthly
- 07 Yearly
- 08 Other - Specify.....(Go to EM_S20)
- DK, RF

Default: (Go to EM_Q22)

Coverage: *Respondents who had a job and were not an unpaid family worker.*

EM_S20

_____(80 spaces)

Default: (Go to EM_Q22)

Coverage: *Respondents who had a job and were not an unpaid family worker.*

EM_Q21 **How many days a week (do/did) you usually work at this job?**

_____(2 spaces) [Min: 1 Max: 7]

DK, RF

Coverage: *Respondents who had a job and were not an unpaid family worker and were paid daily.*

EM_Q22 **Including tips and commissions, and before taxes and other deductions, what (is/was) your (hourly/daily/monthly/yearly etc.) wage or salary for your job at this employer?**

_____(10 spaces) [Min: 1.00 Max: 9999999.94]

DK, RF (Go to AB_END)

Coverage: *Respondents who had a job and were not an unpaid family worker.*

EM_C23A If first pre-program employment (Go to EM_Q30)
 If first post-program employment..... (Go to EM_C23B)
 Else..... (Go to EM_C32)

EM_C23B If Participant = 1..... (Go to EM_Q23)
 Else..... (Go to EM_Q25)

**Ontario Employment Benefits and Support Measures Survey (EBSM) 2004
Questionnaire**

EM_Q23 **How important was your participation in the (program/service) in getting this job? Was it...?**

INTERVIEWER: Read categories to respondent.

- 1 Very Important
 - 2 Important
 - 3 Neither important nor unimportant
 - 4 Unimportant
 - 5 Very unimportant
- DK, RF

Coverage: Respondents who had a job after participating in one of the Employment Benefits and Support Measures programs or services. Only asked for the first post-program employment.

EM_C24 If Intervention = EAS (Go to EM_Q25)
Else (Go to EM_Q24)

EM_Q24 **How closely (is/was) your job with this employer related to the (work you did during/ skills you developed in the training or education you took during) the (program)? (Is/Was) it...?**

INTERVIEWER: Read categories to respondent.

- 1 Closely related
 - 2 Somewhat related
 - 3 Not related at all
- DK, RF

Coverage: Respondents who had a job after participating in one of the Employment Benefits and Support Measures programs (not asked for EAS participants). Only asked for the first post-program employment.

EM_Q25 **Did you require a diploma, certificate or degree to get this job?**

- 1 Yes (Go to EM_C26)
- 2 No
DK, RF

Default: (Go to EM_Q27)

Coverage: Respondents who had a job after participating in one of the Employment Benefits and Support Measures programs or services (participants) or after their Employment Insurance end date (non-participants). Only asked for the first post-program employment.

EM_C26 If Participant = 1 and Intervention = SD (Go to EM_Q26)
Else (Go to EM_Q27)

**Ontario Employment Benefits and Support Measures Survey (EBSM) 2004
Questionnaire**

EM_Q26 **Did you get the required diploma, certificate or degree as a result of training assistance from Human Resources Development Canada (HRDC)?**

- 1 Yes
- 2 No
 DK, RF

Coverage: Respondents who had a job after participating in the 'Skills Development Program'. Only asked for the first post-program employment.

EM_Q27 **Did you require a specific set of skills to get this job?**

- 1 Yes
- 2 No
 DK, RF

Coverage: Respondents who had a job after participating in one of the Employment Benefits and Support Measures programs or services (participants) or after their Employment Insurance end date (non-participants). Only asked for the first post-program employment.

EM_C28 If Participant = 1 and EM_Q27 = Yes (Go to EM_Q28)
 Else if Participant = 1 and EM_Q27=No, DK, RF (Go to EM_Q29)
 Else (Go to EM_Q30)

EM_Q28 **Did you get this specific set of skills as a result of the (program/service)?**

- 1 Yes (Go to EM_Q30)
- 2 No
 DK, RF

Coverage: Respondents who had a job after participating in one of the Employment Benefits and Support Measures programs or services and required a specific set of skills to get this job. Only asked for the first post-program employment.

EM_Q29 **(Do/Did) you use any of the skills you acquired as a result of the (program/service) in this job?**

- 1 Yes
- 2 No (Go to EM_Q30)
 DK, RF (Go to EM_Q30)

Coverage: Respondents who had a job after participating in one of the Employment Benefits and Support Measures programs or services and did not require a specific set of skills to get this job. Only asked for the first post-program employment.

**Ontario Employment Benefits and Support Measures Survey (EBSM) 2004
Questionnaire**

EM_Q30 **Considering all aspects of this job, how satisfied (are/were) you? Would you say you (are/were)...**?

INTERVIEWER: Read categories to respondent.

- 1 Very satisfied
- 2 Satisfied
- 3 Neither satisfied nor dissatisfied
- 4 Dissatisfied
- 5 Very dissatisfied
- DK, RF

Coverage: Respondents who had a job. Only asked for the first pre-program and the first post-program employment.

EM_Q31 **Considering the duties and responsibilities of this job, how satisfied (are/were) you with the salary you (make/made)? Would you say that you (are/were)...**?

INTERVIEWER: Read categories to respondent.

- 1 Very satisfied
- 2 Satisfied
- 3 Neither satisfied nor dissatisfied
- 4 Dissatisfied
- 5 Very dissatisfied
- DK, RF

Coverage: Respondents who had a job. Only asked for the first pre-program and the first post-program employment.

EM_C32 If PrePostProg = 1 (Pre-program) and PE_Q02 = No..... (Go to EM_END)
Else..... (Go to EM_Q32)

EM_Q32 **Did you work at any other jobs between (12 months prior to (start date))?**

- 1 Yes
- 2 No
- DK, RF

Note: For post-program employment, the following question was asked: "Did you work at any other jobs between (start date) and (date of interview)?"

Coverage: Respondents who had a job in the 12 months prior to participating in one of the Employment Benefits and Support Measures programs or services or Employment Insurance Start Date and those that had a job after participating or Employment Insurance end date. (This question determined if the Employment Roster was called again).

EM_C33 If EM_Q32 = Yes and PrePostProg = 1 and CurrInst = 2 (Go to EM_Q01)
Else if PrePostProg = 1 and CurrInst = 3 (Go to EM_END)
If EM_Q32 = Yes and PrePostProg = 2 and CurrInst = 2, 3, 4 or 5 (Go to EM_Q01)
Else if PrePostProg = 2 and CurrInst = 6 (Go to EM_END)

EM_END End of Section

**Ontario Employment Benefits and Support Measures Survey (EBSM) 2004
Questionnaire**

Section: General information (GI)

PS_R01 Before I let you go, I want to inform you that Statistics Canada has entered into an agreement with the Department of Human Resources and Skills Development Canada to share information provided during this survey. This agreement requires that HRSDC keep your information confidential and use it only for statistical purposes.

Coverage: All respondents.

PS_Q02 Do you agree to share the information provided with the Department of Human Resources and Skills Development Canada (HRSDC)?

- 1 Yes
- 2 No
DK, RF

Coverage: All respondents.

PL_R01 HRSDC is seeking your permission to combine the information collected during this interview with your previous employment insurance records and your income tax files for the years 1998 to 2003. The combined information would only be used to evaluate their programs and services.

Coverage: All respondents.

PL_Q02 This linked information will be kept confidential and used only for statistical purposes. Do you give them your permission?

- 1 Yes
- 2 No
DK, RF

Coverage: Respondents who agreed to share their information.

**Ontario Employment Benefits and Support Measures Survey (EBSM) 2004
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