











### Primary care receiver – gender and relationship

16. What is/was the relationship of this person to you? He/She is/was your:

- Spouse/partner
- Same-sex partner
- Ex-spouse/ex-partner
- Son
- Daughter
- Father
- Mother
- Brother
- Sister
- Grandson
- Granddaughter
- Grandfather
- Grandmother
- Son-in-law
- Daughter-in-law
- Father-in-law
- Mother-in-law
- Brother-in-law
- Sister-in-law
- Nephew
- Niece
- Uncle
- Aunt
- Cousin
- Close friend
- Neighbour
- Co-worker
- Other
- Other type of relationship – specify:

### Care receiver – health problems which require assistance

17. What is/was the main health condition or problem for which this person received help?

Enter the main health condition or problem of this person.

18. Would you say that this condition is mild, moderate or severe?

- Mild
- Moderate
- Severe

For Information Only

### Work information of primary care receiver

19. At the time you were providing help, did this person work at a paid job or business?

- Yes, worked 30 hours or more in an average week
- Yes, worked less than 30 hours in an average week
- No

### Year when respondent started to provide assistance

20. In what year did you start to help this person?

Enter year when you first started to help this person for a long term health condition, physical or mental disability or problem related to aging.

21. How old were you when you started to help this person?

### Still providing assistance to primary care receiver

22. Are you still helping this person?

- Yes
- No

23. Why are you no longer helping this person?

Specify reasons why you are no longer helping this person.

### Month and year when providing help ended

24a. In what month did you stop helping this person?

<<< Select >>>

- January
- February
- March
- April
- May
- June
- July
- August
- September
- October
- November
- December

24b. In what year did you stop helping this person?

### Dwelling of care receiver

25. At the time you were providing help, how close did this person live to you ? / How close does this person live to you?
- in the same household
  - in the same building
  - less than 10 minutes by car
  - 10 minutes to less than 30 minutes by car
  - 30 minutes to less than 1 hour by car
  - 1 hour to less than 3 hours by car
  - more than 3 hours by car

### Usual dwelling of care receiver

26. During the time you were providing help, where did this person live ? / Where does this person live?
- in a private household or apartment
  - in supportive housing
  - in an institution or care facility
  - in some other type of housing
  - Other type of housing – specify:
27. During the time you were providing help, did you move residences, in order to live closer to this person?/ Did you move residences, in order to live closer to this person?
- Yes
  - No

### Frequency of contact – past 12 months

28. During the past 12 months, on average, how often did you see this person?
- daily
  - at least once a week
  - at least once a month
  - less than once a month
29. During the past 12 months, on average, how often did you have contact with this by phone, email or letter?
- daily
  - at least once a week
  - at least once a month
  - less than once a month

### Activity type provided to primary care receiver

30. During the past 12 months, have you helped this person with any of the following?
- (a) transportation to do shopping or errands, or to get to medical appointments, or social events
    - Yes
    - No
  - (b) meal preparation, meal clean-up, house cleaning, laundry or sewing
    - Yes
    - No
  - (c) house maintenance or outdoor work
    - Yes
    - No



(d) personal care, such as bathing, dressing, toileting, hair care, or care of nails

Yes

No

(e) medical treatments such as changing bandages, taking medications, measuring insulin levels, or other medical procedures

Yes

No

(f) scheduling or coordinating care-related tasks, such as making appointments or hiring professional help

Yes

No

(g) banking, bill paying or managing finances

Yes

No

31. How often have you helped this person with these tasks?

(a) transportation to do shopping or errands, or to get to medical appointments, or social events

daily

at least once a week

at least once a month

less than once a month

(b) meal preparation, meal clean-up, house cleaning, laundry or sewing

daily

at least once a week

at least once a month

less than once a month

(c) house maintenance or outdoor work

daily

at least once a week

at least once a month

less than once a month

(d) personal care, such as bathing, dressing, toileting, hair care, or care of nails

daily

at least once a week

at least once a month

less than once a month

(e) medical treatments such as changing bandages, taking medications, measuring insulin levels, or other medical procedures

daily

at least once a week

at least once a month

less than once a month

- (f) scheduling or coordinating care-related tasks, such as making appointments or hiring professional help
  - daily
  - at least once a week
  - at least once a month
  - less than once a month

- (g) banking, bill paying or managing finances
  - daily
  - at least once a week
  - at least once a month
  - less than once a month

32. On average, how much time have you spent helping with these tasks?

- (a) transportation to do shopping or errands, or to get to medical appointments, or social events
  - less than 1 hour per occasion
  - 1 hour to less than 3 hours per occasion
  - 3 hours to less than 5 hours per occasion
  - 5 hours to less than 10 hours per occasion
  - 10 hours to less than 15 hours per occasion
  - 15 hours to less than 20 hours per occasion
  - 20 hours or more per occasion

- (b) meal preparation, meal clean-up, house cleaning, laundry or sewing
  - less than 1 hour per occasion
  - 1 hour to less than 3 hours per occasion
  - 3 hours to less than 5 hours per occasion
  - 5 hours to less than 10 hours per occasion
  - 10 hours to less than 15 hours per occasion
  - 15 hours to less than 20 hours per occasion
  - 20 hours or more per occasion

- (c) house maintenance or outdoor work
  - less than 1 hour per occasion
  - 1 hour to less than 3 hours per occasion
  - 3 hours to less than 5 hours per occasion
  - 5 hours to less than 10 hours per occasion
  - 10 hours to less than 15 hours per occasion
  - 15 hours to less than 20 hours per occasion
  - 20 hours or more per occasion

- (d) personal care, such as bathing, dressing, toileting, hair care, or care of nails
  - less than 1 hour per occasion
  - 1 hour to less than 3 hours per occasion
  - 3 hours to less than 5 hours per occasion
  - 5 hours to less than 10 hours per occasion
  - 10 hours to less than 15 hours per occasion
  - 15 hours to less than 20 hours per occasion
  - 20 hours or more per occasion

- (e) medical treatments such as changing bandages, taking medications, measuring insulin levels, or other medical procedures
  - less than 1 hour per occasion
  - 1 hour to less than 3 hours per occasion
  - 3 hours to less than 5 hours per occasion
  - 5 hours to less than 10 hours per occasion
  - 10 hours to less than 15 hours per occasion
  - 15 hours to less than 20 hours per occasion
  - 20 hours or more per occasion
  
- (f) scheduling or coordinating care-related tasks, such as making appointments or hiring professional help
  - less than 1 hour per occasion
  - 1 hour to less than 3 hours per occasion
  - 3 hours to less than 5 hours per occasion
  - 5 hours to less than 10 hours per occasion
  - 10 hours to less than 15 hours per occasion
  - 15 hours to less than 20 hours per occasion
  - 20 hours or more per occasion
  
- (g) banking, bill paying or managing finances
  - less than 1 hour per occasion
  - 1 hour to less than 3 hours per occasion
  - 3 hours to less than 5 hours per occasion
  - 5 hours to less than 10 hours per occasion
  - 10 hours to less than 15 hours per occasion
  - 15 hours to less than 20 hours per occasion
  - 20 hours or more per occasion

33. Was there anyone else, other than a paid caregiver, who could have provided this help to this person?

- (a) transportation to do shopping or errands, or to get to medical appointments, or social events
  - Yes
  - No
  
- (b) meal preparation, meal clean-up, house cleaning, laundry or sewing
  - Yes
  - No
  
- (c) house maintenance or outdoor work
  - Yes
  - No
  
- (d) personal care, such as bathing, dressing, toileting, hair care, or care of nails
  - Yes
  - No
  
- (e) medical treatments such as changing bandages, taking medications, measuring insulin levels, or other medical procedures
  - Yes
  - No

(f) scheduling or coordinating care-related tasks, such as making appointments or hiring professional help

Yes

No

(g) banking, bill paying or managing finances

Yes

No

### Visiting – past 12 months

34. During the past 12 months, have you checked up on this person by visiting or calling to make sure he/she was okay?

Yes

No

35. Was there anyone else who could have provided this help to this person?

Yes

No

### Emotional help to primary care receiver

36. During the past 12 months, have you provided this person with emotional support?

Emotional support includes spending time with the person, talking and listening to the person, cheering the person up, being there for the person.

Yes

No

37. Was there anyone else who could have provided this help to this person?

Yes

No

Care receiver considers respondent their primary caregiver

38. Would you say that this person considers you to be his/her primary caregiver?

Yes

No

39. Do you believe you are the main contact or coordinator for this person's care arrangement?

Yes

No

### Care giving network for primary care recipient – past 12 months

Now we would like to know about people other than you who provided help to this person.

40. How many other friends and family members have helped this person during the past 12 months?

## Relationships of network to person who receives care

41. How many of these people are this person's:

Number

- (a) immediate family (spouse or partner, children, parents and siblings)
- (b) extended family (e.g. cousins, grandparents, aunts, uncles, in-laws)
- (c) friends or neighbours

**Total**

## Demographics of network to primary care receiver

42. How many of these people are:

Number

- (a) women
- (b) men

**Total**

43. At the time they were providing help to this person, how many of these people were employed? Include both part time and full time workers. Full time students should be excluded even if they are working part time.

44. At the time they were providing help to this person, how many of these people were the following ages?

Number

- (a) below the age of 19 years
- (b) between 19 and 44 years old
- (c) between 45 and 64 years old
- (d) between 65 and 79 years old
- (e) 80 years of age or older

**Total**

### Relationship of other person providing assistance to primary care receiver

45. What is the sex of this person providing assistance?

- Male
- Female

46. What is the relationship of the person receiving cares to this person providing assistance?

The person providing assistance is his/her:

- Spouse/partner
- Same-sex partner
- Son
- Daughter
- Father
- Mother
- Brother
- Sister
- Grandson
- Granddaughter
- Son-in-law
- Daughter-in-law
- Nephew
- Niece
- Close friend
- Neighbour
- Other
- Other relationship - specify:

### Demographics of other person providing assistance to primary care receiver

47. While providing help to the person receiving care was this person employed?

- Yes
- No

48. How old is this person providing assistance?

Select this box if this person is deceased.

### Help provided to primary care receiver of respondent from paid workers, government agencies or voluntary organizations – past 12 months

49. During the past 12 months, has this person received help from professionals, that is, paid workers or organizations?

**Include:** help from all federal, provincial and municipal levels of government, such as hospitals, health centres, clinics and visiting nurses, etc.

**Include:** non-profit and volunteer organizations that offer help with household chores, transportation, personal care, companionship and other activities.

Help from professionals includes: visiting nurses, physiotherapists, home care providers, transportation services, Meals on Wheels, doctors, community care centres, support from organizations for specific conditions or any services that were paid for because of the care receiver's condition.

- Yes
- No

## Hours of assistance from paid workers or government or non-government organizations received by primary care receiver

51. In an average week, how many hours of professional help did this person receive?

- Less than 1 hour
- 1 hour to less than 3 hours
- 3 hours to less than 5 hours
- 5 hours to less than 10 hours
- 10 hours or more

## Accommodate caregiving duties

The next questions are about support you may have received from others to help you with your caregiving responsibilities.

52. To accommodate your caregiving duties:

Respite care is defined as temporary care of a few hours or weeks for a sick or disabled person to provide a break or relief to the regular caregiver.

- (a) has your spouse or partner modified their life and work arrangements?
  - Yes
  - No
- (b) have your children provided you with help (such as helping with household chores)?
  - Yes
  - No
- (c) have your extended family members provided you with help?
  - Yes
  - No
- (d) have your close friends or neighbours provided you with help?
  - Yes
  - No
- (e) have your community, spiritual community, or cultural or ethnic groups provided you with help?
  - Yes
  - No
- (f) have you had access to occasional relief or respite care?
  - Yes
  - No
- (g) have your family or friends provided you with financial support?
  - Yes
  - No
- (h) have you received money from government programs?
  - Yes
  - No

53. Have you received any federal tax credits for which caregivers may be eligible (e.g. caregiver, infirm dependant or medical expense tax credit)?

Yes

No

### Other type of support to accommodate caregiving duties

54. Is there any other type of support that you would like to have to accommodate your caregiving duties?

Yes

No

55. What kinds of support would you like to have?

### Caregiving history (lifetime)

56. Have you **ever** provided care to someone with a long-term health condition, disability or problems related to aging?

**Exclude:** Paid assistance to clients or patients or volunteering on behalf of an organization. A long-term health condition is one that lasted or was expected to last 6 months or longer.

Yes

No

Now we would like to know about all your lifetime major caregiving experiences.

57. **Not** including the people you have helped during the past 12 months, have you ever provided care to **anyone else** with a long-term health condition, a physical or mental disability or problems related to aging?

**Exclude:** People you assisted in the past 12 months even if you helped them for another reason. Paid assistance to clients or patients; volunteering on behalf of an organization.

Yes

No

58. How many people have you provided care to?

**Exclude:** People you assisted in the past 12 months even if you helped them for another reason.



## Caregiving incident detail

The following few questions will ask about details of your caregiving experiences for the persons you mentioned in the previous question.

59. At what age did you begin to provide care to these persons:

Person #\_{\_\_counter}

Age

60. At what age did you stop providing care to these persons:

Person #\_{\_\_counter}

Age

61. What was the relationship of these persons to you?

Person #\_{\_\_counter}

Spouse/partner

Same-sex partner

Ex-spouse / ex-partner

Son / Daughter

Father / Mother

Brother / Sister

Grandson / Granddaughter

Grandfather / Grandmother

Son-in-law / Daughter-in-law

Father-in-law / Mother-in-law

Brother-in-law / Sister-in-law

Nephew / Niece

Uncle / Aunt

Cousin

Close friend

Neighbour

Co-worker

Other

Specify the other type of relationship between Person #\_{\_\_counter} and you.

62. Would you say that, other than professional care, these persons considered you to be their primary caregiver?

The primary caregiver is the person from whom he or she received the most time and resources.

Person #\_{\_\_counter}

Yes

No

63. Did these person also receive professional care?

Person #\_{\_\_counter}

Yes

No

## Caregiving – End-of-life care

Now we would like to ask about any **end-of-life** care you may have provided to family, friends or neighbours.

64a. Have you ever provided end-of-life care?

End-of-life care means taking care of someone who is dying.

**Exclude:** paid assistance to clients or patients and volunteering on behalf of an organization.

Yes

No

64b. Have you provided end-of-life care during the past 12 months?

Yes

No

## Currently providing end-of-life care

65. Are you currently providing end-of-life care?

If you provided end-of-life care to more than one person, provide information on the **most recent** one.

Yes

No

66. Do/Did you provide this care in your home?

“Home” could also include the home of the person receiving the end-of-life care.

Yes

No

## Preferred to provide end-of-life care at home

67. Would you prefer/have preferred to provide end-of-life care in your home?

“Home” could also include the home of the person receiving the end-of-life care.

Yes

No

### Conditions needed to provide end-of-life care at home

68. What conditions would enable/have enabled you to provide end-of-life care to this person in your home?

- (a) physical modifications to your home
  - Yes
  - No
- (b) financial assistance to cover additional costs
  - Yes
  - No
- (c) time off work without loss of pay
  - Yes
  - No
- (d) better physical health or stamina
  - Yes
  - No
- (e) health-related training
  - Yes
  - No
- (f) home care support
  - Yes
  - No
- (g) some other condition
  - Yes
  - No
  - If indicated "some other condition" – specify:

### Compassionate care leave – lifetime

69. Have you ever taken **compassionate care leave** to care for a terminally ill family member or friend?

This type of leave may be taken, for up to eight weeks, by a person who has to be absent from work to provide care or support to a gravely ill family member or friend at risk of dying within 26 weeks. Some employees may be entitled to cash benefits under the Employment Insurance Act.

- Yes, within the last 12 months
- Yes, over 12 months ago
- No

## Impact of caregiving – past 12 months

Now we would like to know how all your caregiving responsibilities may have affected your life during the past 12 months.

70. In general, how are you coping with your caregiving responsibilities?

- very well
- generally well
- not very well
- not well at all

71. In the past 12 months, have your caregiving responsibilities caused you to do the following?

(a) spend less time with your spouse or partner

- Yes
- No

(b) spend less time with your children

- Yes
- No

(c) spend less time with (other) family members

- Yes
- No

(d) spend less time with friends

- Yes
- No

(e) spend less time on social activities or hobbies

- Yes
- No

(f) spend less time on relaxing or taking care of yourself

- Yes
- No

(g) spend less time volunteering for an organization

- Yes
- No

(h) spend less time participating in political, social or cultural groups

- Yes
- No

(i) make holiday plans and change or cancel them

- Yes
- No

(j) not make holiday plans at all

- Yes
- No

(k) move residences

- Yes
- No

72. In the past 12 months, have your caregiving responsibilities caused strain in your relationship with family members or friends?

Yes

No

73. In the past 12 months, have your caregiving responsibilities affected the amount of exercise that you usually get?

Include all types of exercise such as walking, jogging, sports, working out in a gym, etc.

Yes

No

Don't exercise

74. Did the amount of exercise increase or decrease?

Increased

Decreased

75. In the past 12 months, have your eating habits changed as a result of your caregiving responsibilities?

Yes

No

76. Have your eating habits become more healthy or less healthy?

Healthy eating includes a variety of foods such as vegetables and fruit, grains, milk and alternatives, and meat and alternatives, while limiting fat, sugar or salt intake.

More healthy

Less healthy

77. During the past 12 months, have your caregiving responsibilities affected the amount of alcohol you consume?

Yes

No

Don't drink alcohol

78. Did you do any of the following?

Increase your drinking

decrease your drinking

stop drinking

start drinking

79. In the past 12 months, have your smoking habits changed because of your caregiving responsibilities?

Yes

No

Don't smoke

80. Did you do any of the following?

Increase the number of cigarettes you smoke

decrease the number of cigarettes you smoke

stop smoking

start smoking

81. During the past 12 months, has your overall health suffered because of your caregiving responsibilities?

Overall health refers to both physical and emotional health.

Yes

No

82. During the past 12 months, how **physically strenuous** were your caregiving responsibilities?

Strenuous is defined as demanding, tiring, taxing, tough or difficult.

- Very strenuous
- strenuous
- somewhat strenuous
- not at all strenuous

83. During the past 12 months, how often did you see a medical professional for **your own** health problems which resulted from your caregiving responsibilities?

Medical professionals may include physicians, nurses, psychologists, physiotherapists, sports medicine specialists, chiropractors, naturopaths, and other specialists whose work involves healing.

- Never
- Once
- 2 to 3 times
- 4 or more times

84. Have your caregiving responsibilities prevented you from seeing a medical professional for health problems of your own?

- Yes
- No

85. During the past 12 months, have you suffered any injuries while performing your caregiving responsibilities?

- Yes
- No

86. Did you suffer one injury or more than one injury?

- One injury
- More than one injury

87. Did your most serious injury caused any of the following?

(a) limit your daily activities for at least one day

- Yes
- No

(b) seek treatment from a medical professional

- Yes
- No

(c) take time off from caregiving duties

- Yes
- No

(d) take time off from your job or business

- Yes
- No

88. Do you feel you had a choice in taking on your caregiving responsibilities during the past 12 months?

- Yes
- No

89. Has your relationship with the person or persons you are caring for strengthened during this time?

- Yes
- No
- Stayed the same

90. How rewarding were your caregiving experiences during the past 12 months?

- very rewarding
- rewarding
- somewhat rewarding
- not at all rewarding

91. How stressful were your caregiving responsibilities during the past 12 months?

- very stressful
- stressful
- somewhat stressful
- not at all stressful

### Find it stressful – related to caregiving

92. Specify what you found stressful about caregiving responsibilities.

### Caregiving responsibilities and your health – past 12 months

93. During the past 12 months, have your caregiving responsibilities caused you any of the following?

- (a) to feel tired
  - Yes
  - No
- (b) to feel worried or anxious
  - Yes
  - No
- (c) to feel overwhelmed
  - Yes
  - No
- (d) to feel lonely or isolated
  - Yes
  - No
- (e) to feel short-tempered or irritable
  - Yes
  - No
- (f) to feel resentful
  - Yes
  - No
- (g) to feel depressed
  - Yes
  - No
- (h) to experience loss of appetite
  - Yes
  - No
- (i) to experience disturbed sleep
  - Yes
  - No

- (j) to experience any other symptoms
  - Yes
  - No
  - Specify what were the other symptoms

### Coping methods to help deal with caregiving responsibilities

94. There are many ways of handling difficult situations. In the past 12 months, have you used any specific coping methods to help you deal with your caregiving responsibilities?

- Yes
- No
- Specify what were the methods you used to cope with difficult situations

95. In the past 12 months, have you used prescription drugs to help you cope with your caregiving responsibilities?

- Yes
- No

### Impact of caregiving – past 12 months

The next questions ask about expenses you may have incurred in the past 12 months as a result of all your caregiving responsibilities. This section applies to all care receivers you have helped in the last 12 months.

96. In the past 12 months, have you had the following expenses  
We are talking about out-of-pocket expenses that are not reimbursed?

- (a) home modifications to accommodate your care receiver'(s) needs  
That includes expenses for your home or the care receiver's home.
  - Yes
  - No
- (b) professional services for your care receiver'(s) healthcare or rehabilitation  
Professional services may include nurses, doctors, dentists, medical specialists, physiotherapists, chiropractors, dieticians, psychologists, occupational therapist, social workers, etc.
  - Yes
  - No
- (c) hiring people to help with your care receiver'(s) daily activities  
Activities may include meal preparation, routine housework or heavy household chores, paying bills, banking or other finances, shopping, personal care such as bathing or grooming, supervising, help with communicating, learning, socializing, etc.
  - Yes
  - No
- (d) transportation, travel or accommodation because of your caregiving responsibilities  
Includes cost of gas, parking, hotel stays and meals, accessible community transportation, a specialized vehicle, specialized features in your vehicle, cost of traveling to medical appointments and to other places related to caregiving.
  - Yes
  - No



- (e) specialized aids or devices for your care receiver'(s) use  
Includes wheelchairs, lift devices, voice amplifier, hearing aid, computer or voice recognition program, ostomy supplies, breathing apparatus or any other device needed because of the disability or health condition.  
Yes  
No
- (f) for prescription or non-prescription drugs for your care receiver'(s) use  
Yes  
No
- (g) any other costs  
Could include costs for legal or accounting expenses, counselling, respite care for caregiver or anything else.  
Yes  
No  
Specify what were these expenses.

### Best Estimate of Expenses

97. Which of the following categories did these expenses fall into?
- (a) home modifications to accommodate your care receivers' needs  
less than \$200  
\$200 to less than \$500  
\$500 to less than \$1,000  
\$1,000 to less than \$2,000  
\$2,000 to less than \$5,000  
\$5,000 or more
- (b) professional services for your care receivers' healthcare or rehabilitation  
less than \$200  
\$200 to less than \$500  
\$500 to less than \$1,000  
\$1,000 to less than \$2,000  
\$2,000 to less than \$5,000  
\$5,000 or more
- (c) hiring people to help with your care receivers' daily activities  
less than \$200  
\$200 to less than \$500  
\$500 to less than \$1,000  
\$1,000 to less than \$2,000  
\$2,000 to less than \$5,000  
\$5,000 or more

(d) transportation, travel or accommodation because of your caregiving responsibilities

- less than \$200
- \$200 to less than \$500
- \$500 to less than \$1,000
- \$1,000 to less than \$2,000
- \$2,000 to less than \$5,000
- \$5,000 or more

(e) specialized aids or devices for your care receivers' use

- less than \$200
- \$200 to less than \$500
- \$500 to less than \$1,000
- \$1,000 to less than \$2,000
- \$2,000 to less than \$5,000
- \$5,000 or more

(f) prescription or non-prescription drugs for your care receivers' use

- less than \$200
- \$200 to less than \$500
- \$500 to less than \$1,000
- \$1,000 to less than \$2,000
- \$2,000 to less than \$5,000
- \$5,000 or more

(g) any other costs incurred because of your caregiving responsibilities

- less than \$200
- \$200 to less than \$500
- \$500 to less than \$1,000
- \$1,000 to less than \$2,000
- \$2,000 to less than \$5,000
- \$5,000 or more

98. During the past 12 months, have you experienced financial hardship because of your caregiving responsibilities?

- Yes
- No

99. During the past 12 months, have you had to take any of the following measures because of your caregiving responsibilities?

(a) borrow money from family or friends

Yes

No

(b) take loans from a bank or financial institution

Yes

No

(c) use or defer savings

Yes

No

(d) modify your spending

Yes

No

(e) sell off assets

Yes

No

(f) file for bankruptcy

Yes

No

(g) anything else

Yes

No

Specify what else you did.

### Impact of caregiving on education – past 12 months

100. Are you currently attending school?

Yes

No

101. In the past 12 months, have you postponed enrolling in an education or training program because of your caregiving responsibilities?

Yes

No

102. Did you postpone plans?

Indefinitely

To the next available starting date

To some other date

103. In the past 12 months, have your studies been affected because of your caregiving responsibilities?

Yes

No

## Impact of caregiving on employment – past 12 months

The next questions ask about the impact that caregiving may have had on your employment **during the past 12 months**.

105. How many times during the past 12 months did you go to work late, leave early or take time off during the day because of your caregiving responsibilities?
106. Were you paid for this time off?  
Yes  
No  
Some paid, some unpaid
107. Did you reduce your **regular** weekly hours of work because of your caregiving responsibilities?  
Yes  
No
108. How many fewer hours per week did you work because of your help/care responsibilities?
109. Did you lose some or all of your employment benefits because of this reduction in hours?  
Yes – Some  
Yes – All  
No
110. Which benefits have you lost?
- (a) extended health benefits  
Yes  
No
  - (b) dental benefits  
Yes  
No
  - (c) employer-provided pension  
Yes  
No
  - (d) life insurance  
Yes  
No
  - (e) prescription medication coverage  
Yes  
No
  - (f) any other type of benefit  
Yes  
No  
Specify the other benefit you lost.
111. How many times during the past 12 months did you take one or more days off from your job because of your caregiving responsibilities?

112. How long was your longest time off?

Provide answer in day(s), week(s) or month(s)

<<< Select >>>

Day(s)

Week(s)

Month(s)

113. Was this time paid or unpaid?

Paid

Unpaid

Partly paid

114. What were your annual earnings before taxes from this job?

115. During the past 12 months, did you quit a job or close a business because of your caregiving responsibilities?

Yes

No

116. For how long were you unemployed after you quit your job?

Provide answer in week(s) or month(s)

<<< Select >>>

Week(s)

Month(s)

117. What circumstances would have enabled you to keep working while providing care at the same time?

118. What were your annual earnings before taxes from this job?

119. During the past 12 months, were you ever fired, laid off, or asked to resign from a job because of your caregiving responsibilities?

Yes

No

120. How long were you unemployed after you lost your job?

Provide answer in week(s) or month(s)

<<< Select >>>

Week(s)

Month(s)

121. What were your annual earnings before taxes from this job?

122. During the past 12 months, did you turn down a job offer or promotion, or decide not to apply for a job, because of your caregiving responsibilities?

Yes

No

123. Did you take a less demanding job because of your caregiving responsibilities?

Yes

No

124. Did this less demanding job pay less or more than your previous job?

Paid less

Paid more

Paid the same

125. Did this less demanding job provide **fewer or more** benefits than your previous job?

- Fewer benefits
- More benefits
- Same benefits

### Interest in employment

126. Are your caregiving responsibilities preventing you from working at a paid job?

- Yes
- No

127. Are you interested in finding paid employment?

- Yes
- No

128. Would you like a full or part-time job?

- Full-time
- Part-time

129. What would enable you to work at a paid job?

### Impact of caregiving on employment prior to the past 12 months

The next questions ask about the impact that caregiving may have had on your employment over the years **prior to the past 12 months**.

130a. Excluding the past 12 months, have you ever worked at a paid job or business while providing care?

- Yes
- No

130b. Excluding the past 12 months, did you ever reduce your **regular** weekly hours of employment because of your caregiving responsibilities?

- Yes
- No

132. Did you lose some or all of your employment benefits because you reduced your weekly hours?

- Yes – Some
- Yes – All
- No

133. Excluding the past 12 months, did you ever have to take a leave from a job because of your caregiving responsibilities?

Includes any type of paid or unpaid leave.

- Yes
- No

134. How long was your longest leave?

Provide answer in day(s), week(s), month(s) or year(s)

<<< Select >>>

- Day(s)
- Week(s)
- Month(s)
- Year(s)

135. Was this leave paid or unpaid?

- Paid
- Unpaid
- Partly paid

136. What were your annual earnings before taxes from this job?

137. Not including the past 12 months, how many times did you have to quit a job or close a business because of your caregiving responsibilities?

138. What circumstances would have enabled you to keep working while providing care at the same time?

139. Not including the past 12 months, how many times were you ever fired, asked to resign or laid off from a job, because of your caregiving responsibilities?

140. Not including the past 12 months, how many times did you turn down a job offer or promotion, or take a less demanding job because of your caregiving responsibilities?

### Impact of caregiving on employment – plans for retirement

141. Have you ever retired from a job or business?

- Yes
- No

143. Was/Will the timing of your retirement (be) affected because of your caregiving responsibilities?

- Yes
- No

144. Did you retire earlier or later than you would have preferred to? / Will you retire earlier or later than you would like to?

- Earlier
- Later
- Neither earlier nor later

145. How much earlier/later?

Provide answer in month(s) or year(s)

<<< Select >>>

- Month(s)
- Year(s)

146. What were your annual earnings before taxes from the last job you held before retiring?

## Employment – past 12 months

147. For how many weeks during the past 12 months were you employed?  
Include vacation, illness, strikes, lock-outs or maternity/paternity or parental leave.
148. Were you mainly:  
a paid worker  
self-employed  
an unpaid family worker
149. For whom did you work the longest time during the past 12 months?
150. What kind of business, industry or service is/was this?
151. What kind of work are/were you doing?
152. What are/were your most important activities or duties?
153. Are you still working for this employer/at this business?  
Yes  
No
154. Which of the following best describes your terms of employment in this job?  
A regular employee (no contractual or anticipated termination date)  
A seasonal employee (employment on this job is intermittent according to the seasons of the year)  
A term employee (term of employment has a set termination date)  
A casual or on-call employee
155. Are/Were you a union member or covered by a union contract or collective agreement in this job?  
Yes  
No
156. Did you have more than one paid job last week?  
Yes  
No
157. How many hours a week do/did you usually work at your job?
158. How many hours a week do/did you usually work at these jobs?
- (a) main job
- (b) other job(s)

**Total**



159. Why do/did you usually work less than 30 hours a week?

Select as many responses as applicable

- Own illness or disability
- Child care responsibilities
- Care responsibilities for an adult
- Other personal or family responsibilities
- Going to school
- I could only find part-time work
- I did not want full-time work
- Requirement of the work
- Full-time work is defined under 30 hours per week
- Other reason for working less than 30 hours – Specify:  
Specify the other reason for working less than 30 hours a week.

160. How many days a week do/did you usually work (including all jobs)?

161. Which of the following best describes your usual work schedule at your job/main job?

- A regular daytime schedule or shift
- A regular evening shift
- A regular night shift
- A rotating shift (one that changes periodically from days to evenings or to nights)
- A split shift (one consisting of two or more distinct periods each day)
- A compressed work week
- On call or casual
- An irregular schedule
- Other  
Specify your usual work schedule:

162. Excluding overtime, do/did you usually work any of your scheduled hours at home?

- Yes
- No
- Not applicable

163. How many paid hours per week do/did you usually work at home?

164. What is the main reason you do/did some of your work at home?

- Care for children
- Care for other family members
- Other personal or family responsibilities
- Requirements of the job, no choice
- Home is usual place of work
- Better conditions of work
- Saves time, money
- Live too far from work to commute
- Other  
Specify the other reason for working at home:

165. Do you have a flexible schedule that allows you to choose the time you begin and end your work day?

- Yes
- No

166. Does your employer provide you with the following options?

(a) work part-time

- Yes
- No

(b) take leave, paid or unpaid, to take care of your child(ren)

- Yes
- No

(c) take leave, paid or unpaid, to take care of your spouse, partner or other family members

- Yes
- No

(d) take extended leave **without pay** for personal reasons

- Yes
- No

(e) telework

- Yes
- No

167. Do you think you could use these flexible work arrangements without a negative impact on your career?

- Yes
- No

### Work-life balance – past 12 months

168. In the past 12 months, how often has it been difficult to do the following?

(a) fulfill family responsibilities because of the amount of time you spent on your job

- All of the time
- Most of the time
- Sometimes
- Never

(b) concentrate or fulfill your work responsibilities because of your family responsibilities

- All of the time
- Most of the time
- Sometimes
- Never

169. How satisfied are you with the current balance between your job and home life?

- Very satisfied
- Satisfied
- Neither satisfied nor dissatisfied
- Dissatisfied
- Very dissatisfied

170. Why are you dissatisfied?

## Housing

The following questions are about your housing characteristics.

171. In what type of dwelling are you now living?

- Single detached house
- Semi-detached or double (side by side)
- Garden home, town-house or row house
- Duplex (one above the other)
- Low-rise apartment (less than 5 stories)
- High-rise apartment (5 or more stories)
- Mobile home or trailer
- Other
- Specify the other type of dwelling:

172. Is this dwelling owned (even if it is still being paid for) or rented (even if no cash rent is paid)?

- Owned
- Rented

173. Is there a mortgage on this dwelling?

- Yes
- No

174. How long have you lived in this:

(a) dwelling?

- Less than 6 months
- 6 months to less than 1 year
- 1 year to less than 3 years
- 3 years to less than 5 years
- 5 years to less than 10 years
- 10 years and over

(b) neighbourhood?

- Less than 6 months
- 6 months to less than 1 year
- 1 year to less than 3 years
- 3 years to less than 5 years
- 5 years to less than 10 years
- 10 years and over

(c) city or local community?

- Less than 6 months
- 6 months to less than 1 year
- 1 year to less than 3 years
- 3 years to less than 5 years
- 5 years to less than 10 years
- 10 years and over

175. Would you say that you know:

- Most of the people in your neighbourhood
- Many of the people in your neighbourhood
- A few of the people in your neighbourhood
- None of the people in your neighbourhood

176. Would you say this neighbourhood is a place where neighbours help each other?

- Yes
- No

177. In the past month, have you done a favour for a neighbour?

- Yes
- No
- Just moved into the area

178. In the past month, have any of your neighbours done a favour for you?

- Yes
- No
- Just moved into the area

179. In your neighbourhood, is public transportation (e.g. bus, rapid transit or subway) available?

- Yes
- No

The next questions ask about how accessible your home may be to someone using a wheelchair.

180. Does your home have:

- (a) a street level entrance with no steps
  - Yes
  - No
- (b) a ramp at the entrance
  - Yes
  - No
- (c) doorways that are wide enough for a wheelchair
  - Yes
  - No
- (d) lowered counters in the kitchen or bathroom
  - Yes
  - No
- (e) grab bars in the bathroom
  - Yes
  - No
- (f) easy to open doors (including lever handles)
  - Yes
  - No
- (g) an elevator or lift device
  - Yes
  - No

181. Are you aware of any government programs that provide grants to home owners and landlords for modifications to make their property more accessible to persons with disabilities?

- Yes
- No

### Overall health and well being

The following questions ask about your day-to-day health.

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

- Excellent
- Very good
- Good
- Fair
- Poor

183. In general, would you say your mental health is:

- Excellent
- Very good
- Good
- Fair
- Poor

184. In general, would you say your eating habits are:

- Excellent
- Very good
- Good
- Fair
- Poor

185. In the past 7 days, how many times did you participate in moderate or vigorous physical activity for leisure, work, housework or transportation?

186. About how much time did you spend on each occasion?

- Less than 15 minutes
- 16 to 30 minutes
- 31 to 60 minutes
- More than 1 hour

187. Using a scale of 0 to 10, where 0 means "Very dissatisfied" and 10 means "Very satisfied", how do you feel about your life as a whole right now?

- <<< Select >>>
- 0 – Very dissatisfied
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 – Very satisfied

188. Thinking of the amount of stress in your life, would you say that most days are:

- not at all stressful
- not very stressful
- a bit stressful
- quite a bit stressful
- extremely stressful

189. Do you regularly have trouble going to sleep or staying asleep?

- Yes
- No

190. Do you take any medication to help you sleep?

- Yes
- No

191. For each of the following six questions, please indicate whether the statement describes your feelings, using the categories: yes, more or less, or no.

(a) I experience a general sense of emptiness.

- Yes
- More or less
- No

(b) There are plenty of people I can rely on when I have problems.

- Yes
- More or less
- No

(c) There are many people I can trust completely.

- Yes
- More or less
- No

(d) There are enough people I feel close to.

- Yes
- More or less
- No

(e) I miss having people around.

- Yes
- More or less
- No

(f) I often feel rejected.

- Yes
- More or less
- No

The next set of questions ask about your day-to-day abilities.

192. Are you **usually** able to:

- (a) see well enough to read ordinary newsprint **without** glasses or contact lenses?  
Yes  
No
- (b) hear what is said in a group conversation with at least three other people **without** a hearing aid?  
Yes  
No
- (c) be understood **completely** when speaking with strangers in your own language?  
Yes  
No
- (d) walk around the neighbourhood **without** difficulty and **without** mechanical support such as braces, a cane or crutches?  
Yes  
No
- (e) grasp and handle small objects such as a pencil or scissors?  
Yes  
No

## Vision

The following questions are asked because you indicated you were not able to see well enough to read ordinary newsprint without glasses or contact lenses.

193. Are you **usually** able to see well enough to read ordinary newsprint **with** glasses or contact lenses?

- Yes
- No

194. Are you able to see at all?

- Yes
- No

195. Are you able to see well enough to recognize a friend on the other side of the street **without** glasses or contact lenses?

- Yes
- No

196. Are you **usually** able to see well enough to recognize a friend on the other side of the street **with** glasses or contact lenses?

- Yes
- No

## Hearing

The following questions are asked because you indicated you were not able to hear what is said in a group conversation with at least three other people without a hearing aid.

197. Are you **usually** able to hear what is said in a group conversation with at least three other people **with** a hearing aid?

- Yes
- No

198. Are you able to hear at all?

- Yes
- No

199. Are you **usually** able to hear what is said in a conversation with one other person in a quiet room **without** a hearing aid?

- Yes
- No

200. Are you **usually** able to hear what is said in a conversation with one other person in a quiet room **with** a hearing aid?

- Yes
- No

## Speech

The following questions are asked because you indicated you were not able to be understood completely when speaking with strangers in your own language.

201. Are you able to be understood **partially** when speaking with strangers?

- Yes
- No

202. Are you able to be understood **completely** when speaking with those who know you well?

- Yes
- No

203. Are you able to be understood **partially** when speaking with those who know you well?

- Yes
- No



## Mobility

The following questions are asked because you indicated you were not able to walk around the neighbourhood without difficulty and without mechanical support such as braces, a cane or crutches.

204. Are you able to walk at all?

- Yes
- No

205. Do you require mechanical support such as braces, a cane or crutches to be able to walk around the neighbourhood?

- Yes
- No

206. Do you require the help of another person to be able to walk?

- Yes
- No

207. Do you require a wheelchair to get around?

- Yes
- No

208. How often do you use a wheelchair?

- Always
- Often
- Sometimes
- Never

209. Do you need the help of another person to get around in a wheelchair?

- Yes
- No

## Dexterity

The following questions are asked because you indicated you were not able to grasp and handle small objects such as a pencil or scissors.

210. Do you require the help of another person because of limitations in the use of hands or fingers?

- Yes
- No

211. Do you require the help of another person with:

- some tasks
- most tasks
- almost all tasks
- all tasks

212. Do you require special equipment, for example, devices to assist in dressing, because of limitations in the use of hands or fingers?

- Yes
- No

## Overall health and well being

213. Would you describe yourself as being **usually**:
- happy and interested in life
  - somewhat happy
  - somewhat unhappy
  - unhappy with little interest in life
  - so unhappy that life is not worthwhile
214. How would you describe your **usual** ability to remember things?
- able to remember most things
  - somewhat forgetful
  - very forgetful
  - unable to remember anything at all
215. How would you describe your **usual** ability to think and solve day-to-day problems?
- able to think clearly and solve problems
  - having a little difficulty
  - having some difficulty
  - having a great deal of difficulty
  - unable to think or solve problems
216. Are you **usually** free of pain or discomfort?
- Yes
  - No
217. How would you describe the **usual** intensity of your pain or discomfort?
- Mild
  - Moderate
  - Severe
218. How many activities does your pain or discomfort prevent?
- None
  - A few
  - Some
  - Most
219. Do you have any long-term health conditions, or physical or mental disabilities?
- No
  - Yes – specify:
  - Yes – specify:

## General information

Now we would like to ask you a few general questions.

220. In what country were you born?
- <<< Select >>>
  - Canada
  - Other
  - Other country – specify:

221. In which province or territory?

<<< Select >>>

Newfoundland and Labrador

Prince Edward Island

Nova Scotia

New Brunswick

Quebec

Ontario

Manitoba

Saskatchewan

Alberta

British Columbia

Yukon

Northwest Territories

Nunavut

222. In what year did you first come to Canada to live?

223. Are you now, or have you ever been, a landed immigrant in Canada?

Yes

No

224. In what year did you first become a landed immigrant in Canada?

225. What were the ethnic or cultural origins of your ancestors?

Canadian

English

French

Scottish

Irish

German

Italian

Aboriginal (North American Indian, Métis or Inuit)

Ukrainian

Chinese

Dutch (Netherlands)

Polish

South Asian (East Indian, Sri Lankan, Pakistani, Punjabi, etc.)

Jewish

Portuguese

Other

Specify the other ethnic or cultural origin.

226. What is your religion?

227. Not counting events such as weddings or funerals, during the past 12 months, how often did you participate in religious activities or attend religious services or meetings?

At least once a week

At least once a month

At least 3 times a year

Once or twice a year

Not at all

228. How important are your religious or spiritual beliefs to the way you live your life?

Very important

Somewhat important

Not very important

Not at all important

229. In the past 12 months, how often did you engage in religious or spiritual activities **on your own**?  
This may include prayer, meditation and other forms of worship taking place at home or in any other location.

- At least once a day
- At least once a week
- At least once a month
- At least 3 times a year
- Once or twice a year
- Not at all

230. What language did you first speak in childhood?

- English
- French
- Italian
- Chinese
- German
- Portuguese
- Polish
- Ukrainian
- Spanish
- Vietnamese
- Greek
- Punjabi
- Arabic
- Tagalog (Filipino)
- Hungarian
- Other first language spoken in childhood – Specify:  
Specify other first language spoken in childhood

231. Do you still understand:?

- (a) English
  - Yes
  - No
- (b) French
  - Yes
  - No
- (c) Italian
  - Yes
  - No
- (d) Chinese
  - Yes
  - No
- (e) German
  - Yes
  - No
- (f) Portuguese
  - Yes
  - No
- (g) Polish
  - Yes
  - No

- (h) Ukrainian
  - Yes
  - No
- (i) Spanish
  - Yes
  - No
- (j) Vietnamese
  - Yes
  - No
- (k) Greek
  - Yes
  - No
- (l) Punjabi
  - Yes
  - No
- (m) Arabic
  - Yes
  - No
- (n) Tagalog (Filipino)
  - Yes
  - No
- (o) Hungarian
  - Yes
  - No
- (p) Other first language spoken in childhood
  - Yes
  - No

232a. What language do you speak most often at home?

- English
- French
- Italian
- Chinese
- German
- Portuguese
- Polish
- Ukrainian
- Spanish
- Vietnamese
- Greek
- Punjabi
- Arabic
- Tagalog (Filipino)
- Hungarian
- Other language spoken most often at home – Specify:  
Specify other language spoken most often at home.

232b. Can you speak English well enough to conduct a conversation?

Yes

No

232c. Can you speak French well enough to conduct a conversation?

Yes

No

Now we would like to ask some questions about income.

233. What is your best estimate of your total **personal** income, before taxes and deductions, from all sources, during the year ending December 31, 2011?

234. Can you estimate in which of the following groups your total **personal** income falls for the year ending December 31, 2011? Was it:

less than \$5,000

\$5,000 to less than \$10,000

\$10,000 to less than \$15,000

\$15,000 to less than \$20,000

\$20,000 to less than \$30,000

\$30,000 to less than \$40,000

\$40,000 to less than \$50,000

\$50,000 to less than \$60,000

\$60,000 to less than \$70,000

\$70,000 to less than \$80,000

\$80,000 to less than \$90,000

\$90,000 to less than \$100,000

\$100,000 to less than \$150,000

\$150,000 or more