Canadian Income Survey (CIS)

Questionnaire
2024

FOR INFORMATION ONLY

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Labour market activity and school attendance (ACT1)

ACT1_BEG

DV_D31AGE: age of respondent at the end of the reference year

ACT1_R01

The next questions are about your activities between January and December 2024, as well as the activities of other members of your household.

ACT1_C01

If DV_D31AGE > 69, go to ACT1_Q01.
Otherwise, go to ACT1_Q05.

ACT1_Q01

Did you work at a job or business in 2024?

Q2

1 Yes (Go to ACT1_Q05)
2 No (Go to ACT1_END)

Null go to ACT1_END

ACT1_Q05
Q3

During 2024, how many weeks did you work at a job or business?

Count every week worked, no matter the number of hours.

Include: vacation, maternity or parental leave, illness, strikes, lock-outs

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ACT1_C10A

If ACT1_Q05 = NONRESPONSE, go to ACT1_Q30.
Otherwise, go to ACT1_C10B.

ACT1_C10B

If ACT1_Q05 = 0, go to ACT1_Q20.
Otherwise, go to ACT1_Q10.

ACT1_Q10
Q4

During those weeks, how many hours did you usually work per week at all jobs?

If the number of work hours varied from week to week, please provide an average.

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ACT1_Q15
Q5

Considering all the jobs you held in 2024, did you work:

Select all that apply.

1 As an employee
2 As self-employed
3 In a family business without pay

ACT1_C20

If ACT1_Q05 >= 52, go to ACT1_Q30.
Otherwise, go to ACT1_Q20.

ACT1_Q20
Q6

During 2024, how many weeks were you without work and looking for work?

Include temporary lay-offs.
Exclude weeks as a full-time student.

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ACT1_C25

If ACT1_Q05 + ACT1_Q20 >= 52, go to ACT1_C30.
Otherwise, go to ACT1_Q25.

ACT1_Q25
Q7

What was your main activity during the weeks when you were neither working nor looking for work?

1 Ill, or disabled and unable to work
2 Took care of home or family
3 Went to school
4 Retired
5 Other – Specify

ACT1_C30

If DV_D31AGE > 69, go to ACT1_END.
Otherwise, go to ACT1_Q30.

ACT1_Q30
Q8

Did you attend a school, college, CEGEP or university at any time between January and December 2024?

Include attendance only for courses that can be used as credit towards a certificate, diploma or degree.

1 Yes (Go to ACT1_Q35)
2 No (Go to ACT1_END)

ACT1_C35

If ACT1_Q30 = 2 or ACT1_Q30 = NONRESPONSE, go to ACT1_END.
Otherwise, go to ACT1_Q35.

ACT1_Q35
Q9

Were you enrolled as a full-time student, a part-time student or both full-time and part-time?

1 A full-time student
2 A part-time student
3 Both full-time and part-time student

ACT1_C40

If DV_D31AGE > 16, go to ACT1_Q40.
Otherwise, go to ACT1_END.

ACT1_Q40
Q10

Did you receive any money from a scholarship, bursary or fellowship in 2024?

1 Yes (Go to ACT1_Q45)
2 No (Go to ACT1_END)

Null go to ACT1_END

ACT1_Q45
Q11

What was the total amount you received in 2024?

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ACT1_END

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Support payments received (SCC1)

SCC1_BEG

DV_HHNUM18: number of household members aged 18 years and over
DV_RELREF: relationship to the reference person (from LFS)

SCC1_C01

If DV_HHNUM18 > 0, go to SCC1_C02.
Otherwise, go to SCC1_END.

SCC1_C02

If DV_D31AGE < 18, go to SCC1_END.
Otherwise, go to SCC1_C03.

SCC1_C03

If DV_D31AGE < 25 and ACT1_Q30 = 1 and DV_RELREF = '03' (son or daughter) or '06' (foster child), go to SCC1_END.
Otherwise, go to SCC1_R05.

SCC1_R05

The next questions are about support payments and child care expenses.

SCC1_Q05
Q12

Between January and December 2024, did you receive support payments from a former spouse or partner?

By support payments we mean a formal agreement for spousal support, alimony, separation allowance, or child support.
Include only support payments actually received.
Exclude gifts or additional transfers of money.

1	Yes	(Go to SCC1_Q10)
2	No	(Go to SCC1_END)

Null go to SCC1_END

SCC1_Q10
Q13

What is your best estimate of the amount of support payments you received in 2024?

Include only support payments actually received.
Exclude gifts or additional transfers of money.

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SCC1_END

Support payments paid (SCC2)

SCC2_C01

If DV_D31AGE < 18, go to SCC2_END.
Otherwise, go to SCC2_C05.

SCC2_C05

If DV_D31AGE < 25 and ACT1_Q30 = 1 and DV_RELREF = '03' (son or daughter) or '06' (foster child), go to SCC2_END.
Otherwise, go to SCC2_Q05.

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SCC2_Q05
Q14

Between January and December 2024, did you make support payments to a former spouse or partner?

By support payments we mean a formal agreement for spousal support, alimony, separation allowance, or child support.
Include only support payments actually paid.
Exclude gifts or additional transfers of money.

1	Yes	(Go to SCC2_Q10)
2	No	(Go to SCC2_END)

Null go to SCC2_END

SCC2_Q10
Q15

What is your best estimate of the total amount you paid in support payments in 2024?

Include only support payments actually paid.
Exclude gifts or additional transfers of money.

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SCC2_END

Childcare expenses (SCC3)

SCC3_C01

If DV_D31AGE < 18, go to SCC3_END.
Otherwise, go to SCC3_C02.

SCC3_C02

If DV_D31AGE > 69, go to SCC3_END.
Otherwise, go to SCC3_C03.

SCC3_C03

If ACT1_Q05 is not equal to 0, go to SCC3_C04.
Otherwise, go to SCC3_END.

SCC3_C04

If DV_D31AGE < 25 and ACT1_Q30 = 1 and DV_RELREF = '03' (son or daughter) or '06' (foster child), go to SCC3_END.
Otherwise, go to SCC3_Q05.

SCC3_Q05
Q16

Between January and December 2024, did you pay for child care, so that you could work at your paid job?

Include child care paid during school holidays.

1	Yes	(Go to SCC3_Q10)
2	No	(Go to SCC3_END)

Null go to SCC3_END

SCC3_Q10
Q17

What is your best estimate of the total amount you paid for child care in 2024?

Please **exclude** any amount previously reported. Enter "0" if the entire amount was previously entered.

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SCC3_END

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Total personal income (INC1)

INC1_R05

Now a question about total personal income.

INC1_Q05
Q24

What is your best estimate of your total personal income, before taxes and deductions, from all sources during the year ending December 31, 2024?

Income can come from various sources such as from work, investments, pensions or government. Examples include Employment Insurance, social assistance, child benefits and other income such as child support, spousal support (alimony) and rental income.

Capital gains **should not** be included in the personal income.

|_|_|_|_|_|_|_|_| dollars

INC1_C10

If INC1_Q05 = NONRESPONSE, go to INC1_Q10.
Otherwise, go to INC1_C23.

INC1_Q10
Q25

For the year ending December 31, 2024, can you estimate in which of the following groups your total personal income fell?

Was it:

1	Less than $30,000, including income loss	(Go to INC1_Q15)
2	$30,000 and more	(Go to INC1_Q20)

Null go to INC1_END

INC1_Q15
Q25

Please indicate the income range

1 Less than $5,000
2 $5,000 to less than $10,000
3 $10,000 to less than $15,000
4 $15,000 to less than $20,000
5 $20,000 to less than $25,000
6 $25,000 to less than $30,000

Go to INC1_C23

INC1_Q20
Q25

Please indicate the income range

01 $30,000 to less than $40,000
02 $40,000 to less than $50,000
03 $50,000 to less than $60,000
04 $60,000 to less than $70,000
05 $70,000 to less than $80,000
06 $80,000 to less than $90,000
07 $90,000 to less than $100,000
08 $100,000 and over

INC1_C23

If DV_D31AGE < 18 or DV_D31AGE > 65, go to INC1_END.
Otherwise, go to INC1_C24.

INC1_C24

If DV_D31AGE < 25 and ACT1_Q30 = 1 and DV_RELREF = '03' (son or daughter) or '06' (foster child), go to INC1_END.
Otherwise, go to INC1_C25.

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INC1_C25

If ((INC1_Q05 > 0 and INC1_Q05 < 50000) or INC1_Q10 = 1 or INC1_Q20 = (01 or 02), go to INC1_Q25.
Otherwise, go to INC1_END.

INC1_Q25
Q26

Does this amount include any social assistance payments?

Exclude employment insurance (including for maternity leave), workers' compensation, Canada Pension Plan (CPP), Quebec Pension Plan (QPP) and child benefits.

1 Yes
2 No

INC1_END

Introduction to the disability screening questions (PDSQ)

PDSQ_BEG

DV_HHNUM15: number of household members aged 15 years and over

PDSQ_C05

If DV_HHNUM15 > 1, go to PDSQ_R05.
Otherwise, go to PDSQ_END.

PDSQ_R05

In order to reduce the length of the questionnaire and to obtain additional information about the relationship between income and persons with and without a disability, one person has been randomly selected in your household for the next set of questions. In your household, you have been selected.

PDSQ_END

Disability screening questions (DSQ)

DSQ_R01

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

DSQ_Q01
Q27

Do you have any difficulty seeing?

Would you say:

1 No (Go to DSQ_Q05)
2 Sometimes
3 Often
4 Always
9 Don't know

Null go to DSQ_Q05

DSQ_Q02
Q28

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

Would you say:

1 Yes
2 No
9 Don't know

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DSQ_Q03
Q29

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

Would you say:

1 No difficulty seeing (Go to DSQ_Q05)
2 Some difficulty seeing
3 A lot of difficulty seeing
4 You are legally blind
5 You are blind
9 Don't know (Go to DSQ_Q05)

Null go to DSQ_Q05

DSQ_Q04
Q30

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

Would you say:

1 Never
2 Rarely
3 Sometimes
4 Often
5 Always
9 Don't know

DSQ_Q05
Q31

Do you have any difficulty hearing?

Would you say:

1 No (Go to DSQ_Q09)
2 Sometimes
3 Often
4 Always
9 Don't know

Null go to DSQ_Q09

DSQ_Q06

Q32

Do you use a hearing aid or cochlear implant?

Would you say:

1 Yes
2 No
9 Don't know

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DSQ_Q07
Q33

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

Would you say:

1	No difficulty hearing	(Go to DSQ_Q09)
2	Some difficulty hearing	
3	A lot of difficulty hearing	
4	You cannot hear at all	
5	You are deaf	
9	Don't know	(Go to DSQ_Q09)

Null go to DSQ_Q09

DSQ_Q08
Q34

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

Would you say:

1 Never
2 Rarely
3 Sometimes
4 Often
5 Always
9 Don't know

DSQ_Q09
Q35

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

Would you say:

1	No	(Go to DSQ_R22)
2	Sometimes	
3	Often	
4	Always	
9	Don't know	

Null go to DSQ_R22

DSQ_R10

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

DSQ_Q10
Q36

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

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

Would you say:

1 No difficulty
2 Some difficulty
3 A lot of difficulty
4 You cannot do at all
9 Don't know

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DSQ_Q11
Q37

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

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

Would you say:

1 No difficulty
2 Some difficulty
3 A lot of difficulty
4 You cannot do at all
9 Don't know

DSQ_C12

If ((DSQ_Q10 = (1 or DK or BLANK)) and (DSQ_Q11 = (1 or DK or BLANK))), go to DSQ_Q13.
Otherwise, go to DSQ_Q12.

DSQ_Q12
Q38

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

Would you say:

1 Never
2 Rarely
3 Sometimes
4 Often
5 Always
9 Don't know

DSQ_Q13
Q39

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

Would you say:

1 No difficulty
2 Some difficulty
3 A lot of difficulty
4 You cannot do at all
9 Don't know

DSQ_Q14
Q40

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

Would you say:

1 No difficulty
2 Some difficulty
3 A lot of difficulty
4 You cannot do at all
9 Don't know

DSQ_C15

If ((DSQ_Q13 = (1 or DK or BLANK)) and (DSQ_Q14 = (1 or DK or BLANK))), go to DSQ_Q16.
Otherwise, go to DSQ_Q15.

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DSQ_D15

If (DSQ_Q13 == (2 or 3 or 4)), DT_FLEXIBILITY = 'does this difficulty bending down and picking up an object'
If (DSQ_Q14 == (2 or 3 or 4)), DT_FLEXIBILITY = 'does this difficulty reaching'
If ((DSQ_Q13 == (2 or 3 or 4)) and (DSQ_Q14 == (2 or 3 or 4))), DT_FLEXIBILITY = 'do these difficulties'

DSQ_Q15
Q41

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

Would you say:

1 Never
2 Rarely
3 Sometimes
4 Often
5 Always
9 Don't know

DSQ_Q16
Q42

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

Would you say:

1 No difficulty (Go to DSQ_R18)
2 Some difficulty
3 A lot of difficulty
4 You cannot do at all
9 Don't know (Go to DSQ_R18)

Null go to DSQ_R18

DSQ_Q17
Q43

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

Would you say:

1 Never
2 Rarely
3 Sometimes
4 Often
5 Always
9 Don't know

DSQ_R18

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

DSQ_Q18
Q44

Do you have pain that is <u>always</u> present?

Would you say:

1 Yes
2 No
9 Don't know

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DSQ_Q19
Q45

Do you [also] have periods of pain that <u>reoccur</u> from time to time?

Would you say:

1 Yes
2 No
9 Don't know

DSQ_C20

If ((DSQ_Q18 = 1) or (DSQ_Q19 = 1)), go to DSQ_Q20.
Otherwise, go to DSQ_R22.

DSQ_Q20
Q46

How often does this pain limit your daily activities?

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

Would you say:

1 Never (Go to DSQ_R22)
2 Rarely (Go to DSQ_R22)
3 Sometimes
4 Often
5 Always
9 Don't know (Go to DSQ_R22)

Null go to DSQ_R22

DSQ_Q21
Q47

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

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

Would you say:

1 No difficulty
2 Some difficulty
3 A lot of difficulty
4 You cannot do most activities
9 Don't know

DSQ_R22

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

DSQ_Q22
Q48

Do you have any difficulty learning, remembering or concentrating?

Would you say:

1 No (Go to DSQ_R33)
2 Sometimes
3 Often
4 Always
9 Don't know

Null go to DSQ_R33

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DSQ_Q23
Q49

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

Would you say:

1 Yes
2 No
9 Don't know

DSQ_Q24
Q50

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

Would you say:

1 Yes
2 No
9 Don't know

DSQ_C25

If ((DSQ_Q23 = 1) or (DSQ_Q24 = 1)), go to DSQ_Q25.
Otherwise, go to DSQ_Q27.

DSQ_Q25
Q51

How often are your daily activities limited by this condition?

Would you say:

1 Never (Go to DSQ_Q27)
2 Rarely (Go to DSQ_Q27)
3 Sometimes
4 Often
5 Always
9 Don't know (Go to DSQ_Q27)

Null go to DSQ_Q27

DSQ_Q26
Q52

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

Would you say:

1 No difficulty
2 Some difficulty
3 A lot of difficulty
4 You cannot do most activities
9 Don't know

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DSQ_Q27
Q53

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

Would you say:

1	Yes	
2	No	(Go to DSQ_Q30)
9	Don't know	(Go to DSQ_Q30)

Null go to DSQ_Q30

DSQ_Q28
Q54

How often are your daily activities limited by this condition?

Would you say:

1	Never	(Go to DSQ_Q30)
2	Rarely	(Go to DSQ_Q30)
3	Sometimes	
4	Often	
5	Always	
9	Don't know	(Go to DSQ_Q30)

Null go to DSQ_Q30

DSQ_Q29
Q55

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

Would you say:

1	No difficulty
2	Some difficulty
3	A lot of difficulty
4	You cannot do most activities
9	Don't know

DSQ_Q30
Q56

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

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

Would you say:

1	Yes	
2	No	(Go to DSQ_R33)
9	Don't know	(Go to DSQ_R33)

Null go to DSQ_R33

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DSQ_Q31
Q57

How often are your daily activities limited by this problem?

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

Would you say:

1	Never	(Go to DSQ_R33)
2	Rarely	(Go to DSQ_R33)
3	Sometimes	
4	Often	
5	Always	
9	Don't know	(Go to DSQ_R33)

Null go to DSQ_R33

DSQ_Q32
Q58

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

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

Would you say:

1	No difficulty
2	Some difficulty
3	A lot of difficulty
4	You cannot do most activities
9	Don't know

DSQ_R33

Please remember that your answers will be kept strictly confidential.

DSQ_Q33
Q59

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

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

Would you say:

1	No	(Go to DSQ_Q36)
2	Sometimes	
3	Often	
4	Always	
9	Don't know	(Go to DSQ_Q36)

Null go to DSQ_Q36

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DSQ_Q34
Q60

How often are your daily activities limited by this condition?

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

Would you say:

1	Never	(Go to DSQ_Q36)
2	Rarely	(Go to DSQ_Q36)
3	Sometimes	
4	Often	
5	Always	
9	Don't know	(Go to DSQ_Q36)

Null go to DSQ_Q36

DSQ_Q35
Q61

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

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

Would you say:

1	No difficulty
2	Some difficulty
3	A lot of difficulty
4	You cannot do most activities
9	Don't know

DSQ_Q36
Q62

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

Exclude any health problems previously reported.

Would you say:

1	Yes	
2	No	(Go to DSQ_C38)
9	Don't know	(Go to DSQ_C38)

Null go to DSQ_C38

DSQ_Q37
Q63

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

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

1	Never
2	Rarely
3	Sometimes
4	Often
5	Always
9	Don't know

DSQ_C38

If ((DSQ_Q09 = (1 or BLANK)) and ((DSQ_Q01 = (2 or 3 or 4 or DK)) or (DSQ_Q05 = (2 or 3 or 4 or DK)) or (DSQ_Q22 = (2 or 3 or 4 or DK)) or (DSQ_Q33 = (2 or 3 or 4)) or (DSQ_Q37 = (3 or 4 or 5)))), go to DSQ_R38.
Otherwise, go to DSQ_END.

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DSQ_R38

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

DSQ_Q38
Q64

Do you have pain that is <u>always</u> present?

Would you say:

1 Yes
2 No
9 Don't know

DSQ_Q39
Q65

Do you [also] have periods of pain that <u>reoccur</u> from time to time?

Would you say:

1 Yes
2 No
9 Don't know

DSQ_C40

If ((DSQ_Q38 = 1) or (DSQ_Q39 = 1)), go to DSQ_Q40.
Otherwise, go to DSQ_END.

DSQ_Q40
Q66

How often does this pain limit your daily activities?

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

Would you say:

1	Never	(Go to DSQ_END)
2	Rarely	(Go to DSQ_END)
3	Sometimes	
4	Often	
5	Always	
9	Don't know	(Go to DSQ_END)

Null go to DSQ_END

DSQ_Q41
Q67

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

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

Would you say:

1 No difficulty
2 Some difficulty
3 A lot of difficulty
4 You cannot do most activities
9 Don't know

DSQ_END

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Unmet health care needs (UCN)

UCN_Q005
Q68

During the past 12 months, was there ever a time when you felt that you needed health care, other than homecare services, but you did not receive it?

1 Yes
2 No (Go to UCN_END)

Null go to UCN_END

UCN_Q010
Q69

Thinking of the most recent time you felt this way, why didn't you get care?

Select all that apply.

01 Care not available in the area
02 Care not available at time required (e.g., doctor busy, away from office or no longer at that practice, inconvenient hours)
03 Do not have a regular health care provider
04 Waiting time too long
05 Appointment was cancelled
06 Felt would receive inadequate care
07 Cost
08 Decided not to seek care
09 Doctor didn't think it was necessary
10 Transportation issue
11 Other

UCN_Q015
Q70

Again, thinking of the most recent time, what was the type of care that was needed?

Select all that apply.

01 Treatment of a chronic physical health condition diagnosed by a health professional
02 Treatment of a chronic mental health condition diagnosed by a health professional
03 Treatment of an acute infectious disease (e.g., cold, flu and stomach flu)
04 Treatment of an acute physical condition (non-infectious)
05 Treatment of an acute mental health condition (e.g., acute stress reaction)
06 A regular check-up (including pre-natal care)
07 Care of an injury
08 Dental care
09 Medication / Prescription refill
10 Other

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UCN_Q020
Q71

Did you actively try to obtain the health care that was needed?

1 Yes
2 No (Go to UCN_END)

Null go to UCN_END

UCN_Q025
Q72

Where did you try to get the service you were seeking?

Select all that apply.

1 A doctor's office
2 A hospital outpatient clinic
3 A community health centre [or CLSC]
4 A walk-in clinic
5 An emergency department or emergency room
6 Other

UCN_END

Financial difficulty due to disability (FDD)

FDD_Q05
Q73

In 2024, have you and your household experienced significant financial difficulty because of a long term disability or health problem of a member of you household?

Would you say:

1 Yes, sometimes
2 Yes, often
3 No

FDD_END

Owners and renters (DWL)

DWL_BEG

DV_DWELTYPE: (Dwelling type (from LFS)

DV_DWELTYPE:
01 = single detached
02 = semi-detached (double)
03 = row or terrace
04 = duplex
05 = low-rise apartment of fewer than 5 stories or a flat
06 = high-rise apartment of 5 stories or more
07 = institution
08 = hotel; rooming/lodging house; camp
09 = mobile home
10 = Other - Specify

FOR INFORMATION ONLY

DWL_R05 **The next series of questions will be about your dwelling.**

DWL_C01 If DV_DWELTYPE = (07 or 08 or 09), go to DWL_Q10.
Otherwise, go to DWL_Q05.

DWL_Q05
Q74 **Is this dwelling part of a condominium development?**

1 Yes
2 No

DWL_Q10
Q75 **Is this dwelling in need of any repairs?**

Do not include desirable remodelling or additions.

Would you say:

1 No, only **regular maintenance** is needed, for example, painting, furnace cleaning
2 Yes, **minor repairs** are needed, for example, missing or loose floor tiles, bricks or shingles, defective steps, railing or siding
3 Yes, **major repairs** are needed, for example, defective plumbing or electrical wiring, structural repairs to walls, floors or ceilings

DWL_END

Owners (OWN)

OWN_BEG TN_Q01: Owner or renter (from LFS

OWN_C05A If TN_Q01 = 1 (owner), go to OWN_C05B.
Otherwise, go to OWN_END.

OWN_C05B If DV_DWELTYPE = (01 or 02 or 03 or 04 or 09 or 10 pr NONRESPONSE), go to OWN_Q05.
Otherwise, go to OWN_Q10.

OWN_Q05
Q76 **Does anyone in your household operate a farm on this property?**

1 Yes
2 No

OWN_Q10
Q77 **Does anyone in your household operate a business from this dwelling or property?**

Property is interpreted as the land and buildings associated with the dwelling.

1 Yes
2 No

FOR INFORMATION ONLY

OWN_Q15
Q78

How many bedrooms are there in this dwelling?

Please **include** all rooms designed as bedrooms even if they are now used for something else, for example, as guest rooms or television rooms.

Do not count rooms used solely for business purposes.

Include all rooms used as bedrooms now, even if they were not originally built as bedrooms, such as bedrooms in a finished basement.

For a one-room dwelling or bachelor apartment, please enter zero.

|_|_|

OWN_Q20
Q79

Is there a mortgage on this dwelling?

1 Yes
2 No (Go to OWN_Q65)

Null go to OWN_Q65

Go to OWN_Q25

OWN_Q25
Q80

Are property taxes <u>included</u> in your mortgage payments?

1 Yes
2 No

Null go to OWN_Q65

Go to OWN_Q30

OWN_Q30
Q81

Do you have more than one mortgage on your dwelling?

1 Yes (Go to OWN_C55)
2 No

Null go to OWN_Q65

Go to OWN_Q35

OWN_Q35
Q82

How often do you make regular mortgage payments?

01 Weekly
02 Every two weeks
03 Twice a month
04 Monthly
05 Quarterly
06 Twice a year
07 Annually
08 Other – Specify

Null go to OWN_Q65

Go to OWN_D45A

OWN_C45

If OWN_Q25 = 2, go to OWN_Q50.
Otherwise, go to OWN_Q45.

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OWN_Q45
Q83

How much do you pay for each of these regular mortgage payments, including your property taxes?

Exclude irregular and lump sum payments.

|_|_|_|_|_|_|_|_|

Go to OWN_Q65

OWN_Q50
Q84

How much do you pay for each of these regular mortgage payments?

Exclude irregular and lump sum payments.

|_|_|_|_|_|_|_|_|

Go to OWN_Q65

OWN_C55

If OWN_Q25 = 2, go to OWN_Q60.
Otherwise, go to OWN_Q55.

OWN_Q55
Q85

How much do you pay monthly for all these mortgages, including your property taxes?

Exclude irregular and lump sum payments.

|_|_|_|_|_|_|_|_|

Go to OWN_Q65

OWN_Q65
Q87

What is the total annual property tax bill for this dwelling?

Include school taxes, special service charges and local improvements.

|_|_|_|_|_|_|_|_|

Go to OWN_C70A

OWN_C70A

If DWL_Q05 = 1, go to OWN_Q75.
Otherwise, go to OWN_C70B.

OWN_C70B

If OWN_Q65 = 0 or OWN_Q65 = NONRESPONSE, go to OWN_END.
Otherwise, go to OWN_Q70.

OWN_Q70
Q88

Is water included in the payments just mentioned?

Payments just mentioned could include mortgage payments and property taxes.

1 Yes
2 No

Go to OWN_END

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OWN_Q75
Q89

What is the regular monthly condominium fee for this dwelling?

|_|_|_|_|_|_|_|_|_|

OWN_C80

If (OWN_Q65 = 0 or OWN_Q65 = NONRESPONSE) and (OWN_Q75 = 0 or OWN_Q75 = NONRESPONSE), go to OWN_END.
Otherwise, go to OWN_Q80.

OWN_Q80
Q90

Are any of the following items included in the payments just mentioned?

Payments just mentioned could include mortgage payments, property taxes and condo fees.
Select all that apply.

1 Electricity
2 Heating fuel
3 Water
4 None of the above

OWN_END

Food security (FSC)

FSC_R010

The following statements may describe the food situation for your household in the <u>past 12 months</u>. Please indicate if the statement was often true, sometimes true or never true for you and other household members in the <u>past 12 months</u>.

FSC_Q010A
Q91a

You and other household members worried that food would run out before you got money to buy more

1 Often true
2 Sometimes true
3 Never true

FSC_Q010B
Q91b

The food that you and other household members bought just didn't last and there wasn't any money to get more

1 Often true
2 Sometimes true
3 Never true

FSC_Q010C
Q91c

You and other household members couldn't afford to eat balanced meals

1 Often true
2 Sometimes true
3 Never true

FSC_C010D

If number of children > 0, go to FSC_Q010D.
Otherwise, go to FSC_C015A.

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FSC_Q010D
Q91d

You or other adults in your household relied on only a few kinds of low-cost food to feed the children because you were running out of money to buy food

1 Often true
2 Sometimes true
3 Never true

FSC_Q010E
Q91e

You or other adults in your household couldn't feed the children a balanced meal because you couldn't afford it

1 Often true
2 Sometimes true
3 Never true

FSC_C015A

If ((FSC_Q010A or FSC_Q010B or FSC_Q010C or FSC_Q010D or FSC_Q010E <= 2) and number of children > 0), go to FSC_Q015.
Otherwise, go to FSC_C015B.

FSC_C015B

If (FSC_Q010A or FSC_Q010B or FSC_Q010C or FSC_Q010D or FSC_Q010E <= 2, go to FSC_C020.
Otherwise, go to FSC_END.

FSC_Q015
Q92

The children were not eating enough because you or other adults in your household just couldn't afford enough food.

Would you say:

1 Often true
2 Sometimes true
3 Never true

FSC_C020

If household size = 1 or number of adults = 1, go to FSC_Q020A.
Otherwise, go to FSC_R020.

FSC_R020

The following few questions are about the food situation in the <u>past 12 months</u> for you or any other adults in your household.

FSC_Q020A
Q93

In the <u>past 12 months</u>, since last [current month], did you or other adults in your household ever cut the size of your meals or skip meals because there wasn't enough money for food?

1 Yes
2 No (Go to FSC_Q025A)

FSC_Q020B
Q93

How often did this happen?

Was it:

1 Almost every month
2 Some months but not every month
3 Only 1 or 2 months

FSC_Q025A
Q94

In the <u>past 12 months</u>, did you (personally) ever eat less than you felt you should because there wasn't enough money to buy food?

1 Yes
2 No

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FSC_Q025B
Q95

In the <u>past 12 months</u>, were you (personally) ever hungry but didn't eat because you couldn't afford enough food?

1 Yes
2 No

FSC_Q025C
Q96

In the <u>past 12 months</u>, did you (personally) lose weight because you didn't have enough money for food?

1 Yes
2 No

FSC_C030

If (FSC_Q015 = 1 or FSC_Q015 = 2) or (FSC_Q020A or FSC_Q025A or FSC_Q025B or FSC_Q025C = 1), go to FSC_Q030.
Otherwise, go to FSC_END.

FSC_Q030
Q97

In the <u>past 12 months</u>, did you or other adults in your household ever not eat for a whole day because there wasn't enough money for food?

1 Yes
2 No (Go to FSC_C040)

FSC_Q035
Q97

How often did this happen?

Was it:

1 Almost every month
2 Some months but not every month
3 Only 1 or 2 months

FSC_C040

If number of children is not equal to 0, go to FSC_R040A.
Otherwise, go to FSC_END.

FSC_R040A

Now, a few questions on the food experiences for children in your household.

FSC_Q040A
Q98

In the <u>past 12 months</u>, did you or other adults in your household ever cut the size of any of the children's meals because there wasn't enough money for food?

1 Yes
2 No

FSC_Q040B
Q99

In the <u>past 12 months</u>, did any of the children ever skip meals because there wasn't enough money for food?

1 Yes
2 No (Go to FSC_Q040D)

FSC_Q040C
Q99

How often did this happen?

Was it:

1 Almost every month
2 Some months but not every month
3 Only 1 or 2 months

FOR INFORMATION ONLY

FSC_Q040D
Q100

In the <u>past 12 months</u>, were any of the children ever hungry but you just couldn't afford more food?

1 Yes
2 No

FSC_Q040E
Q101

In the <u>past 12 months</u>, did any of the children ever not eat for a whole day because there wasn't enough money for food?

1 Yes
2 No

FSC_END

School food programs (SFP)

SFP_R05

The next few questions are about school food programs. These programs provide regular meals or snacks to children in a school or school-related setting, typically for free, at a reduced cost, or based on ability to pay. "School food program" will be used to describe these types of meals and snacks throughout this section of the survey. This <u>excludes</u> food obtained at full cost from a canteen, cafeteria or caterer, or ordered from a restaurant, and occasional lunches such as "pizza days."

SFP_Q05
Q102

Does this child have access to a school food program, that is a program that provides regular meals or snacks in a school or school-related setting, typically for free, at a reduced cost, or based on ability to pay?

Child's name

1 Yes
2 No (Go to SFP_END)

SFP_Q10
Q103

How often does this child usually eat meals or snacks from a school food program?

If this child eats more than one type of meal or snack from a school food program, please answer based on the meal or snack they eat most often.

Would you say:

1 Never
2 Less than once a week
3 Once a week
4 A few days a week
5 Every school day

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SFP_C15

If SFP_Q10 = 1, go to SFP_ Q35.
Otherwise, go to SFP_Q15.

SFP _Q15
Q104

What type of meal or snack from the school food program does this child usually eat?

Select all that apply.

Would you say:

1 Breakfast
2 Lunch
3 Snack
4 Other - Specify

SFP_Q20
Q105

How is the cost determined for this school food program?

Select all that apply.

Would you say:

1 It's free for all children
2 Meals or snacks have a set cost that is the same for all children
3 Cost is determined based on the family income
4 Cost is based on a pay-what-you-can model
5 Other - Specify

SFP_Q25
Q106

What are the benefits of this child's participation in the school food program?

Select all that apply.

Would you say:

1 It saves money on food and groceries
2 It saves time and energy on preparing food
3 Child is less hungry while at school
4 Child eats healthy food
5 Child is more motivated to go to school
6 Child is better able to focus in class
7 Child feels included with other children
8 Child learns about healthy food, where food comes from, or reducing food waste
9 Other - Specify
OR
10 There is no benefit

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SFP_C30

If SFP_Q15_1 = 1 and SFP_Q15_2 = 2 and SFP_Q15_3 = 3, go to SFP_Q35. Otherwise, go to SFP_Q30.

SFP_Q30
Q107

Are there other types of <u>regular</u> meals or snacks available to this child <u>for free or at a reduced cost</u> from a school food program that they do not participate in?

Exclude occasional meals such as pizza lunches.

1 Yes
2 No

SFP_Q35
Q108

Why does this child not participate [fully/every day] in the available school food program?

Select all that apply.

Would you say:

1 The program cost is too high
2 Child doesn't like the food that much
3 The program doesn't serve healthy food
4 The program can't accommodate child's allergies or other dietary restrictions
5 The program doesn't serve food appropriate to child's culture or religion
6 The program doesn't provide adequate resources to address child's special needs
7 To prevent child from being singled out
8 School food program meals or snacks should be reserved for families more in need
9 Child does not need it, or does not need it every day
10 Child is not eligible
11 The program is not offered every day
12 Other - Specify

SFP_END

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