



Collected under the authority  
of the Statistics Act, Revised  
Statutes of Canada, 1985,  
Chapter S19.

**INTERNATIONAL RETAIL PRICES  
AND  
COSTS SURVEY**

**INDIVIDUAL REPORT  
Consumer Information**

For information only

Prices Division  
Government Allowance Indexes Section  
Ottawa, Canada  
K1A 0T6



## INTRODUCTION AND INSTRUCTIONS

In support of the Canadian Government's systems of allowance for expatriate civilian and military employees, the Government Allowance Indexes Section of Statistics Canada has been assigned the responsibility for the computation of comparative indexes of retail prices and costs (Post Indexes) encountered by Canadian Government personnel stationed at foreign locations/posts.

The responsibility of employing departments for introducing indexes into compensation systems is described in the Foreign Services Directives (FSD 55), and the Military Foreign Service Instruction, for the Canadian Forces.

The information obtained from this survey will form the basis for establishing or adjusting your Post Living Allowance (PLA) payable under the Foreign Service Directive (FSD 55). **Thus, it is important to you that the information you provide be as accurate as possible.** In the separate price survey questionnaires, retail prices on a wide range of consumer goods and services are collected directly from those retail outlets used by Government employees.

**This questionnaire should be completed by each Canada-based family or individual member of the mission.** Your co-operation in ensuring that the necessary information is supplied as soon as possible will be appreciated.

The various questions have been grouped under eight sections:

Section A: General information relating to yourself, your family and the location at which you are stationed.

Section B: Purchasing Patterns: relative importance of supply sources (local versus imports, etc.).

Section C: Communications & Television Information

Section D: Transportation Information.

Section E: Domestic Help Costs.

Section F: Household Insurance Costs

Section G: Additional Information

The information reported should reflect your own purchasing practices. Please describe the experience of you and your family. **Do not try to give answers representative of the post as a whole.** Actual retail prices for your location are being collected separately through your Survey Co-ordinator.

Once you have completed Sections A-G, the questionnaire should be forwarded to the Survey Co-ordinator at your post who will, in turn, send it to Ottawa along with all other survey material required.

Statistics Canada is prohibited by law from publishing any statistics that would divulge information obtained from this survey that relates to any identifiable business/institution/individual without the previous written consent of that business/institution/individual. The data reported on this questionnaire will be treated in confidence, used for statistical purposes and published in aggregate form only. The confidentiality provisions of the Statistics Act are not affected by either the Access to Information Act or any other Legislation.

Thank you for your co-operation.

### SECTION A : GENERAL INFORMATION

1) Name of Employee (PLEASE PRINT)	4) Public Service classification or military rank
2) Location, post or military establishment	5) Number of years (months) at this location:  year(s) _____ months(s) _____
3) Employing Department	6) Number of people living in your household:  _____ Adults _____ Children _____ Ages of children (including yourself)

## SECTION B : PURCHASING PATTERNS

<b>IMPORTANT REMINDER : Base your estimates on QUANTITY not Cost</b>
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1) This section is used to establish the relative importance of the sources of supply used by you and your family to buy the items listed below for consumption at this post. Please estimate in percentage terms the **quantity** of purchases made from each source.

**N.B.** If you have been at this post **more than one year** you should report your experiences of the **past 12 months only**.

**INSTRUCTIONS**

\* In the case of items not regularly consumed, do not enter any percentages and indicate accordingly under "comments".

\* Where items are regularly consumed, Columns A to I must total 100% horizontally.

\* In columns A & B, report the percentage of the total **quantity** of purchases made at local stores which are accessible to all consumers, regardless of the item's country of origin. In column A, report the percentage of local purchases made using the Currency of this country. In Column B, report the percentage of purchases made with other currencies, e.g., US Dollars. These secondary currencies should be specified.

\* In columns C to E, report percentage of the total **quantity** of purchases made at local outlets which may have restricted access to specific groups. Include diplomatic stores, hard currency stores, embassy and/or military facilities that are located within driving distance of the post.

\* Under "Supply Brought to Post" (column F), show the percentage of the total **quantity** of purchases for goods that were brought to this post from Canada or a previous posting. This column should include goods brought at the time of arrival and/or supplies purchased during trips to Canada.

Exclude goods shipped from Canada for which additional freight, insurance or handling fees are incurred. Exclude purchases made while on trips at other locations. (See below.)

\* In columns G to I, report the percentage of the total **quantity** of purchases for goods that were imported from other locations. Direct Importation refers, for the most part, to Export Houses such as Peter Justesen. Purchases made through the Internet should be included. Goods shipped from Canada that incurred additional costs such as freight, insurance or handling fees should be included in these columns.

**Name(s) of supplier(s) and percentages for each source of supply should be reported separately. The above types of imports should be supported by shipping bills, etc. in order to ensure all additional costs are reflected.**

Also include in these columns purchases at locations other than Canada while on trips and identify the location(s) of such purchases. (Supplier names are not required.)

	LOCAL RETAILERS		SPECIAL OUTLETS (e.g. US Commissary/PX, Embassy Commissaries)			F Supply Brought To Post	DIRECT IMPORTATION			TOTAL	COMMENTS
	A	B	C	D	E		G	H	I		
	Local Currency Purchases	Other Currency Purchases (Specify Currency)	Specify Outlet	Specify Outlet	Specify Outlet		Specify Supplier Name	Specify Supplier Name	Specify Supplier Name		
	%	%	%	%	%	%	%	%			
Beef										= 100%	
Pork										= 100%	
Lamb										= 100%	
Veal										= 100%	
Cured Meat, e.g., Bacon, Sausage, etc.										= 100%	

	LOCAL RETAILERS		SPECIAL OUTLETS (e.g. US Commissary/PX, Embassy Commissaries)			F	DIRECT IMPORTATION			TOTAL	COMMENTS
	A	B	C	D	E		G	H	I		
	Local Currency Purchases	Other Currency Purchases (Specify Currency)	Specify Outlet	Specify Outlet	Specify Outlet		Supply Brought To Post	Specify Supplier Name	Specify Supplier Name		
%	%	%	%	%	%	%	%	%			
Poultry										= 100%	
Fish, Fresh/Frozen										= 100%	
Canned Meat/Fish										= 100%	
Milk, Fresh (incl. UHT)										= 100%	
Other Milk Products, e.g. Evaporated, etc.										= 100%	
Dairy Products, e.g. Yogurt, Ice Cream										= 100%	
Cheese										= 100%	
Eggs										= 100%	
Butter										= 100%	
Margarine										= 100%	
Other Fats & Oils e.g. Salad Oils Shortening, Mayonnaise, etc.										= 100%	
Breakfast Cereals										= 100%	
Cookies & Cake Mixes										= 100%	
Rice										= 100%	
Bread										= 100%	
Pasta Noodles										= 100%	
Flour										= 100%	
Baby Cereals										= 100%	
Sugar										= 100%	
Spreads, e.g. Peanut Butter, Honey, etc.										= 100%	
Relishes & Sauces, incl. Pickle, Worcester, etc.										= 100%	
Coffee/Tea										= 100%	
Soft Drinks										= 100%	

	LOCAL RETAILERS		SPECIAL OUTLETS (e.g. US Commissary/PX, Embassy Commissaries)			F	DIRECT IMPORTATION			TOTAL	COMMENTS
	A	B	C	D	E		G	H	I		
	Local Currency Purchases	Other Currency Purchases (Specify Currency)	Specify Outlet	Specify Outlet	Specify Outlet		Supply Brought To Post	Specify Supplier Name	Specify Supplier Name		
%	%	%	%	%	%	%	%	%			
Nuts										= 100%	
Candy, incl. Chocolate Bar										= 100%	
Potato Chips & Similar Products										= 100%	
Spices										= 100%	
Pet Food										= 100%	
Canned Fruits & Vegetables (incl. Juices)										= 100%	
Frozen Fruits & Vegetables										= 100%	
Frozen Prepared Foods										= 100%	
Fresh Fruit & Vegetables										= 100%	
Personal Care Supplies & Toiletries										= 100%	
Paper Products, Incl. Tissues, Toilet Paper, Hygiene Products										= 100%	
Baby's Diapers (Disposable)										= 100%	
Laundry Detergent										= 100%	
Other Cleaning Supplies, Incl. Floor Wax										= 100%	
Paper Towels										= 100%	
Other Household supplies, e.g. Light Bulbs, Insecticide, Food Wrap & Garbage Bags										= 100%	
Medical & Pharmaceutical Products, (Non prescription)										= 100%	
Books										= 100%	
Magazines										= 100%	
Newspapers										= 100%	

	LOCAL RETAILERS		SPECIAL OUTLETS (e.g. US Commissary/PX, Embassy Commissaries)			F	DIRECT IMPORTATION			TOTAL	COMMENTS
	A	B	C	D	E		G	H	I		
	Local Currency Purchases  %	Other Currency Purchases (Specify Currency)  %	Specify Outlet  %	Specify Outlet  %	Specify Outlet  %		Supply Brought To Post  %	Specify Supplier Name  %	Specify Supplier Name  %		
Sporting Equipment										= 100%	
Photographic Supplies & Equipment										= 100%	
Toys & Games, Incl. Electronic										= 100%	
Home Computer Hardware & Peripherals										= 100%	
Home Computer Supplies Incl. Software										= 100%	
CD's, Video Tapes & DVD's, exclude Rentals										= 100%	
Women's Clothing										= 100%	
Men's Clothing										= 100%	
Children's Clothing										= 100%	
Household Textiles										= 100%	
Small Home Appliances										= 100%	

2) Estimate your relative use (in percentage terms) of the following facilities for services:

N.B.: In the case of services not regularly used, do not enter any percentages but indicate by writing "N/A" across.

Service	Local Retail Facility		Military Facility (specify in Question 3a) %	Other Facility (specify in Question 3b) %	TOTAL
	Local Currency %	Other Currency %			
Admission to Movie Theatres					= 100%
Video/DVD Rentals					= 100%
Cable/Satellite Television Service					= 100%
Admission to Sports Events					= 100%
Admission to Performing Arts					= 100%
Dry Cleaning					= 100%
Barber Shop					= 100%
Beauty Shop					= 100%
Shoe Repairs					= 100%
Home Computer Service/Repairs					= 100%
Auto Service/Repairs (excl. Parts, see 4)					= 100%

3a) For items where use at "Military Facility" has been reported above, please specify the facility below:

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3b) For items where use at "Other Facility" has been reported above, please specify the facility below:

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4) Estimate your relative use (in percentage terms) of the following facilities for goods.

**N.B.:** In the case of goods not regularly consumed, do not enter any percentages but indicate by writing "N/A" across.

Product	Local Retail Facility %		LOCAL Special Arrangements (tax/duty free purchases) Specify in Question 5a %	Military Facility Specify in Question 5b %	Brought to Post (from Canada or previous post) %	Direct Importation (Include Duty Free Houses) Specify in Question 5c %	TOTAL
	Local Currency %	Other Currency %					
Motor Oil							= 100%
Gasoline							= 100%
Other Motoring Supplies, e.g. Tires, Batteries, etc.							= 100%
Liquor & Spirits							= 100%
Wine							= 100%
Beer							= 100%
Cigarettes							= 100%

5a) For items where "Special Arrangement (tax/duty free purchases)" have been reported above, please list the most important supplier for each type of good specified. **Explain briefly the method used to access duty-free purchases and any limitations that may apply, (e.g. gas coupons, official requests) for reimbursement which must be made to the local government, etc.).**

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5b) For items where use of "Military Facility" have been reported above, please list the most important supplier for each type of good specified.

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5c) For items where use of "Direct Importation" (including Duty Free Houses) have been reported above, please list the most important supplier for each type of good specified.

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### SECTION C : COMMUNICATIONS & TELEVISION INFORMATION

#### TELEPHONE (Include both monthly residential and cellular telephone costs but exclude any costs that are reimbursed i.e., business calls, etc. and initial installation charges)

1a) Based on recent experience estimate the amount spent per month on local and long distance phone calls. Specify the currency. <p style="text-align: center;"><i>(Please include copies of a minimum of 4 recent bills)</i></p>	Cost per month	Currency	
1b) Of the total amount you and your family spent on telephone charges during the past 12 months estimate, in percentage terms, the relative importance of "local" versus "long distance" charges.	Local charges %	Long distance %	TOTAL %
			<b>= 100%</b>

#### POSTAL SERVICE

2a) For the amount spent on postal services, please estimate in percentage terms the relative importance of the regular local mail service versus international mail services.	Regular Local Mail System %	International Mail System %	TOTAL %
			<b>= 100%</b>
2b) For the amount spent on International mail services, please estimate in percentage terms the relative importance of the regular mail system of this location versus the diplomatic bag or special services (i.e., for which Canadian postage is used) during the last 12 months.	Regular Mail System %	Diplomatic/ Special %	TOTAL %
			<b>= 100%</b>

#### INTERNET (Residential Use: Exclude any costs that are reimbursed.)

3a) Indicate the type of provider used to obtain this service:	<input type="checkbox"/> Cable Service	<input type="checkbox"/> Telephone Line	<input type="checkbox"/> Other _____
3b) If telephone lines are used, are the costs for line usage reflected in 1a)	<input type="checkbox"/> NO	<input type="checkbox"/> YES	
3c) Based on recent experience estimate the amount spent per month on use of the Internet excluding any telephone line charges. Specify the currency. <p style="text-align: center;"><i>(Please include copies of a minimum of 4 recent bills)</i></p>	Cost per month	Currency	
3d) If service is not provided for a flat rate per month, estimate the number of hours that this service is used in a typical month.	Hours per month	Cost per hour	

#### CABLE OR SATELLITE TELEVISION SERVICES (Exclude any costs that are reimbursed.)

Indicate the type of service that is used in your domicile:	<input type="checkbox"/> Cablevision	<input type="checkbox"/> Satellite	<input type="checkbox"/> Service not used
			<b>Go to Section D</b>
Is this service supplied at no direct cost to you or your family?	<input type="checkbox"/> NO		<input type="checkbox"/> YES
			<b>Go to Section D</b>
4a) Based on recent experience estimate the amount spent per month on Cable or Satellite Television services. <b>Exclude initial installation charges and pay per view costs.</b> <p style="text-align: center;"><i>(Please include copies of recent bills)</i></p>	Cost per month	Currency	



### SECTION C : COMMUNICATIONS & TELEVISION INFORMATION (continued)

4b) Indicate the number of English and French channels that are included in the package received for the costs shown above.	English	French
<b><i>If the language of this country is either English or French, go to 4d.</i></b>	Language of this country	
4c) Indicate the number of channels broadcast in the language of this country that are viewed by members of this household.		
4d) Indicate the number of channels broadcast in languages other than english, french or the language of this country that are viewed by members of this household.	Other languages	
4e) Indicate the number of channels where some of the programming is in the original English or French with other language subtitles. Exclude any included in 4b, 4c & 4d.	English	French
4f) If English or French Pay per View service is available, indicate the cost to view a first run movie. Include all taxes, if applicable.	Pay per View Movie Fee	

### SECTION D : TRANSPORTATION INFORMATION

#### PUBLIC TRANSPORTATION

1) Of the total amount spent by you and your family on local public transportation during a typical one month period, please estimate in percentage terms, the relative importance of the various types of public transportation used at the Post.

Public Transportation not used <input type="checkbox"/>	<b>OR</b>	Taxi %	Municipal bus/street car %	Subway %	Other (e.g. Commuter trains, etc.) _____ (specify) %	TOTAL %
						<b>= 100%</b>

2) Does anyone in this household receive "commuting assistance"?

Yes     No    **Go to 4**

If yes, is commuting assistance received in respect of:

Personal motor vehicle?    **Go to 4**

Public transportation?

3) If commuting assistance is received for use of public transportation estimate the percentage of the monthly amount spent by you and your family for use of public transportation (excluding Commuting Assistance) which is spent on:

Commuting use %	Other uses %

**SECTION D : TRANSPORTATION INFORMATION (continued)**

**PRIVATE TRANSPORTATION**

4) Does anyone in this household have an automobile at this Post?

Yes       No      **Go to Section E**

If yes, is the automobile in question:

Owned?

Rented under FSD30?      **Go to Section E**

Other (specify)? \_\_\_\_\_

5) Please provide the following information for each car:

5a) Vehicle's Make/Model/Year	First Vehicle		Second Vehicle		Third Vehicle	
	MAKE		MAKE		MAKE	
	MODEL		MODEL		MODEL	
	YEAR		YEAR		YEAR	
5b) Specify the annual licensing and registration costs for any of these vehicles) that were paid directly by a family member, i.e., no costs that were reimbursed?	License		License		License	
	Registration		Registration		Registration	

**AUTOMOBILE INSURANCE**

6) complete if applicable Insurance Coverage and Annual Premiums paid for:	First Vehicle		Second Vehicle		Third Vehicle	
	State Currency		State Currency		State Currency	
- Third Party Liability	Annual Premiums		Annual Premiums		Annual Premiums	
	Coverage		Coverage		Coverage	
- Collision	Annual Premiums		Annual Premiums		Annual Premiums	
	Deductible		Deductible		Deductible	
	Coverage		Coverage		Coverage	

**SECTION D : TRANSPORTATION INFORMATION (continued)**

- Other Physical Damage	Annual Premiums		Annual Premiums		Annual Premiums	
	Coverage		Coverage		Coverage	
	Specify type(s) of other physical damage insured against:		Specify type(s) of other physical damage insured against:		Specify type(s) of other physical damage insured against:	
<b>TOTAL ANNUAL PREMIUMS</b>						

Describe any discounts incorporated in annual premiums shown above:

i) In terms of "Accident-free driving record": N/A  or

No. of years without claim	Discount (% or actual amount)

ii) Any other type of discount (please explain):

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**Note:** Please include a photocopy of your Vehicle Insurance policy.

**SECTION E : DOMESTIC HELP COSTS**

If you employ domestic help, complete the following.

**Instructions:**

- Information should be provided in respect to part-time and other casual employees, as well as for any full-time domestics.
- Include "evening baby-sitters".
- Include cost for miscellaneous services, e.g., grocery baggers, apartment/parking security, etc.
- The scale of pay and costs should be provided in the **currency used to purchase these services. Specify, where applicable.**
- Clearly indicate for each type of domestic help reported, the amount of "representational/hospitality allowance" or other type of allowance(s) received as full or partial reimbursement for domestic expenditures personally incurred (Question 8).
- If more than 6 servants are employed, a separate sheet providing a break-down of the information requested below should be attached.
- Do not include gratuities for Hair Services and Restaurant Meals.

	Domestic #1	Domestic #2	Domestic #3	Domestic #4	Domestic #5	Domestic #6
<b>1) Type of Service</b>						
<b>2) Living IN or OUT?</b>						
<b>3) Cash Wage</b> Please report hourly rate or weekly rate in the currency used to pay these workers.	Specify Currency _____ _____/hour or _____/week or _____/_____ (specify period)	Specify Currency _____ _____/hour or _____/week or _____/_____ (specify period)	Specify Currency _____ _____/hour or _____/week or _____/_____ (specify period)	Specify Currency _____ _____/hour or _____/week or _____/_____ (specify period)	Specify Currency _____ _____/hour or _____/week or _____/_____ (specify period)	Specify Currency _____ _____/hour or _____/week or _____/_____ (specify period)
<b>4) Frequency of service or hours worked</b>	Specify Hours Worked	Specify Hours worked	Specify Hours Worked	Specify Hours Worked	Specify Hours worked	Specify Hours worked
a) works every week hours per week						
Or						
b) works every 2 weeks hours per week						
Or						
c) works once a month hours per month						
Or						
d) Other _____ hours per period (specify)						
<b>5) ANNUAL WAGE OUTLAY</b> (specify currency)						

**SECTION F : DOMESTIC HELP COSTS** (continued)

	Domestic #1	Domestic #2	Domestic #3	Domestic #4	Domestic #5	Domestic #6
<b>6) Other typical annual expenses</b> (specify currency)						
a) Social Security Tax						
b) Food Cost						
c) Transportation Cost						
d) Medical Expenses						
e) Clothing Expenses (e.g. uniforms, etc.)						
f) Other Expenses						
<b>7) Total annual cost</b> in local currency (Q5 + Q6)						
<b>8) Annual reimbursement</b> received as "representational or hospitality allowance" or other benefits (e.g., paid by Embassy, etc.)						
<b>9) Net annual expenditure</b> personally incurred (Q7 – Q8)						
<b>10) If expenses have been reported in Question 6 (i.e., "Other Typical Annual Expenses"), please provide explanations (i.e., by custom or legal requirement, etc.)</b>						
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**SECTION F : HOUSEHOLD INSURANCE FOR TENANTS**

1) Is your personal property in your residence covered by household insurance?	<input type="checkbox"/> YES	<input type="checkbox"/> NO <b>Go to Section G</b>
2) Is this service supplied at no direct cost to you or your family?	<input type="checkbox"/> NO	<input type="checkbox"/> YES <b>Go to Section G</b>
3) Indicate whether coverage is for a single family unit or a multi-unit dwelling	<input type="checkbox"/> single family <input type="checkbox"/> multi-unit	
4) Indicate the approximate amount of insurance coverage you carry for your personal property including coverage for fire and theft, emergency living expenses and property temporarily removed from the tenancy. Coverage should not include damages resulting from major catastrophes such as earthquakes, tornadoes, etc., unless these are included at no extra charge.	<input type="checkbox"/> \$50,000 CDN <input type="checkbox"/> \$75,000 CDN <input type="checkbox"/> \$100,000 CDN <input type="checkbox"/> Other (specify) _____	
5) a) Indicate the annual premium for the coverage described above. b) Indicate the deductible amount for this policy.	<hr/> <hr/>	
<b>Note: Please include a photocopy of your Household Insurance policy.</b>		
6) Do you have supplementary insurance to cover major catastrophes such as earthquakes, tornadoes, etc.?	<input type="checkbox"/> YES	<input type="checkbox"/> NO <b>Go to Section G</b>
7) Indicate the annual premium for the supplementary coverage.	<hr/>	
<b>Note: A photocopy of your Household Insurance policy showing this coverage is required.</b>		

**SECTION G : ADDITIONAL INFORMATION**

1) Describe any unusual local cost of living problems faced by you and your family.

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**CERTIFICATION**

I certify that, to the best of my knowledge, the information provided in this document is true and accurate.

Signature	Date
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