



**Food Expenditure Survey  
in 2001  
Questionnaire**

FE2

Confidential when completed

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

Français au verso

001

Stratum				Type	Cluster				Rot.	List			

002      003      004

M	Month	N.I.



Record of drop-off and pick-ups				
Visit	Day	Month	Began	Ended
Drop-off diaries	005	006	007	008
Pick up first diary	009	010	011	012
Pick up second diary	013	014	015	016

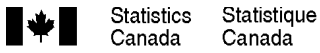
OC

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Record of Visits			
Visit Number	Date	Time	Comments

Interviewer's Name <i>(Please print)</i>	Interviewer No.
	040

8-5400-14: 2000-07-14      STC/ISD-045-60119



**Detach and destroy after processing**

Listing Address <hr/> <hr/> <hr/>	Household Contact: <hr/> Telephone No. <table border="1"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table> (Area code)						

## A. Household composition

<p>1. What are the <b>first names</b> of all members of your household?  <i>List the household reference person first (see definition). Ask all questions in Section A for each member of the household that you have listed.</i></p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p><b>Household Reference Person:</b> The member of the household mainly responsible for its financial maintenance (i.e., pays the rent, mortgage, property taxes or electricity, etc.). This person can be either male or female. In cases where members share equal financial responsibility, choose one to be the household reference person.</p> </div>	<p>001</p> <p><b>Person</b> <span style="border: 1px solid black; padding: 2px;">0</span> <span style="border: 1px solid black; padding: 2px;">1</span></p> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> <p>First Name</p> </div>	<p>011</p> <p><b>Person</b> <span style="border: 1px solid black; padding: 2px;"> </span> <span style="border: 1px solid black; padding: 2px;"> </span></p> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> <p>First Name</p> </div>
<p>2. What is _____'s <b>relationship</b> to the household reference person?</p>	<p>002</p> <p>1 <input checked="" type="radio"/> Reference Person</p>	<p>012</p> <p>2 <input type="radio"/> Spouse</p> <p>3 <input type="radio"/> Son/Daughter</p> <p>4 <input type="radio"/> Other relative</p> <p>5 <input type="radio"/> Not related</p>
<p>3. In what month and year was _____ born?  <i>(If born in 1900 or earlier, enter 1900.)</i></p>	<p>003</p> <p>M M Y Y Y Y</p> <div style="display: flex; gap: 5px;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>	<p>013</p> <p>M M Y Y Y Y</p> <div style="display: flex; gap: 5px;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>
<p>4. Is _____ male or female?</p>	<p>004</p> <p>1 <input type="radio"/> Male</p> <p>2 <input type="radio"/> Female</p>	<p>014</p> <p>1 <input type="radio"/> Male</p> <p>2 <input type="radio"/> Female</p>
<p>5. What is _____'s <b>marital status</b>?   <i>Mark one circle.</i></p>	<p>005</p> <p>1 <input type="radio"/> Married spouse of a household member</p> <p>2 <input type="radio"/> Common-law spouse of a household member</p> <p>3 <input type="radio"/> Never married (single)</p> <p>4 <input type="radio"/> Other (separated, divorced or widowed)</p>	<p>015</p> <p>1 <input type="radio"/> Married spouse of a household member</p> <p>2 <input type="radio"/> Common-law spouse of a household member</p> <p>3 <input type="radio"/> Never married (single)</p> <p>4 <input type="radio"/> Other (separated, divorced or widowed)</p>
<p>6. <b>Economic Family Code</b></p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p><b>Economic Family:</b> Two or more persons who live in the same dwelling and are related to each other by blood, marriage, adoption or common-law. Unrelated roommates would have different codes.</p> </div>	<p>006</p> <p><i>Enter Code</i></p> <div style="border: 1px solid black; padding: 5px; width: 40px; margin: 5px auto;"> <p>A</p> </div>	<p>016</p> <p><i>Enter Code</i></p> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 5px auto;"></div>

### Check household membership

After listing members of the household ask:

- Does anyone else live at this address?
- Are there any persons away who could be considered as living at this address?

# A. Household composition

<p>021</p> <p>Person <input type="text"/> <input type="text"/></p> <p>First Name <input type="text"/></p>	<p>031</p> <p>Person <input type="text"/> <input type="text"/></p> <p>First Name <input type="text"/></p>	<p>041</p> <p>Person <input type="text"/> <input type="text"/></p> <p>First Name <input type="text"/></p>	<p>051</p> <p>Person <input type="text"/> <input type="text"/></p> <p>First Name <input type="text"/></p>
<p>022</p> <p><sup>2</sup> <input type="radio"/> Spouse</p> <p><sup>3</sup> <input type="radio"/> Son/Daughter</p> <p><sup>4</sup> <input type="radio"/> Other relative</p> <p><sup>5</sup> <input type="radio"/> Not related</p>	<p>032</p> <p><sup>2</sup> <input type="radio"/> Spouse</p> <p><sup>3</sup> <input type="radio"/> Son/Daughter</p> <p><sup>4</sup> <input type="radio"/> Other relative</p> <p><sup>5</sup> <input type="radio"/> Not related</p>	<p>042</p> <p><sup>2</sup> <input type="radio"/> Spouse</p> <p><sup>3</sup> <input type="radio"/> Son/Daughter</p> <p><sup>4</sup> <input type="radio"/> Other relative</p> <p><sup>5</sup> <input type="radio"/> Not related</p>	<p>052</p> <p><sup>2</sup> <input type="radio"/> Spouse</p> <p><sup>3</sup> <input type="radio"/> Son/Daughter</p> <p><sup>4</sup> <input type="radio"/> Other relative</p> <p><sup>5</sup> <input type="radio"/> Not related</p>
<p>023</p> <p>M M Y Y Y Y</p> <p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	<p>033</p> <p>M M Y Y Y Y</p> <p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	<p>043</p> <p>M M Y Y Y Y</p> <p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	<p>053</p> <p>M M Y Y Y Y</p> <p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>
<p>024</p> <p><sup>1</sup> <input type="radio"/> Male</p> <p><sup>2</sup> <input type="radio"/> Female</p>	<p>034</p> <p><sup>1</sup> <input type="radio"/> Male</p> <p><sup>2</sup> <input type="radio"/> Female</p>	<p>044</p> <p><sup>1</sup> <input type="radio"/> Male</p> <p><sup>2</sup> <input type="radio"/> Female</p>	<p>054</p> <p><sup>1</sup> <input type="radio"/> Male</p> <p><sup>2</sup> <input type="radio"/> Female</p>
<p>025</p> <p><sup>1</sup> <input type="radio"/> Married spouse of a household member</p> <p><sup>2</sup> <input type="radio"/> Common-law spouse of a household member</p> <p><sup>3</sup> <input type="radio"/> Never married (single)</p> <p><sup>4</sup> <input type="radio"/> Other (separated, divorced or widowed)</p>	<p>035</p> <p><sup>1</sup> <input type="radio"/> Married spouse of a household member</p> <p><sup>2</sup> <input type="radio"/> Common-law spouse of a household member</p> <p><sup>3</sup> <input type="radio"/> Never married (single)</p> <p><sup>4</sup> <input type="radio"/> Other (separated, divorced or widowed)</p>	<p>045</p> <p><sup>1</sup> <input type="radio"/> Married spouse of a household member</p> <p><sup>2</sup> <input type="radio"/> Common-law spouse of a household member</p> <p><sup>3</sup> <input type="radio"/> Never married (single)</p> <p><sup>4</sup> <input type="radio"/> Other (separated, divorced or widowed)</p>	<p>055</p> <p><sup>1</sup> <input type="radio"/> Married spouse of a household member</p> <p><sup>2</sup> <input type="radio"/> Common-law spouse of a household member</p> <p><sup>3</sup> <input type="radio"/> Never married (single)</p> <p><sup>4</sup> <input type="radio"/> Other (separated, divorced or widowed)</p>
<p>026</p> <p>Enter Code</p> <p><input type="text"/></p>	<p>036</p> <p>Enter Code</p> <p><input type="text"/></p>	<p>046</p> <p>Enter Code</p> <p><input type="text"/></p>	<p>056</p> <p>Enter Code</p> <p><input type="text"/></p>

## Notes and Comments

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## B. Spending habits

Excluding purchases made while away from home overnight or longer, in the last four weeks . . .	Total Cost
<p>1. How much do you estimate this household spent on food and other groceries purchased from stores (including farmer stalls and home delivery)?</p> <ul style="list-style-type: none"> <li>• <b>Exclude</b> bulk purchases of food. (See Q.3)</li> </ul>	<p>001</p> <p>\$ <input type="text"/></p>
<p>2. How much of this amount was for <b>non-food items</b> such as paper products, household supplies, pet food, alcoholic beverages, etc.?</p>	<p>002</p> <p>\$ <input type="text"/></p>
<p>3. What amount was spent for bulk purchases of food, e.g. meat IN EXCESS of 25 kg. (55 lbs.); bulk quantities of fruit or vegetables for canning, freezing, etc.?</p> <ul style="list-style-type: none"> <li>• <b>Include</b> charges for cutting, wrapping and freezing.</li> </ul>	<p>003</p> <p>\$ <input type="text"/></p>
<p>4. Did this household buy any prepared food or non-alcoholic beverages from stores for parties, weddings and other occasions not reported in Q. 1 or Q. 3 above?</p> <ul style="list-style-type: none"> <li>• <b>Exclude</b> restaurants and caterers.</li> </ul>	<p>004</p> <p>1 <input type="radio"/> Yes → <b>Continue</b></p> <p>2 <input type="radio"/> No → <b>Go to Q. 5</b></p>
<p>4.1. What amount was spent?</p>	<p>005</p> <p>\$ <input type="text"/></p>

<p>5. Looking at the scale, what is your best estimate of the <b>total</b> income from all sources, <b>before</b> deductions, of <b>all</b> household members during the past <b>12 months</b>?</p>	<p>006</p> <p>5 <input type="radio"/> Less than \$5,000</p> <p>6 <input type="radio"/> \$5,000 - \$9,999</p> <p>7 <input type="radio"/> \$10,000 - \$14,999</p> <p>8 <input type="radio"/> \$15,000 - \$19,999</p> <p>9 <input type="radio"/> \$20,000 - \$29,999</p> <p>10 <input type="radio"/> \$30,000 - \$39,999</p> <p>11 <input type="radio"/> \$40,000 - \$49,999</p> <p>12 <input type="radio"/> \$50,000 - \$59,999</p> <p>13 <input type="radio"/> \$60,000 - \$69,999</p> <p>14 <input type="radio"/> \$70,000 - \$79,999</p> <p>15 <input type="radio"/> \$80,000 - \$99,999</p> <p>16 <input type="radio"/> \$100,000 or more</p> <p>17 <input type="radio"/> Don't know</p> <p>18 <input type="radio"/> Refused</p>
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### Notes and Comments

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## C. Food and beverages while away from home overnight or longer during the previous month

1. Were any household members away from home overnight or longer during the month of \_\_\_\_\_ ? 001 1  Yes → **Continue**  
2  No → **End**  
*(Interviewer: Indicate previous month)*

2. For each absence from home overnight or longer during the previous month indicate the number of persons away and the number of nights per person.

	Absence No. 1	Absence No. 2	Absence No. 3	Absence No. 4	Absence No. 5
Number of persons away	002 <input style="width: 30px; height: 20px;" type="text"/>	004 <input style="width: 30px; height: 20px;" type="text"/>	006 <input style="width: 30px; height: 20px;" type="text"/>	008 <input style="width: 30px; height: 20px;" type="text"/>	010 <input style="width: 30px; height: 20px;" type="text"/>
Nights away	003 <input style="width: 30px; height: 20px;" type="text"/>	005 <input style="width: 30px; height: 20px;" type="text"/>	007 <input style="width: 30px; height: 20px;" type="text"/>	009 <input style="width: 30px; height: 20px;" type="text"/>	011 <input style="width: 30px; height: 20px;" type="text"/>

3. While away, how much board, if any, was paid to a private household by members of this household? 020 \$

4. For all these absences, I need some information about the food and non-alcoholic beverages PURCHASED FROM RESTAURANTS.

- **Include** tips and taxes as well as purchases made for guests.
- **Exclude** expenses which were reimbursed or part of a package.

		Table service restaurants	Fast food restaurants	Cafeterias	Other
Breakfasts	Number of meals	021 <input style="width: 30px; height: 20px;" type="text"/>	023 <input style="width: 30px; height: 20px;" type="text"/>	025 <input style="width: 30px; height: 20px;" type="text"/>	027 <input style="width: 30px; height: 20px;" type="text"/>
	Expenditures	022 \$ <input style="width: 60px; height: 20px;" type="text"/>	024 \$ <input style="width: 60px; height: 20px;" type="text"/>	026 \$ <input style="width: 60px; height: 20px;" type="text"/>	028 \$ <input style="width: 60px; height: 20px;" type="text"/>
Lunches	Number of meals	029 <input style="width: 30px; height: 20px;" type="text"/>	031 <input style="width: 30px; height: 20px;" type="text"/>	033 <input style="width: 30px; height: 20px;" type="text"/>	035 <input style="width: 30px; height: 20px;" type="text"/>
	Expenditures	030 \$ <input style="width: 60px; height: 20px;" type="text"/>	032 \$ <input style="width: 60px; height: 20px;" type="text"/>	034 \$ <input style="width: 60px; height: 20px;" type="text"/>	036 \$ <input style="width: 60px; height: 20px;" type="text"/>
Dinners	Number of meals	037 <input style="width: 30px; height: 20px;" type="text"/>	039 <input style="width: 30px; height: 20px;" type="text"/>	041 <input style="width: 30px; height: 20px;" type="text"/>	043 <input style="width: 30px; height: 20px;" type="text"/>
	Expenditures	038 \$ <input style="width: 60px; height: 20px;" type="text"/>	040 \$ <input style="width: 60px; height: 20px;" type="text"/>	042 \$ <input style="width: 60px; height: 20px;" type="text"/>	044 \$ <input style="width: 60px; height: 20px;" type="text"/>
Between-meal food, snacks, non-alcoholic beverages	Expenditures	045 \$ <input style="width: 60px; height: 20px;" type="text"/>	046 \$ <input style="width: 60px; height: 20px;" type="text"/>	047 \$ <input style="width: 60px; height: 20px;" type="text"/>	048 \$ <input style="width: 60px; height: 20px;" type="text"/>

Note: "Other" restaurants include refreshment stands, snack bars, vending machines, mobile canteens, chip wagons, caterers, coffee wagons, etc.

5. How much did this household spend on food and non-alcoholic beverages PURCHASED FROM STORES while away from home overnight or longer during the previous month? For example, snack food purchased from gasoline stations, food purchased from grocery stores, etc. 050 \$

6. How many meals were received free, reimbursed, or part of a package trip (e.g., business, dinner at friends)? 051

## D. Diary follow-up report

Interviewer: Please complete after each diary pick-up.	Week 1	Week 2
<p>1. a) During or after the follow-up, did you or the respondent enter any items in the FOOD FROM STORES section of the diary?</p>	<p>001</p> <p>1 <input type="radio"/> Yes, <b>all</b> of the items → <b>Go to Q. 2</b></p> <p>2 <input type="radio"/> Yes, <b>some</b> items Please estimate the value of these items. \$ <input type="text" value="002"/> → <b>Go to Q. 2</b></p> <p>3 <input type="radio"/> No → <b>Continue</b></p>	<p>009</p> <p>1 <input type="radio"/> Yes, <b>all</b> of the items → <b>Go to Q. 2</b></p> <p>2 <input type="radio"/> Yes, <b>some</b> items Please estimate the value of these items. \$ <input type="text" value="010"/> → <b>Go to Q. 2</b></p> <p>3 <input type="radio"/> No → <b>Continue</b></p>
<p>b) If nothing was entered, what was the reason?</p>	<p>003</p> <p>1 <input type="radio"/> The respondent had already recorded all purchases</p> <p>2 <input type="radio"/> The respondent did not make any purchases from stores</p> <p>3 <input type="radio"/> Other Please comment in Q.5</p>	<p>011</p> <p>1 <input type="radio"/> The respondent had already recorded all purchases</p> <p>2 <input type="radio"/> The respondent did not make any purchases from stores</p> <p>3 <input type="radio"/> Other Please comment in Q.5</p>
<p>2. a) During or after the follow-up, did you or the respondent enter any items in the FOOD FROM RESTAURANTS section of the diary?</p>	<p>004</p> <p>1 <input type="radio"/> Yes, <b>all</b> of the items → <b>Go to Q. 3</b></p> <p>2 <input type="radio"/> Yes, <b>some</b> items Please estimate the value of these items. \$ <input type="text" value="005"/> → <b>Go to Q. 3</b></p> <p>3 <input type="radio"/> No → <b>Continue</b></p>	<p>012</p> <p>1 <input type="radio"/> Yes, <b>all</b> of the items → <b>Go to Q. 3</b></p> <p>2 <input type="radio"/> Yes, <b>some</b> items Please estimate the value of these items. \$ <input type="text" value="013"/> → <b>Go to Q. 3</b></p> <p>3 <input type="radio"/> No → <b>Continue</b></p>
<p>b) If nothing was entered, what was the reason?</p>	<p>006</p> <p>1 <input type="radio"/> The respondent had already recorded all purchases</p> <p>2 <input type="radio"/> The respondent did not make any purchases from restaurants</p> <p>3 <input type="radio"/> Other Please comment in Q.5</p>	<p>014</p> <p>1 <input type="radio"/> The respondent had already recorded all purchases</p> <p>2 <input type="radio"/> The respondent did not make any purchases from restaurants</p> <p>3 <input type="radio"/> Other Please comment in Q.5</p>
<p>3. What is the final completion status of the FOOD FROM STORES section of the diary?</p>	<p>007</p> <p>1 <input type="radio"/> Complete</p> <p>2 <input type="radio"/> Incomplete</p>	<p>015</p> <p>1 <input type="radio"/> Complete</p> <p>2 <input type="radio"/> Incomplete</p>
<p>4. What is the final completion status of the FOOD FROM RESTAURANTS section of the diary?</p>	<p>008</p> <p>3 <input type="radio"/> Complete</p> <p>4 <input type="radio"/> Incomplete</p>	<p>016</p> <p>3 <input type="radio"/> Complete</p> <p>4 <input type="radio"/> Incomplete</p>

5. Please comment on any sections that were incomplete, or any problems that were encountered in completing the diaries.

**Week 1**

020

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**Week 2**

021

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**Notes and comments**

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