

FOR OFFICE USE ONLY

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Collection Period								
MM	YYYY							

HO	Misc	Misc
Receipt	1	2

Place label here



Your diary of daily expenses

An interviewer will call you on: _______Your completed diary will be picked up on:

۸+.

Thank you! We greatly appreciate your participation.

Collected under the authority of the *Statistics Act*. Revised Statutes of Canada, 1985, Chapter s19. CONFIDENTIAL WHEN COMPLETED

***** S

Statistics Stat Canada Can Canadä

21386 Stats Canada – Revised Diary COVER EXT, ENG – Folded: 8.5" x 11" CMYK

• Write the date and "No purchases" in the next blank space (See example on page 1)

and services section

• Go to the Food from stores and other goods

· Co γο γρο [cod ξίσια τροποί στι στροπ σουσ

If you did NOT make purchases

• Put all your receipts into this pocket

Write detailed descriptions of the item(s) directly onto your receipts

If you made purchases today...

21386 Stats Canada – Revised Diary COVER INT, ENG

		_				
Diary Sta	art Date		D	iary Er	nd Dat	e
DD	MM		D	D	М	M

Food from stores and other goods and services

44	Dat	e of purch	nase	Description of item			С	ost			
Item #		dd/mm		Write one item per line. See page 6 in the Diary Guide for help with this section.	Do	not i	nclude	e tax	es an	ıd tip	os.
Iţ		Example: 21/06		Reminder: Please enter snacks, beverages and meals purchased from restaurants or fast-food outlets in the section that begins on page 15.					\$		¢
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44	Date of purchase	Description of item			Cos	t		
Item #	dd/mm Example: 21/06	Write one item per line. See page 6 in the Diary Guide for help with this section. Reminder: Please enter snacks, beverages and meals purchased from restaurants or fast-food outlets in the section that begins on page 15.	Do	not ind	clude t	axes a	ınd ti	ps.
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Item #	dd/mm Example:	Write one item per line. See page 6 in the Diary Guide for help with this section.						
		Reminder: Please enter snacks, beverages and meals purchased from	Do	not i	t include taxes a			
	21/06	Reminder: Please enter snacks, beverages and meals purchased from restaurants or fast-food outlets in the section that begins on page 15.					\$	¢
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44	Date of purchase	Description of item			Cost	;		
Item #	dd/mm Example: 21/06	Write one item per line. See page 6 in the Diary Guide for help with this section. Reminder: Please enter snacks, beverages and meals purchased from restaurants or fast-food outlets in the section that begins on page 15.	Do j	not inc	lude ta	xes a	nd tip	os.
92	/	restaurants of fast food statets in the section that segme on page 10.			П	Ψ		Ψ
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-44	Date of purchase	Description of item			(Cost		
Item #	dd/mm Example: 21/06	Write one item per line. See page 6 in the Diary Guide for help with this section. Reminder: Please enter snacks, beverages and meals purchased from restaurants or fast-food outlets in the section that begins on page 15.	Do	not i	nclud	le tax	xes and t	tips.
123	/				T	T		T
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44	Date of purchase	Description of item		C	Cost		
Item #	dd/mm	Write one item per line. See page 6 in the Diary Guide for help with this section.	Do <u>not</u>	includ	le taxe	s and t	ins
Ite	Example: 21/06	Reminder: Please enter snacks, beverages and meals purchased from restaurants or fast-food outlets in the section that begins on page 15.	20 <u>1100</u>		9		¢
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4.	Date of purchase	Description of item				Cost		
Item #	dd/mm Example: 21/06	Write one item per line. See page 6 in the Diary Guide for help with this section. Reminder: Please enter snacks, beverages and meals purchased from restaurants or fast-food outlets in the section that begins on page 15.	Do	not i	inclu	de tax	xes and	tips.
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#	Date of purchase	Description of item			Cost			
Item #	dd/mm	Write one item per line. See page 6 in the Diary Guide for help with this section.	Do r	not incl	ude ta:	xes a	nd tip	ıs.
Ite	Example: 21/06	Reminder: Please enter snacks, beverages and meals purchased from restaurants or fast-food outlets in the section that begins on page 15.				\$	r	¢
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41	Date of purchase	Description of item				Cost		
Item #	dd/mm Example: 21/06	Write one item per line. See page 6 in the Diary Guide for help with this section. Reminder: Please enter snacks, beverages and meals purchased from restaurants or fast-food outlets in the section that begins on page 15.	Do	not	inclu	de ta	xes and	tips.
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44	Date of purchase	Description of item			Co	st		
Item #	dd/mm Example: 21/06	Write one item per line. See page 6 in the Diary Guide for help with this section. Reminder: Please enter snacks, beverages and meals purchased from restaurants or fast-food outlets in the section that begins on page 15.	Do	not in	clude	taxes a	and ti	ps.
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-	Date of purchase	Description of item			(Cost		
Item #	dd/mm Example: 21/06	Write one item per line. See page 6 in the Diary Guide for help with this section. Reminder: Please enter snacks, beverages and meals purchased from restaurants or fast-food outlets in the section that begins on page 15.	Do	<u>not</u> i	includ		es and	tips.
200	21/00	restaurants or last-100d outlets in the section that begins on page 15.		_		<u>`</u>	\$	Ψ
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-11	Date of purchase	Description of item			Co	st		
Item #	dd/mm Example: 21/06	Write one item per line. See page 6 in the Diary Guide for help with this section. Reminder: Please enter snacks, beverages and meals purchased from restaurants or fast-food outlets in the section that begins on page 15.	Do	not in	clude '	taxes a	and ti	ps.
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-11	Date of purchase	Description of item				Cost			
Item #	dd/mm Example: 21/06	Write one item per line. See page 6 in the Diary Guide for help with this section. Reminder: Please enter snacks, beverages and meals purchased from restaurants or fast-food outlets in the section that begins on page 15.	De	o <u>not</u>	inclu	ıde ta		ıd tip	
071	/	restaurants or last-1000 outlets in the section that begins on page 15.	_	_		_	\$	_	¢
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44	Date of purchase	Description of item			Co	st		
Item #	dd/mm Example: 21/06	Write one item per line. See page 6 in the Diary Guide for help with this section. Reminder: Please enter snacks, beverages and meals purchased from restaurants or fast-food outlets in the section that begins on page 15.	Do	not in	clude	taxes a	and ti	ps.
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432	/				T			

	Date of purchase	Restaurant code	Cl	neck meal	(√) t l typ	he e	Number of meals purchased		Т	otal o	cos	t				olic ages	
Item #	dd/mm Example: 21/06	Codes: A = Table Service B = Fast Food C = Cafeteria D = Other See page 9 in the Diary Guide for full descriptions.	Breakfast	Lunch	Dinner	Snack or Beverage	Include meals bought for people who do not live with you.	S		nclude es and			I we	f alcol ere inc pleas esti	holic clude se pro imate	bever d in th ovide ed cos	rages ne bill, an t.
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	Date of purchase	Restaurant code	Cl	neck meal	(√) t l type	he e	Number of meals purchased	Total cost	Alcoholic beverages
Item #	dd/mm Example: 21/06	Codes: A = Table Service B = Fast Food C = Cafeteria D = Other See page 9 in the Diary Guide for full descriptions.	Breakfast	Lunch	Dinner	Snack or Beverage	Include meals bought for people who do not live with you.	Include all taxes and tips.	If alcoholic beverages were included in the bill, please provide an estimated cost.
19	/								
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37	/			•					
38	/								

	Date of purchase	Restaurant code	Cl	neck mea	(√) t l typ	he e	Number of meals purchased	Total cost	Alcoholic beverages
Item #	dd/mm Example: 21/06	Codes: A = Table Service B = Fast Food C = Cafeteria D = Other See page 9 in the Diary Guide for full descriptions.	Breakfast	Lunch	Dinner	Snack or Beverage	Include meals bought for people who do not live with you.	Include all taxes and tips.	If alcoholic beverages were included in the bill, please provide an estimated cost.
39	/								
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58	/								

	Date of purchase	Restaurant code	Cl	neck meal	(√) t l typ	he e	Number of meals purchased	Total cost	Alcoholic beverages
Item #	dd/mm Example: 21/06	Codes: A = Table Service B = Fast Food C = Cafeteria D = Other See page 9 in the Diary Guide for full descriptions.	Breakfast	Lunch	Dinner	Snack or Beverage	Include meals bought for people who do not live with you.	Include all taxes and tips.	If alcoholic beverages were included in the bill, please provide an estimated cost.
59	/								
60	/								
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77	/		•	•					
78 18	/								

	Date of purchase	Restaurant code	Cl	neck meal	(√) t l typ	he e	Number of meals purchased	Total cost	Alcoholic beverages
Item #	dd/mm Example: 21/06	Codes: A = Table Service B = Fast Food C = Cafeteria D = Other See page 9 in the Diary Guide for full descriptions.	Breakfast	Lunch	Dinner	Snack or Beverage	Include meals bought for people who do not live with you.	Include all taxes and tips.	If alcoholic beverages were included in the bill, please provide an estimated cost. \$ C
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Please do not write on this page. Your interviewer will ask you the questions on this page when he/she returns to pick up this Diary of Daily Expenses.

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X	
id you or any member of your household forget to record arges the xamples include gasoline and other related vehicle experses, lottery	following or any other expenses in the diary?
	y tickets, cigarettes, newspapers, and babysitting.
1. Yes – go to #4 2. No – go to #5.	
	cription used by the respondent.
lease list the items that have been missed. Interviewer Enter the desc	cription used by the respondent.
Description	
Description	
Description 1.	
Description 1. 2. 3.	
Description 1. 2. 3.	
Description 1. 2. 3. 4.	Cost
Description 1. 2. 3. 4. 5. 6. 6.	Cost
Description 1. 2. 3. 4. 5. 6. 7.	Cost
Description 1. 2. 3. 4. 5. 6. 7. 8. 6. 7. 8. 6. 6. 7. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6.	Cost
Description 1. 2. 3. 4. 5. 6. 7. 3. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6.	Cost
Description 1. 2. 3. 4. 5. 6. 7. 3. 9. 10.	Cost
ease list the items that have been missed. Interviewer, inter the description 1. 2. 3. 4. 5. 5. 6. 7. 9. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6.	Cost
Description 1. 2. 3.	Cost

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Please do not write on this page. Your interviewer will ask you the questions on this page when he/she returns to pick up this Diary of Daily Expenses.

5. During the 14 days when you were recording your purchases in the diary, were any members of your household away from

○ 2. No – Thank you for participating in this survey.

home for overnight or longer?

○ 1. Yes – go to #6

Description		Cost			
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Comments

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Comments	
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