



FOR OFFICE USE ONLY

Stratum				Type	Cluster	Rot.	List	M	OC

Collection Period			
MM	YYYY		

HO Receipt	Misc 1	Misc 2

Place label here



Survey of Household Spending

Your diary of daily expenses

An interviewer will call you on: _____

Your completed diary will be picked up on: _____

At: _____

Thank you! We greatly appreciate your participation.

Collected under the authority of the Statistics Act.
Revised Statutes of Canada, 1985, Chapter 519.

CONFIDENTIAL WHEN COMPLETED



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If you made purchases today...

- Write detailed descriptions of the item(s) directly onto your receipts
- Put all your receipts into this pocket

If you did NOT make purchases today...

- Go to the Food from stores and other goods and services section
- Write the date and "No purchases" in the next blank space (See example on page 1)

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Diary Start Date			
DD		MM	

Diary End Date			
DD		MM	

Food from stores and other goods and services

Item #	Date of purchase				Description of item	Cost				
	dd/mm Example: 21/06					Do <u>not</u> include taxes and tips.				
					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.				\$	¢
	2	1	/	06	NO PURCHASES					
	2	2	/	06	GAS		3	6	0	0
1			/							
2			/							
3			/							
4			/							
5			/							
6			/							
7			/							
8			/							
9			/							
10			/							
11			/							
12			/							
13			/							
14			/							
15			/							
16			/							
17			/							
18			/							
19			/							
20			/							
21			/							
22			/							
23			/							
24			/							
25			/							
26			/							
27			/							
28			/							
29			/							

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Food from stores and other goods and services *(continued)*

Item #	Date of purchase	Description of item	Cost	
	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> include taxes and tips.	
			\$	¢
30	/			
31	/			
32	/			
33	/			
34	/			
35	/			
36	/			
37	/			
38	/			
39	/			
40	/			
41	/			
42	/			
43	/			
44	/			
45	/			
46	/			
47	/			
48	/			
49	/			
50	/			
51	/			
52	/			
53	/			
54	/			
55	/			
56	/			
57	/			
58	/			
59	/			
60	/			

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Food from stores and other goods and services *(continued)*

Item #	Date of purchase	Description of item	Cost	
	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> include taxes and tips.	
			\$	¢
61	/			
62	/			
63	/			
64	/			
65	/			
66	/			
67	/			
68	/			
69	/			
70	/			
71	/			
72	/			
73	/			
74	/			
75	/			
76	/			
77	/			
78	/			
79	/			
80	/			
81	/			
82	/			
83	/			
84	/			
85	/			
86	/			
87	/			
88	/			
89	/			
90	/			
91	/			

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Food from stores and other goods and services *(continued)*

Item #	Date of purchase	Description of item	Cost	
	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> include taxes and tips.	
			\$	¢
92	/			
93	/			
94	/			
95	/			
96	/			
97	/			
98	/			
99	/			
100	/			
101	/			
102	/			
103	/			
104	/			
105	/			
106	/			
107	/			
108	/			
109	/			
110	/			
111	/			
112	/			
113	/			
114	/			
115	/			
116	/			
117	/			
118	/			
119	/			
120	/			
121	/			
122	/			

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Food from stores and other goods and services *(continued)*

Item #	Date of purchase	Description of item	Cost	
	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> include taxes and tips.	
			\$	¢
123	/			
124	/			
125	/			
126	/			
127	/			
128	/			
129	/			
130	/			
131	/			
132	/			
133	/			
134	/			
135	/			
136	/			
137	/			
138	/			
139	/			
140	/			
141	/			
142	/			
143	/			
144	/			
145	/			
146	/			
147	/			
148	/			
149	/			
150	/			
151	/			
152	/			
153	/			

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Food from stores and other goods and services *(continued)*

Item #	Date of purchase	Description of item	Cost	
	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> include taxes and tips.	
			\$	¢
154	/			
155	/			
156	/			
157	/			
158	/			
159	/			
160	/			
161	/			
162	/			
163	/			
164	/			
165	/			
166	/			
167	/			
168	/			
169	/			
170	/			
171	/			
172	/			
173	/			
174	/			
175	/			
176	/			
177	/			
178	/			
179	/			
180	/			
181	/			
182	/			
183	/			
184	/			

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Food from stores and other goods and services *(continued)*

Item #	Date of purchase	Description of item	Cost	
	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> include taxes and tips.	
			\$	¢
185	/		.	
186	/		.	
187	/		.	
188	/		.	
189	/		.	
190	/		.	
191	/		.	
192	/		.	
193	/		.	
194	/		.	
195	/		.	
196	/		.	
197	/		.	
198	/		.	
199	/		.	
200	/		.	
201	/		.	
202	/		.	
203	/		.	
204	/		.	
205	/		.	
206	/		.	
207	/		.	
208	/		.	
209	/		.	
210	/		.	
211	/		.	
212	/		.	
213	/		.	
214	/		.	
215	/		.	

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Food from stores and other goods and services *(continued)*

Item #	Date of purchase	Description of item	Cost	
	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> include taxes and tips.	
			\$	¢
216	/			
217	/			
218	/			
219	/			
220	/			
221	/			
222	/			
223	/			
224	/			
225	/			
226	/			
227	/			
228	/			
229	/			
230	/			
231	/			
232	/			
233	/			
234	/			
235	/			
236	/			
237	/			
238	/			
239	/			
240	/			
241	/			
242	/			
243	/			
244	/			
245	/			
246	/			

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Food from stores and other goods and services *(continued)*

Item #	Date of purchase	Description of item	Cost	
	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> include taxes and tips.	
			\$	¢
247	/			
248	/			
249	/			
250	/			
251	/			
252	/			
253	/			
254	/			
255	/			
256	/			
257	/			
258	/			
259	/			
260	/			
261	/			
262	/			
263	/			
264	/			
265	/			
266	/			
267	/			
268	/			
269	/			
270	/			
271	/			
272	/			
273	/			
274	/			
275	/			
276	/			
277	/			

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Food from stores and other goods and services *(continued)*

Item #	Date of purchase	Description of item	Cost	
	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> include taxes and tips.	
			\$	¢
278	/			
279	/			
280	/			
281	/			
282	/			
283	/			
284	/			
285	/			
286	/			
287	/			
288	/			
289	/			
290	/			
291	/			
292	/			
293	/			
294	/			
295	/			
296	/			
297	/			
298	/			
299	/			
300	/			
301	/			
302	/			
303	/			
304	/			
305	/			
306	/			
307	/			
308	/			

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Food from stores and other goods and services *(continued)*

Item #	Date of purchase	Description of item	Cost	
	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> include taxes and tips.	
			\$	¢
309	/			
310	/			
311	/			
312	/			
313	/			
314	/			
315	/			
316	/			
317	/			
318	/			
319	/			
320	/			
321	/			
322	/			
323	/			
324	/			
325	/			
326	/			
327	/			
328	/			
329	/			
330	/			
331	/			
332	/			
333	/			
334	/			
335	/			
336	/			
337	/			
338	/			
339	/			

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Food from stores and other goods and services *(continued)*

Item #	Date of purchase	Description of item	Cost	
	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> include taxes and tips.	
			\$	¢
340	/			
341	/			
342	/			
343	/			
344	/			
345	/			
346	/			
347	/			
348	/			
349	/			
350	/			
351	/			
352	/			
353	/			
354	/			
355	/			
356	/			
357	/			
358	/			
359	/			
360	/			
361	/			
362	/			
363	/			
364	/			
365	/			
366	/			
367	/			
368	/			
369	/			
370	/			

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Food from stores and other goods and services *(continued)*

Item #	Date of purchase	Description of item	Cost	
	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> include taxes and tips.	
			\$	¢
371	/			
372	/			
373	/			
374	/			
375	/			
376	/			
377	/			
378	/			
379	/			
380	/			
381	/			
382	/			
383	/			
384	/			
385	/			
386	/			
387	/			
388	/			
389	/			
390	/			
391	/			
392	/			
393	/			
394	/			
395	/			
396	/			
397	/			
398	/			
399	/			
400	/			
401	/			

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Food from stores and other goods and services *(continued)*

Item #	Date of purchase	Description of item	Cost	
	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> include taxes and tips.	
			\$	¢
402	/			
403	/			
404	/			
405	/			
406	/			
407	/			
408	/			
409	/			
410	/			
411	/			
412	/			
413	/			
414	/			
415	/			
416	/			
417	/			
418	/			
419	/			
420	/			
421	/			
422	/			
423	/			
424	/			
425	/			
426	/			
427	/			
428	/			
429	/			
430	/			
431	/			
432	/			

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Snacks, beverages and meals purchased from restaurants or fast-food outlets

Item #	Date of purchase	Restaurant code	Check (✓) the meal type				Number of meals purchased	Total cost		Alcoholic beverages	
	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.	
								\$	¢		
	2 1 / 0 6	A	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	0 2	2 5	7 4		
	+ / +	D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	0 0	8 3	6		
1											
2											
3											
4											
5											
6											
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10											
11											
12											
13											
14											
15											
16											
17											
18											

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Snacks, beverages and meals purchased from restaurants or fast-food outlets *(continued)*

Item #	Date of purchase	Restaurant code	Check (✓) the meal type				Number of meals purchased	Total cost		Alcoholic beverages	
	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.	\$	¢	\$	¢
19	/										
20	/										
21	/										
22	/										
23	/										
24	/										
25	/										
26	/										
27	/										
28	/										
29	/										
30	/										
31	/										
32	/										
33	/										
34	/										
35	/										
36	/										
37	/										
38	/										

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Snacks, beverages and meals purchased from restaurants or fast-food outlets *(continued)*

Item #	Date of purchase	Restaurant code	Check (✓) the meal type				Number of meals purchased	Total cost		Alcoholic beverages	
	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	/		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
40	/		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
41	/		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
42	/		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
43	/		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
44	/		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
45	/		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
46	/		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
47	/		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
48	/		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
49	/		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
50	/		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
51	/		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
52	/		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
53	/		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
54	/		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
55	/		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
56	/		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
57	/		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
58	/		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					

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Snacks, beverages and meals purchased from restaurants or fast-food outlets *(continued)*

Item #	Date of purchase	Restaurant code	Check (✓) the meal type				Number of meals purchased	Total cost		Alcoholic beverages	
	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.	\$	¢	\$	¢
59	/										
60	/										
61	/										
62	/										
63	/										
64	/										
65	/										
66	/										
67	/										
68	/										
69	/										
70	/										
71	/										
72	/										
73	/										
74	/										
75	/										
76	/										
77	/										
78	/										

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Snacks, beverages and meals purchased from restaurants or fast-food outlets *(continued)*

Item #	Date of purchase	Restaurant code	Check (✓) the meal type				Number of meals purchased	Total cost		Alcoholic beverages	
	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.	
								\$	¢	\$	¢
79	/		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
80	/		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
81	/		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
82	/		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
83	/		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
84	/		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
85	/		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
86	/		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
87	/		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
88	/		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
89	/		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
90	/		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
91	/		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
92	/		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
93	/		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
94	/		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
95	/		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
96	/		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
97	/		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
98	/		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					

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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 home for overnight or longer?
 1. Yes – go to #6 2. No – Thank you for participating in this survey.
- 6. Were the purchases made, while away from home for overnight or longer, included in the diary? Examples include costs for accommodation (hotel, motel, inn, B&B, etc.), restaurant meals, snacks, beverages or souvenirs.
 1. Yes – Thank you for participating in this survey. 2. No – go to #7
- 7. Please list all the items. Do not include expenses that will be reimbursed.
 Interviewer: Enter the description used by the respondent.

Description	Cost
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16.	
17.	
18.	
19.	
20.	

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Comments

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Comments

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