

FOR OFFICE USE ONLY - FILL ONLY IF NO LABEL Rot. Mult. Cluster List Stratum Type **Collection Period** MM YYYY Place label here OC Receipt

CONFIDENTIAL WHEN COMPLETED

SURVEY OF HOUSEHOLD SPENDING 2015

Diary of daily expenses



Your completed diary will be picked up on:

An interviewer will call you on:

THANK YOU! We greatly appreciate your participation.

Collected under the authority of the Statistics Act, Revised Statutes of Canada, 1985, Chapter S-19.

Canada

STATS CANADA – DIARY COVER EXT, ENG – FOLDED: 8.5" X 11" CMYK

75411-2349.1 2015

Stats Canada – HS Diary COVER EXT — DIELINE 8.5" x 11" folded, 17.5" x 24" flat: CMYK with full bleed 7.75" flap folding up from bottom, 5.15" flap folding down from top to make an envelope

section (see example on page 1). "Goods and services including food from stores" Write the date and the words "no spending" in the If you did NOT spend any money today...

receipt.

- to record expenses for which you do not have a • Transcribe the expense in the diary. Do not forget OK
 - abbreviations or short forms on the receipt. • Provide the receipt in the pocket and explain
 - two options to record each expense: If you spent money today, you have

Di	ary Sta	art Da	te	D	iary Er	nd Dat	e
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GOODS AND SERVICES INCLUDING FOOD FROM STORES

	Dat	te of expe	nse	Description of item			Cost	;		
Item #		dd/mm		Write one item per line. Please print. See page 6 in the Diary Guide for help with this section.	Do	not	inclu	de tax	es.	
It		Example: 21/06		Reminder: Please enter snacks, beverages and meals purchased from restaurants or fast-food outlets in the section that begins on page 7.				\$		¢
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GOODS AND SERVICES INCLUDING FOOD FROM STORES (continued)

#	Date of expense	Description of item	Cost
Item #	dd/mm	Write one item per line. Please print. See page 6 in the Diary Guide for help with this section.	Do <u>not</u> include taxes.
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 7.	
0.0		restaurants or last-lood outlets in the section that begins on page 7.	\$ C
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GOODS AND SERVICES INCLUDING FOOD FROM STORES (continued)

#	Date of expense	Description of item	Cost	t	
Item #	dd/mm	Write one item per line. Please print. See page 6 in the Diary Guide for help with this section.	Do <u>not</u> inclu	de taxes	
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 7.	Do <u>not</u> motu	\$ ¢	t
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GOODS AND SERVICES INCLUDING FOOD FROM STORES (continued)

-44	Date of expense	Description of item	Cost	
Item #	dd/mm	Write one item per line. Please print. See page 6 in the Diary Guide for help with this section.	Do <u>not</u> include taxes.	
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 7.		*
		restaurants or fast-food outlets in the section that begins on page 7.	\$	¢
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GOODS AND SERVICES INCLUDING FOOD FROM STORES (continued)

#	Date of expense	Description of item	Cos	t	
Item #	dd/mm	Write one item per line. Please print. See page 6 in the Diary Guide for help with this section.	Do <u>not</u> inclu	de taxes	
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 7.	2 3 <u>1100</u> 111010	\$	¢
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GOODS AND SERVICES INCLUDING FOOD FROM STORES (continued)

-44	Date of expense	Description of item			Cost		
Item #	dd/mm Example: 21/06	Write one item per line. Please print. 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 7.	Do	not i	nclude	taxes.	¢
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If you need more space, use the Comments section (page 12).

SNACKS, BEVERAGES AND MEALS PURCHASED FROM RESTAURANTS OR FAST-FOOD OUTLETS

	Date of expense	Restaurant code	Cl	neck meal	(√) t type	he e	Number of meals paid	Total cost	Alcoholic beverages
Item #	dd/mm Example: 22/06	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 paid for people who do not live with you.	Include all taxes, tips and alcoholic beverages.	If alcoholic beverages are included in the total cost, please provide an estimated cost.
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SNACKS, BEVERAGES AND MEALS PURCHASED FROM RESTAURANTS OR FAST-FOOD OUTLETS (continued)

	Date of expense	Restaurant code	Cl	neck meal	(√) t l typ	he e	Number of meals paid	Total cost	Alcoholic beverages
Item #	dd/mm Example: 22/06	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 paid for people who do not live with you.	Include all taxes, tips and alcoholic beverages.	If alcoholic beverages are included in the total cost, please provide an estimated cost.
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SNACKS, BEVERAGES AND MEALS PURCHASED FROM RESTAURANTS OR FAST-FOOD OUTLETS (continued)

	Date of expense	Restaurant code	Cl	neck meal	(√) t l typ:	he e	Number of meals paid	Total cost	Alcoholic beverages
Item #	dd/mm Example: 22/06	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 paid for people who do not live with you.	Include all taxes, tips and alcoholic beverages.	If alcoholic beverages are included in the total cost, please provide an estimated cost.
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If you need more space, use the Comments section (page 12).

FOR OFFICE USE ONLY

Please do not write on this page.

Your interviewer will ask you the following questions when he/she returns to pick up this Diary of daily expenses.

	e, alcoholic beverages, leisure activities, a startervices or goods and services purchased via Internet are easily a, or any member of your household, forget to record my of these expenses or any other expense in the diary? O 2. No – go to #5. ms that have been missed. In the ewer: Easter description used by the respondent.	ome expenses such as gas and other related vehicle costs, lotter tickets, cigareties and newspapers, meals and beverages uside your home, alcoholic beverages, leisure activities, as state-ervices or goods and services purchased via Internet are regotten. Did you, or any member of your household, forcet to recording or these expenses or any other expense in the dial. Yes – go to #4	ome expenses such as gas and other related vehicle costs, lotte whickets cigareties and newspartside your home, alcoholic beverages, leisure activities, wistan ervices or goods and services purgotten. Did you, or any member of your household, forget to recovering on these expenses or at 1. Yes – go to #4	ervices purchased vanses or any other e	ased via Internet are ea ther expense in the dia	easily
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Please do not write on this page.

Your interviewer will ask you the following questions when he/she returns to pick up this Diary of daily expenses.

- 5. During the 14 days when you were recording your expenses in the diary, were any members of your household away from home for overnight or longer?
 - \bigcirc 1. Yes go to #6 \bigcirc 2. No Thank you for participating in this survey.
- 6. Did you remember to include in the diary, expenses made while away from home such as gas, grocery, restaurant meals, snacks and beverages, alcoholic beverages purchased from stores, admittance fees to tourist attractions and 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.

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