



Special Surveys Co-ordination Division

1975 SURVEY OF SELECTED LEISURE ACTIVITIES

October 1975

Dear Respondent,

The purpose of this survey is to obtain information on some specific activities Canadians may do during their leisure time. The information you provide by completing this questionnaire will be used by government and industry concerned with the areas of leisure activity covered by the survey. You will be helping decision makers in these agencies to gain a better understanding of the extent to which Canadians actually take part in these activities.

The Statistics Canada interviewer has left this questionnaire for you to complete and will call back to pick it up on the date shown below.

We would like you to take a few minutes to answer the questions on the next few pages. I assure you that the information given by you on this questionnaire is confidential and will be used only for statistical purpose.

Thank you for your co-operation.

Peter G. Kirkham,

Chief Statistician of Canada.

Name(surname)		(Given names)		This questionnaire will be picked up by your interviewer on									
1-5		6-8		9-12		13-14		15		16-17			
PSU	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Segment	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Listing	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Line	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	M	<input type="text"/> <input type="text"/>	F	<input type="text"/> <input type="text"/>	A	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

This survey is conducted by Statistics Canada on behalf of the Secretary of State Department, under the authority of the Statistics Act, Chapter 15, Statutes of Canada 1970-71-72.

INSTRUCTIONS

- Please answer all questions by using a check mark (✓).
- Please report only on those activities in which you took part in Canada.
- Please report only on leisure activities, not what you do as part of your work, or while you are engaged in some work activity. (For example, do **not** count listening to radio while driving to work, listening to radio or records etc. while doing housework).

1. Have you participated in any of the following selected leisure activities...

Leisure Activity	a)in the last 12 months? Please check(✓) each activity.		For each activity marked yes in (a), check the appropriate box to indicate number of hours spent in a typical week during the period July-August and September-October 1975.											
			b) July - August						c) September - October					
	No	Yes	Zero	Less than 3 hrs.	3-7 hrs.	8-14 hrs.	15-29 hrs.	30 or more hrs.	Zero	Less than 3 hrs.	3-7 hrs.	8-14 hrs.	15-29 hrs.	30 or more hrs.
Watching TV.....	18 <input type="checkbox"/> 0 ↓	<input type="checkbox"/> 1 →	19 <input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	20 <input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Listening to radio.....	21 <input type="checkbox"/> 0 ↓	<input type="checkbox"/> 1 →	22 <input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	23 <input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Listening to records, tapes or cassettes.....	24 <input type="checkbox"/> 0 ↓	<input type="checkbox"/> 1 →	25 <input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	26 <input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Reading newspapers for leisure.....	27 <input type="checkbox"/> 0 ↓	<input type="checkbox"/> 1 →	28 <input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	29 <input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Reading magazines for leisure.....	30 <input type="checkbox"/> 0 ↓	<input type="checkbox"/> 1 →	31 <input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	32 <input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Reading books for leisure.....	33 <input type="checkbox"/> 0 ↓	<input type="checkbox"/> 1 →	34 <input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	35 <input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Playing or practicing a musical instrument or voice practice.....	36 <input type="checkbox"/> 0 ↓	<input type="checkbox"/> 1 →	37 <input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	38 <input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Engaging in sculpture, painting and drawing, film, photography and other art activities.....	39 <input type="checkbox"/> 0 ↓	<input type="checkbox"/> 1 →	40 <input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	41 <input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Engaging in craft activities.....	42 <input type="checkbox"/> 0 ↓	<input type="checkbox"/> 1 →	43 <input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	44 <input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Engaging in hobby activities.....	45 <input type="checkbox"/> 0 ↓	<input type="checkbox"/> 1 →	46 <input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	47 <input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
As a leisure activity, taking lessons or formal instruction (degree or non-degree courses).....	48 <input type="checkbox"/> 0 ↓	<input type="checkbox"/> 1 →	49 <input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	50 <input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

2. As a leisure activity, have you taken any lessons or formal instruction (degree or non-degree courses)...

Educational Activity for leisure	a)in the last 12 months? Please check(✓) each activity.		For each activity marked yes in (a), check only if it was taken in July-August and/or September-October 1975.											
	No	Yes	b) July August						c) September-October					
Taken instruction in:														
Music (playing an instrument, voice, music theory, etc.).....	51 <input type="checkbox"/> 0 ↓	<input type="checkbox"/> 1 →	52 <input type="checkbox"/> 0						53 <input type="checkbox"/> 0					
Ballet or other dance.....	54 <input type="checkbox"/> 0 ↓	<input type="checkbox"/> 1 →	55 <input type="checkbox"/> 0						56 <input type="checkbox"/> 0					
Sculpture, painting and drawing, film, photography, or other art.....	57 <input type="checkbox"/> 0 ↓	<input type="checkbox"/> 1 →	58 <input type="checkbox"/> 0						59 <input type="checkbox"/> 0					
Craft activities.....	60 <input type="checkbox"/> 0 ↓	<input type="checkbox"/> 1 →	61 <input type="checkbox"/> 0						62 <input type="checkbox"/> 0					
Hobby activities.....	63 <input type="checkbox"/> 0 ↓	<input type="checkbox"/> 1 →	64 <input type="checkbox"/> 0						65 <input type="checkbox"/> 0					
Acting or theatre production.....	66 <input type="checkbox"/> 0 ↓	<input type="checkbox"/> 1 →	67 <input type="checkbox"/> 0						68 <input type="checkbox"/> 0					
Writing (articles, fiction, poetry, etc.).....	69 <input type="checkbox"/> 0 ↓	<input type="checkbox"/> 1 →	70 <input type="checkbox"/> 0						71 <input type="checkbox"/> 0					
Television or radio broadcasting or recording.....	72 <input type="checkbox"/> 0 ↓	<input type="checkbox"/> 1 →	73 <input type="checkbox"/> 0						74 <input type="checkbox"/> 0					
Other - continuing education, or general interest.....	75 <input type="checkbox"/> 0 ↓	<input type="checkbox"/> 1 →	76 <input type="checkbox"/> 0						77 <input type="checkbox"/> 0					

3. As a leisure activity, have you performed in, displayed your work in, or helped to produce a performance, recital, exhibition, or publication...

Activity	a)in the last 12 months? Please check (✓) each activity.		For each activity marked yes in (a), check only if it was in July-August and/or September-October 1975	
	No	Yes	b) July-August	c) September-October
Music performance or recital (choir, playing an instrument, voice, etc.).....	78 <input type="checkbox"/> 0 ↓	<input type="checkbox"/> 1 →	79 <input type="checkbox"/> 0	80 <input type="checkbox"/> 0
Ballet or other dance performance or recital.....	81 <input type="checkbox"/> 0 ↓	<input type="checkbox"/> 1 →	82 <input type="checkbox"/> 0	83 <input type="checkbox"/> 0
Sculpture, painting and drawing, film, photography, or other art exhibit or showing.....	84 <input type="checkbox"/> 0 ↓	<input type="checkbox"/> 1 →	85 <input type="checkbox"/> 0	86 <input type="checkbox"/> 0
Craft exhibit or showing.....	87 <input type="checkbox"/> 0 ↓	<input type="checkbox"/> 1 →	88 <input type="checkbox"/> 0	89 <input type="checkbox"/> 0
Hobby exhibit or showing.....	90 <input type="checkbox"/> 0 ↓	<input type="checkbox"/> 1 →	91 <input type="checkbox"/> 0	92 <input type="checkbox"/> 0
Theatrical performance.....	93 <input type="checkbox"/> 0 ↓	<input type="checkbox"/> 1 →	94 <input type="checkbox"/> 0	95 <input type="checkbox"/> 0
Non-professional publication of an article, fiction, poetry, etc.....	96 <input type="checkbox"/> 0 ↓	<input type="checkbox"/> 1 →	97 <input type="checkbox"/> 0	98 <input type="checkbox"/> 0
Amateur television or radio broadcasting or recording.....	99 <input type="checkbox"/> 0 ↓	<input type="checkbox"/> 1 →	100 <input type="checkbox"/> 0	101 <input type="checkbox"/> 0
Other performance or exhibit.....	102 <input type="checkbox"/> 0 ↓	<input type="checkbox"/> 1 →	103 <input type="checkbox"/> 0	104 <input type="checkbox"/> 0

4. Have you visited any of the following type of places...

Place	a)in the last 12 months? Please (✓) check each place.		For each type of place marked yes in (a), check the number of times you visited it in July-August, and in September-October 1975											
	No	Yes	b) July-August						c) September-October					
			Zero	1	2	3	4	5 or more	Zero	1	2	3	4	5 or more
Art gallery or art museum.....	105 <input type="checkbox"/> 0 ↓	<input type="checkbox"/> 1 →	106 <input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	107 <input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Science or technology museum or science centre.....	108 <input type="checkbox"/> 0 ↓	<input type="checkbox"/> 1 →	109 <input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	110 <input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Other museums (general museum, museum of man or natural history, maritime museum etc.).....	111 <input type="checkbox"/> 0 ↓	<input type="checkbox"/> 1 →	112 <input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	113 <input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Historic sight or restoration (pioneer homes and villages, architectural monuments, etc.).....	114 <input type="checkbox"/> 0 ↓	<input type="checkbox"/> 1 →	115 <input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	116 <input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Zoo, conservation area, etc.....	117 <input type="checkbox"/> 0 ↓	<input type="checkbox"/> 1 →	118 <input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	119 <input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Library.....	120 <input type="checkbox"/> 0 ↓	<input type="checkbox"/> 1 →	121 <input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	122 <input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

5. Have you attended any of the following types of performances or events...

Performance or event	a) in the last 12 months? Please check (✓) each performance or event.		For each type of performance or event marked yes in (a), check the number of times you attended in July-August, and in September-October 1975.													
			b) July-August							c) September-October						
	No	Yes	Zero	1	2	3	4	5 or more	Zero	1	2	3	4	5 or more		
A movie shown by a commercial movie theatre or drive-in.....	123 <input type="checkbox"/> 0	↓ <input type="checkbox"/> 1 →	124 <input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	125 <input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5		
A movie or other film shown by a film society, ciné-club, etc.....	126 <input type="checkbox"/> 0	↓ <input type="checkbox"/> 1 →	127 <input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	128 <input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5		
A folk, rock, jazz, or pop music performance or recital.....	129 <input type="checkbox"/> 0	↓ <input type="checkbox"/> 1 →	130 <input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	131 <input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5		
A classical music performance or recital (symphony, choir, quartet, individual classic artist, etc.).....	132 <input type="checkbox"/> 0	↓ <input type="checkbox"/> 1 →	133 <input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	134 <input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5		
A performance of opera or operetta.....	135 <input type="checkbox"/> 0	↓ <input type="checkbox"/> 1 →	136 <input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	137 <input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5		
A live theatre performance (drama, comedy, or musical comedy).....	138 <input type="checkbox"/> 0	↓ <input type="checkbox"/> 1 →	139 <input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	140 <input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5		
A ballet performance.....	141 <input type="checkbox"/> 0	↓ <input type="checkbox"/> 1 →	142 <input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	143 <input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5		
Other dance performance.....	144 <input type="checkbox"/> 0	↓ <input type="checkbox"/> 1 →	145 <input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	146 <input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5		
Other live performance (lecture, poetry reading, circus, ice show, etc.).....	147 <input type="checkbox"/> 0	↓ <input type="checkbox"/> 1 →	148 <input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	149 <input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5		
An art or craft fair or festival.....	150 <input type="checkbox"/> 0	↓ <input type="checkbox"/> 1 →	151 <input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	152 <input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5		

6. Finally, some information that will help us analyse your replies.

a) Please check the language you first spoke and still understand.

English.....	153 <input type="checkbox"/> 0	Ukrainian.....	<input type="checkbox"/> 4
French.....	<input type="checkbox"/> 1	Netherlands.....	<input type="checkbox"/> 5
German.....	<input type="checkbox"/> 2	Polish.....	<input type="checkbox"/> 6
Italian.....	<input type="checkbox"/> 3	Other.....	<input type="checkbox"/> 7

(Please specify)

b) What was your **individual** total income before taxes and deductions in the last 12 months from all sources, including earnings from employment, pensions, family allowances, interest, dividends, rents, etc.? Please check one box.

None.....	154 <input type="checkbox"/> 0	\$7,000 - \$9,999.....	<input type="checkbox"/> 4
Less than \$2,000.....	<input type="checkbox"/> 1	\$10,000 - \$14,999.....	<input type="checkbox"/> 5
\$2,000 - \$3,999.....	<input type="checkbox"/> 2	\$15,000 - \$19,999.....	<input type="checkbox"/> 6
\$4,000 - \$6,999.....	<input type="checkbox"/> 3	\$20,000 or more.....	<input type="checkbox"/> 7

COMMENTS: