

Canadian Income Survey(CIS)

Questionnaire
2014

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Note: The wording of questions in the Canadian Income Survey varies depending on the characteristics of the person for whom the questions are asked. To make the questionnaire easier to read, this document presents the questions as if they were being asked of a man who is answering the CIS questions for his household consisting of two persons aged 16 and over. He was the person randomly selected to answer the disability questions.

Introduction (STH)

STH_R01

Your household has been selected to participate in the “Canadian Income Survey”.

The information collected will be used to complement the Labour Force Survey in order to monitor the economic well-being of individuals and families. These questions will cover the time frame between January and December of 2014.

While participation is voluntary, your cooperation is essential to ensure the information collected in this survey is as accurate and as comprehensive as possible. Your answers will be kept strictly confidential and used only for statistical purposes.

STH_END

Informed replacement (IR)

IR_R05

In order to reduce the length of the interview and enhance the information provided in this survey, Statistics Canada plans to combine your household's survey information with tax data. The combined data will be used for statistical purposes only, and will be kept confidential.

IR_END

ACT sub-blocks call: Labour and schooling activity (ACTB)

ACTB_BEG

DV_HHNUM16: number of household members aged 16 or older
DV_D31AGE: age of respondent as of the end of reference year

ACTB_R05

The next questions are about your activities between January and December 2014, as well as the activities of other members of your household.

ACTB_B10

Call block ACT1 (Activity (Labour force)) for each member aged 16 or older in the household roster.

Call block up to DV_HHNUM16 times.

ACTB_B15

Call block ACT2 (Activity (Labour force)) for each member aged 16 or older in the household roster.

Call block up to DV_HHNUM16 times.

ACTB_B20

Call block ACT3 (Activity (School attendance)) for each member aged 16 or older in the household roster.

Call block up to DV_HHNUM16 times.

ACTB_END

Activity (Labour force) (ACT1)

ACT1_C01

If DV_D31AGE > 69, go to ACT1_Q01.
Otherwise, go to ACT1_Q05.

ACT1_Q01

Did you work at a job or business in 2014?

- | | | |
|--------|-----|------------------|
| 1 | Yes | (Go to ACT1_Q05) |
| 2 | No | (Go to ACT1_END) |
| DK, RF | | (Go to ACT1_END) |

ACT1_Q05

During 2014, how many weeks did you work at a job or business? Include vacation, maternity or parental leave, illness, strikes and lock-outs.

(MIN: 00) (MAX: 52)

DK, RF (Go to ACT1_END)

ACT1_C10

If ACT1_Q05 = 0, go to ACT1_END.
Otherwise, go to ACT1_Q10.

ACT1_Q10

During those weeks, how many hours did you usually work per week at all jobs?

INTERVIEWER: If the number of work hours varied from week to week, ask the respondent to provide an average.

(MIN: 1.0) (MAX: 168.0)

DK, RF

ACT1_Q15

Considering all the jobs you have held in 2014, did you work...

INTERVIEWER: Read categories to respondent.
Mark all that apply.

- | | |
|--------|--|
| 1 | as an employee? |
| 2 | as self-employed? |
| 3 | in a family business without pay? |
| DK, RF | |

ACT1_END

Activity (Labour force) (ACT2)

ACT2_C01

If (ACT1_Q01 = 2, DK or RF) or (ACT1_Q05 = 52, DK or RF), go to ACT2_END.
Otherwise, go to ACT2_Q05.

ACT2_Q05

During 2014, how many weeks were you without work AND looking for work? Include temporary lay-offs.

INTERVIEWER: Do not consider a person as "without work and looking for work" during the weeks he/she was a full-time student.

(MIN: 00) (MAX: 52)

DK, RF

ACT2_C10

If ACT1_Q05 + ACT2_Q05 = 52, go to ACT2_END.
Otherwise, go to ACT2_Q10.

ACT2_Q10

What was your main activity during the weeks when you were neither working nor looking for work?

- 1 Ill, or disabled and unable to work
 - 2 Took care of home or family
 - 3 Went to school
 - 4 Retired
 - 5 Other – Specify (Go to ACT2_S10)
- DK, RF

ACT2_S10

(What was your main activity during the weeks when you were neither working nor looking for work?)

INTERVIEWER: Specify.

(80 spaces)

(DK, RF not allowed)

ACT2_END

Activity (School attendance) (ACT3)

ACT3_C05

If DV_D31AGE > 69, go to ACT3_END.
Otherwise, go to ACT3_Q05.

ACT3_Q05

Did you attend a school, college, CEGEP or university at any time between January and December 2014?

INTERVIEWER: Ask respondent to include attendance only for courses that can be used as credit towards a certificate, diploma or degree.

- 1 Yes
 - 2 No
- DK, RF

ACT3_C10

If ACT3_Q05 = 2, DK, RF, go to ACT3_END.
Otherwise, go to ACT3_Q10.

ACT3_Q10

Were you enrolled as...?

- 1 **A full-time student**
- 2 **A part-time student**
- 3 **Both full-time and part-time student**

DK, RF

ACT3_C15

If DV_D31AGE > 16, go to ACT3_Q15.
Otherwise, go to ACT3_END.

ACT3_Q15

Did you receive any money from a scholarship, bursary or fellowship in 2014?

- 1 Yes
 - 2 No
- DK, RF

ACT3_C20 If ACT3_Q15 = 1, go to ACT3_Q20.
Otherwise, go to ACT3_END.

ACT3_Q20 **What was the total amount you received in 2014?**

(MIN: 1) (MAX: 999995)

DK, RF

ACT3_END

SCC sub-blocks call: Support payments and childcare expenses (SCCB)

SCCB_BEG DV_HHNUM18: number of family members 18 or older in household
RR_N01: relationship to reference person (from LFS)

SCCB_C01 If DV_HHNUM18 > 0, go to SCCB_R05.
Otherwise, go to SCCB_END.

SCCB_R05 **The next questions are about support payments and child care expenses.**

SCCB_B10 Call block SCC1 (Support payments received) for each member aged 18 or older in the household roster.

Call block up to DV_HHNUM18 times.

SCCB_B15 Call block SCC2 (Support payments paid) for each member aged 18 or older in the household roster.

Call block up to DV_HHNUM18 times.

SCCB_B20 Call block SCC3 (Childcare expenses) for each member aged 18 or older in the household roster.

SCCB_END

Support payments received (SCC1)

SCC1_C05 If DV_D31AGE < 25 and ACT3_Q05 = 1 and (RR_N01 = '03' (son or daughter) or '06' (foster child)), go to SCC1_END.
Otherwise, go to SCC1_Q05.

SCC1_Q05 **Between January and December 2014, did you receive support payments from a former spouse or partner? By support payments, I mean a formal agreement for spousal support, alimony, separation allowance, or child support.**

INTERVIEWER: Exclude gifts or additional transfers of money. Include only support payments actually received.

1	Yes	(Go to SCC1_Q10)
2	No	(Go to SCC1_END)
	DK, RF	(Go to SCC1_END)

SCC1_Q10

What is your best estimate of the amount of support payments you received in 2014?

INTERVIEWER: Exclude gifts or additional transfers of money. Include only support payments actually received.

(MIN: 1) (MAX: 99999995)

DK, RF

SCC1_END

Support payments paid (SCC2)

SCC2_C05

If DV_D31AGE < 25 and ACT3_Q05 = 1 and (RR_N01 = '03' (son or daughter) or '06' (foster child)), go to SCC2_END.
Otherwise, go to SCC2_Q05.

SCC2_Q05

Between January and December 2014, did you make support payments to a former spouse or partner? (By support payments, I mean a formal agreement for spousal support, alimony, separation allowance, or child support.)

INTERVIEWER: Exclude gifts or additional transfers of money. Include only support payments actually paid.

1	Yes	(Go to SCC2_Q10)
2	No	(Go to SCC2_END)
DK, RF		(Go to SCC2_END)

SCC2_Q10

What is your best estimate of the total amount you paid in support payments in 2014?

INTERVIEWER: Exclude gifts or additional transfers of money. Include only support payments actually paid.

(MIN: 1) (MAX: 99999995)

DK, RF

SCC2_END

Childcare expenses (SCC3)

SCC3_C01

If DV_D31AGE > 69, go to SCC3_END.
Otherwise, go to SCC3_C02.

SCC3_C02

If ACT1_Q05 is not equal to 0, go to SCC3_C05.
Otherwise, go to SCC3_END.

SCC3_C05

If DV_D31AGE < 25 and ACT3_Q05 = 1 and (RR_N01 = '03' (son or daughter) or '06' (foster child)), go to SCC3_END.
Otherwise, go to SCC3_Q05.

SCC3_Q05

Between January and December 2014, did you pay for child care, so that you could work at your paid job(s)?

INTERVIEWER: Include child care paid during school holidays.

- | | | |
|--------|-----|------------------|
| 1 | Yes | (Go to SCC3_Q10) |
| 2 | No | (Go to SCC3_END) |
| DK, RF | | (Go to SCC3_END) |

SCC3_Q10

What is your best estimate of the total amount you paid for child care between January and December 2014? (Please exclude any amount previously reported).

INTERVIEWER: Do not double-count any expenses that were already reported. Please enter "0" if the entire amount was previously entered.

(MIN: 0) (MAX: 99999995)
DK, RF

SCC3_END

IHT sub-blocks call: Inter-household transfers (IHTB)

IHTB_R05

The next questions are about money transfers between people not living in the same dwelling. This could be either in the form of cash or bill payments, to help with living expenses.

IHTB_B10

Call block IHT1 (Inter-household transfers – amounts received) for each member aged 16 or older in the household roster.

Call block up to DV_HHNUM16 times.

IHTB_B15

Call block IHT2 (Inter-household transfers – amounts paid) for each member aged 16 or older in the household roster.

Call block up to DV_HHNUM16 times.

IHTB_END

Inter-household transfers – amounts received (IHT1)

IHT1_C05

If SCC1_Q05 = 1, go to IHT1_Q05.
Otherwise, go to IHT1_Q10.

IHT1_Q05

Excluding spousal and child support payments from a formal agreement, did anyone not living with you help to pay for your living expenses by giving you money or paying bills, between January and December 2014?

- | | | |
|--------|-----|------------------|
| 1 | Yes | (Go to IHT1_Q15) |
| 2 | No | (Go to IHT1_END) |
| DK, RF | | (Go to IHT1_END) |

IHT1_Q10

Between January and December 2014, did anyone not living with you help to pay for your living expenses by giving you money or paying bills?

- | | | |
|--------|-----|------------------|
| 1 | Yes | |
| 2 | No | (Go to IHT1_END) |
| DK, RF | | (Go to IHT1_END) |

IHT1_Q15

In total, how much did you receive from anyone not living with you between January and December 2014?

INTERVIEWER: Do not double-count any amounts received by the household that were already reported. Please enter "0" if the entire amount was previously entered.

(MIN: 0) (MAX: 9999995)

DK, RF

IHT1_END

Inter-household transfers – amounts paid (IHT2)

IHT2_C01

If DV_D31 AGE < 18, go to IHT2_END.
Otherwise, go to IHT2_C02.

IHT2_C02

If DV_D31 AGE < 25 and ACT3_Q05 = 1 and (RR_N01 = '03' (son or daughter) or '06' (foster child)), go to IHT2_END.
Otherwise, go to IHT2_C05.

IHT2_C05

If SCC2_Q05 = 1, go to IHT2_Q05.
Otherwise, go to IHT2_Q10.

IHT2_Q05

Excluding spousal and child support payments from a formal agreement, did you help anyone not living with you pay for their living expenses by giving them money or paying their bills, between January and December 2014?

INTERVIEWER: Formal agreement can be a court order or a mediation agreement.

1 Yes (Go to IHT2_Q15)
2 No (Go to IHT2_END)
DK, RF (Go to IHT2_END)

IHT2_Q10

Between January and December 2014, did you help anyone not living with you pay for their living expenses by giving them money or paying their bills?

1 Yes
2 No (Go to IHT2_END)
DK, RF (Go to IHT2_END)

IHT2_Q15

In total, how much did you give to anyone not living with you between January and December 2014?

INTERVIEWER: Do not double-count any amounts paid by the household that were already reported. Please enter "0" if the entire amount was previously entered.

(MIN: 0) (MAX: 99999995)

DK, RF

IHT2_END

INC sub-block call: Total personal income (INCB)

INCB_R01

Now a question about total personal income.

INCB_B05

Call block INC1 (Total personal income) for each member aged 16 or older in the household roster.

Call block up to DV_HHNUM16 times.

INCB_END

Total personal income (INC1)

INC1_Q05

What is your best estimate of your total personal income, before taxes and deductions, from all sources during the year ending December 31, 2014?

Income can come from various sources such as from work, investments, pensions or government. Examples include Employment Insurance, Social Assistance, Child Tax Benefit and other income such as child support, spousal support (alimony) and rental income.

INTERVIEWER: Capital gains should not be included in the personal income.

(MIN: -9000000) (MAX: 90000000)

DK, RF

INC1_C10

If INC1_Q05 = DK or RF, go to INC1_Q10.
Otherwise, go to INC1_C21.

INC1_Q10

Can you estimate in which of the following groups your personal income falls? Was your total personal income during the year ending December 31, 2014... ?

INTERVIEWER: Read categories to respondent.

- | | | |
|--------|--|------------------|
| 1 | Less than \$30,000, including income loss | (Go to INC1_Q15) |
| 2 | \$30,000 and more | (Go to INC1_Q20) |
| DK, RF | | |

Go to INC1_END

INC1_Q15

Please stop me when I have read the category which applies to you.

Was it... ?

INTERVIEWER: Read categories to respondent.

- | | | |
|--------|---------------------------------------|------------------|
| 1 | Less than \$5,000 | |
| 2 | \$5,000 to less than \$10,000 | |
| 3 | \$10,000 to less than \$15,000 | |
| 4 | \$15,000 to less than \$20,000 | |
| 5 | \$20,000 to less than \$25,000 | |
| 6 | \$25,000 to less than \$30,000 | |
| DK, RF | | (Go to INC1_END) |

Go to INC1_C21

INC1_Q20

Please stop me when I have read the category which applies to you.

Was it... ?

INTERVIEWER: Read categories to respondent.

- 01 **\$30,000 to less than \$40,000**
- 02 **\$40,000 to less than \$50,000**
- 03 **\$50,000 to less than \$60,000**
- 04 **\$60,000 to less than \$70,000**
- 05 **\$70,000 to less than \$80,000**
- 06 **\$80,000 to less than \$90,000**
- 07 **\$90,000 to less than \$100,000**
- 08 **\$100,000 and over**

DK, RF

(Go to INC1_END)

INC1_C21

If DV_D31AGE < 18, go to INC1_END.
Otherwise, go to INC1_C22.

INC1_C22

If DV_D31AGE < 25 and ACT3_Q05 = 1 and (RR_N01 = '03' (son or daughter) or '06' (foster child)), go to INC1_END.
Otherwise, go to INC1_C25.

INC1_C25

If DV_D31AGE < 66 and ((INC1_Q05 > 0 and < \$50,000) or INC1_Q10 = 1 or INC1_Q20 = 01, 02), go to INC1_Q25.
Otherwise, go to INC1_END.

INC1_Q25

Does this amount include any Social Assistance payments?

INTERVIEWER: Income from the following programs SHOULD NOT be considered as Social Assistance payments: Employment Insurance (including for maternity leave), Workers' Compensation, Canada Pension Plan (CPP), Quebec Pension Plan (QPP) and Child Tax Benefits.

- 1 Yes
 - 2 No
- DK, RF

INC1_END

Introduction to the disability screening questions (PDSQ)

PDSQ_C05

If DV_HHNUM16 > 1, go to PDSQ_R05.
Otherwise, go to PDSQ_END.

PDSQ_R05

In order to reduce the length of the interview and to obtain additional information about the relationship between income and persons with and without a disability, one person has been randomly selected in your household for the next set of questions. In your household, you have been selected.

PDSQ_END

Disability screening questions (DSQ)

DSQ_C01

If DV_D31AGE >= 16, go to DSQ_R01.
Otherwise, go to DSQ_END.

DSQ_R01

The following questions are about difficulties you may have doing certain activities. Please tell me only about difficulties or long-term conditions that have lasted or are expected to last for six months or more.

DSQ_Q01

Do you have any difficulty seeing?

INTERVIEWER: Read categories to respondent.

If respondent indicates that he/she uses glasses or contact lenses, ask for a response based on their ability to see when using these aids.

- 1 **No** (Go to DSQ_Q05)
- 2 **Sometimes**
- 3 **Often**
- 4 **Always**
- DK
- RF (Go to DSQ_Q05)

DSQ_Q02

Do you wear glasses or contact lenses to improve your vision?

- 1 Yes
- 2 No
- DK, RF

DSQ_Q03

[Which/With your glasses or contact lenses, which] of the following best describes your ability to see? You... ?

INTERVIEWER: Read categories to respondent.

- 1 **Have no difficulty seeing** (Go to DSQ_Q05)
- 2 **Have some difficulty (seeing)**
- 3 **Have a lot of difficulty (seeing)**
- 4 **Are legally blind**
- 5 **Are blind**
- DK, RF (Go to DSQ_Q05)

DSQ_Q04

How often does this [difficulty/condition] limit your daily activities?

INTERVIEWER: Read categories to respondent.

- 1 **Never**
- 2 **Rarely**
- 3 **Sometimes**
- 4 **Often**
- 5 **Always**
- DK, RF

DSQ_Q05

Do you have any difficulty hearing?

INTERVIEWER: Read categories to respondent.

If respondent indicates that he/she uses a hearing aid or a cochlear implant, ask for a response based on their ability to hear when using these aids.

- 1 **No** (Go to DSQ_Q09)
- 2 **Sometimes**
- 3 **Often**
- 4 **Always**
- DK
- RF (Go to DSQ_Q09)

DSQ_Q06

Do you use a hearing aid or cochlear implant?

- 1 Yes
- 2 No
- DK, RF

DSQ_Q07

[Which/With your hearing aid or cochlear implant, which] of the following best describes your ability to hear? You... ?

INTERVIEWER: Read categories to respondent.

- 1 **Have no difficulty hearing** (Go to DSQ_Q09)
- 2 **Have some difficulty (hearing)**
- 3 **Have a lot of difficulty (hearing)**
- 4 **Cannot hear at all**
- 5 **Are Deaf**
- DK, RF (Go to DSQ_Q09)

DSQ_Q08

How often does this [difficulty/condition] limit your daily activities?

INTERVIEWER: Read categories to respondent.

- 1 **Never**
- 2 **Rarely**
- 3 **Sometimes**
- 4 **Often**
- 5 **Always**
- DK, RF

DSQ_Q09

Do you have any difficulty walking, using stairs, using your hands or fingers or doing other physical activities?

INTERVIEWER: Read categories to respondent.

- 1 **No** (Go to DSQ_R18)
- 2 **Sometimes**
- 3 **Often**
- 4 **Always**
- DK
- RF (Go to DSQ_R18)

DSQ_R10

The following questions are about your ability to move around, even when using an aid such as a cane.

DSQ_Q10

How much difficulty do you have walking on a flat surface for 15 minutes without resting?

INTERVIEWER: Read categories to respondent.

This corresponds to the regular walking pace of the respondent. If the respondent uses an aid for minimal support such as a cane, walking stick or crutches, ask for a response based on their ability to walk when using these aids.

- 1 **No difficulty**
- 2 **Some (difficulty)**
- 3 **A lot (of difficulty)**
- 4 **You cannot do at all**

DK, RF

DSQ_Q11

How much difficulty do you have walking up or down a flight of stairs, about 12 steps without resting?

INTERVIEWER: Read categories to respondent.

This corresponds to the regular walking pace of the respondent. If the respondent uses an aid for minimal support such as a cane, walking stick or crutches, ask for a response based on their ability to walk when using these aids.

- 1 **No difficulty**
- 2 **Some (difficulty)**
- 3 **A lot (of difficulty)**
- 4 **You cannot do at all**

DK, RF

DSQ_C12

If (DSQ_Q10 = 1, DK or RF) and (DSQ_Q11 = 1, DK or RF), go to DSQ_Q13.
Otherwise, go to DSQ_Q12.

DSQ_Q12

How often [does this difficulty walking/does this difficulty using stairs/do these difficulties] limit your daily activities?

INTERVIEWER: Read categories to respondent.

- 1 **Never**
- 2 **Rarely**
- 3 **Sometimes** (Go to DSQ_R18)
- 4 **Often** (Go to DSQ_R18)
- 5 **Always** (Go to DSQ_R18)

DK, RF

DSQ_Q13

How much difficulty do you have bending down and picking up an object from the floor?

INTERVIEWER: Read categories to respondent.

- 1 **No difficulty**
- 2 **Some (difficulty)**
- 3 **A lot (of difficulty)**
- 4 **You cannot do at all**

DK, RF

DSQ_Q14

How much difficulty do you have reaching in any direction, for example, above your head?

INTERVIEWER: Read categories to respondent.

- 1 **No difficulty**
- 2 **Some (difficulty)**
- 3 **A lot (of difficulty)**
- 4 **You cannot do at all**

DK, RF

DSQ_C15

If (DSQ_Q13 = 1, DK or RF) and (DSQ_Q14 = 1, DK or RF), go to DSQ_Q16.
Otherwise, go to DSQ_Q15.

DSQ_Q15

How often [does this difficulty bending down and picking up an object/does this difficulty reaching/do these difficulties] limit your daily activities?

INTERVIEWER: Read categories to respondent.

- 1 **Never**
- 2 **Rarely**
- 3 **Sometimes** (Go to DSQ_R18)
- 4 **Often** (Go to DSQ_R18)
- 5 **Always** (Go to DSQ_R18)

DK, RF

DSQ_Q16

How much difficulty do you have using your fingers to grasp small objects like a pencil or scissors?

INTERVIEWER: Read categories to respondent.

- 1 **No difficulty** (Go to DSQ_R18)
- 2 **Some (difficulty)**
- 3 **A lot (of difficulty)**
- 4 **You cannot do at all**

DK, RF

(Go to DSQ_R18)

DSQ_Q17

How often does this difficulty using your fingers limit your daily activities?

INTERVIEWER: Read categories to respondent.

- 1 **Never**
- 2 **Rarely**
- 3 **Sometimes**
- 4 **Often**
- 5 **Always**

DK, RF

DSQ_R18

Please answer for difficulties or long-term conditions that have lasted or are expected to last for six months or more.

DSQ_Q18

Do you have any difficulty learning, remembering or concentrating?

INTERVIEWER: Read categories to respondent.

- 1 **No** (Go to DSQ_Q25)
- 2 **Sometimes**
- 3 **Often**
- 4 **Always**

DK

RF

(Go to DSQ_Q25)

DSQ_Q19

Do you think you have a condition that makes it difficult in general for you to learn? This may include learning disabilities such as dyslexia, hyperactivity, attention problems, etc..

- 1 Yes
- 2 No
- DK, RF

DSQ_Q20

Has a teacher, doctor or other health care professional ever said that you had a learning disability?

- 1 Yes
- 2 No
- DK, RF

DSQ_C21

If DSQ_Q19 = 1 (Yes) or DSQ_Q20 = 1 (Yes), go to DSQ_Q21.
Otherwise, go to DSQ_Q22.

DSQ_Q21

How often are your daily activities limited by this condition?

INTERVIEWER: Read categories to respondent.

- 1 **Never**
- 2 **Rarely**
- 3 **Sometimes** (Go to DSQ_Q25)
- 4 **Often** (Go to DSQ_Q25)
- 5 **Always** (Go to DSQ_Q25)
- DK, RF

DSQ_Q22

Has a doctor, psychologist or other health care professional ever said that you had a developmental disability or disorder? This may include Down syndrome, autism, Asperger syndrome, mental impairment due to lack of oxygen at birth, etc..

- 1 Yes (Go to DSQ_Q25)
- 2 No
- DK, RF

DSQ_Q23

Do you have any ongoing memory problems or periods of confusion? Please exclude occasional forgetfulness such as not remembering where you put your keys.

- 1 Yes (Go to DSQ_Q25)
- 2 No (Go to DSQ_Q25)
- DK, RF

DSQ_Q24

How often are your daily activities limited by this problem?

INTERVIEWER: Read categories to respondent.

If respondent indicates that the problem is controlled by medication or therapy ask for a response based on when the respondent is using medication or therapy.

- 1 **Never**
- 2 **Rarely**
- 3 **Sometimes**
- 4 **Often**
- 5 **Always**
- DK, RF

DSQ_Q25

Please remember that your answers will be kept strictly confidential.

Do you have any emotional, psychological or mental health conditions? These may include anxiety, depression, bipolar disorder, substance abuse, anorexia, etc..

INTERVIEWER: Read categories to respondent.

- 1 **No** (Go to DSQ_C27)
- 2 **Sometimes**
- 3 **Often**
- 4 **Always**
- DK, RF (Go to DSQ_C27)

DSQ_Q26

How often are your daily activities limited by this condition?

INTERVIEWER: Read categories to respondent.

If respondent indicates that the condition is controlled by medication or therapy, ask for a response based on when the respondent is using medication or therapy.

- 1 **Never**
- 2 **Rarely**
- 3 **Sometimes**
- 4 **Often**
- 5 **Always**
- DK, RF

DSQ_C27

If (((DSQ_Q01 = 1 (No) or RF) AND (DSQ_Q05 = 1 (No) or RF) AND (DSQ_Q09 = 1 (No) or RF) AND (DSQ_Q18 = 1 (No) or RF) AND (DSQ_Q25 = 1 (No) or DK or RF)) OR ((DSQ_Q12 = 3, 4 or 5) OR (DSQ_Q15 = 3, 4 or 5) OR (DSQ_Q17 = 3, 4 or 5))), go to DSQ_C30.
Otherwise, go to DSQ_R27.

DSQ_R27

The following questions are about pain due to a long-term condition that has lasted or is expected to last for six months or more.

DSQ_Q27

Do you have pain that is always present?

- 1 Yes
- 2 No
- DK, RF

DSQ_Q28

Do you [also] have periods of pain that reoccur from time to time?

- 1 Yes
- 2 No
- DK, RF

DSQ_C29

If DSQ_Q27 = 1 (Yes) or DSQ_Q28 = 1 (Yes), go to DSQ_Q29.
Otherwise, go to DSQ_C30.

DSQ_Q29

How often does this pain limit your daily activities?INTERVIEWER: Read categories to respondent.

If the respondent has both pain that is always present and pain that reoccurs from time to time, ask them about the pain that bothers them the most. If respondent indicates that pain is controlled by medication or therapy, ask for a response based on when the respondent is using medication or therapy.

- 1 **Never**
 - 2 **Rarely**
 - 3 **Sometimes** (Go to DSQ_END)
 - 4 **Often** (Go to DSQ_END)
 - 5 **Always** (Go to DSQ_END)
- DK, RF

DSQ_C30

If ((DSQ_Q04 = 3, 4 or 5) OR (DSQ_Q08 = 3, 4 or 5) OR (DSQ_Q12 = 3, 4 or 5) OR (DSQ_Q15 = 3, 4 or 5) OR (DSQ_Q17 = 3, 4 or 5) OR (DSQ_Q21 = 3, 4 or 5) OR (DSQ_Q22 = 1) OR (DSQ_Q24 = 3, 4 or 5) OR (DSQ_Q26 = 3, 4 or 5) OR (DSQ_Q29 = 3, 4 or 5)), go to DSQ_END.
Otherwise, go to DSQ_Q30.

DSQ_Q30

Do you have any other health problem or long-term condition that has lasted or is expected to last for six months or more?

- 1 Yes
 - 2 No (Go to DSQ_END)
- DK, RF (Go to DSQ_END)

DSQ_Q31

How often does this health problem or long-term condition limit your daily activities?INTERVIEWER: Read categories to respondent.

If respondent indicated more than one health problem or condition, ask for a response that is based on the health problem or condition that limits the respondent's daily activities the most.

- 1 **Never**
 - 2 **Rarely**
 - 3 **Sometimes**
 - 4 **Often**
 - 5 **Always**
- DK, RF

DSQ_END

Financial difficulty due to disability (FDD)

FDD_Q05

In 2014, have you and your household experienced significant financial difficulty because of a long term disability or health problem of a member of your household?

INTERVIEWER: Read categories to respondent.

- 1 **Yes, sometimes**
- 2 **Yes, often**
- 3 **No**
- DK, RF

FDD_END

Owners and renters (DWL)

DWL_BEG

DW_Q01 = Dwelling type
DWELTYPE = dwelling type code from LFS sample file

Dwelling type:
01 = single detached
02 = semi-detached (double)
03 = row or terrace
04 = duplex
05 = low-rise apartment of fewer than 5 stories or a flat
06 = high-rise apartment of 5 stories or more
07 = institution
08 = hotel; rooming/lodging house; camp
09 = mobile home
10 = other

DWL_R05

The next series of questions will be about your dwelling.

DWL_C05A

If DW_Q01 = empty, go to DWL_C05C.
Otherwise, go to DWL_C05B.

DWL_C05B

If DW_Q01 = 07, 08 or 09, go to DWL_Q10.
Otherwise, go to DWL_Q05.

DWL_C05C

If DWELTYPE = 07, 08 or 09, go to DWL_Q10.
Otherwise, go to DWL_Q05.

DWL_Q05

Is this dwelling part of a condominium development?

- 1 Yes
- 2 No
- DK, RF

DWL_Q10

Is this dwelling in need of any repairs? Do not include remodelling or additions.

INTERVIEWER: Read categories to respondent.

- 1 **No, only regular maintenance is needed (painting, furnace cleaning, etc.)**
- 2 **Yes, minor repairs are needed (missing or loose floor tiles, bricks or shingles, defective steps, railing or siding, etc.)**
- 3 **Yes, major repairs are needed (defective plumbing or electrical wiring, structural repairs to walls, floors or ceilings, etc.)**

DK, RF

DWL_END

Owners (OWN)

OWN_BEG

TN_Q01: owner or renter

OWN_C05A

If TN_Q01 = 1 (owner), go to OWN_C05B.
Otherwise, go to OWN_END.

OWN_C05B

If DW_Q01 = empty, go to OWN_C05D.
Otherwise, go to OWN_C05C.

OWN_C05C

If DW_Q01 = 01, 02, 03, 04, 09, 10, DK or RF, go to OWN_Q05.
Otherwise, go to OWN_Q10.

OWN_C05D

If DWELTYPE = 01, 02, 03, 04, 09, 10, DK or RF, go to OWN_Q05.
Otherwise, go to OWN_Q10.

OWN_Q05

Does anyone in your household operate a farm on this property?

- 1 Yes
- 2 No

DK, RF

OWN_Q10

Does anyone in your household operate a business from this dwelling or property?

INTERVIEWER: Property is interpreted as the land and buildings associated with the dwelling.

- 1 Yes
- 2 No

DK, RF

OWN_Q15

How many bedrooms are there in this dwelling?

INTERVIEWER: Include all rooms designed as bedrooms even if they are now used for something else, for example, as guest rooms or television rooms.

Do not count rooms used solely for business purposes.

Include all rooms used as bedrooms now, even if they were not originally built as bedrooms, such as bedrooms in a finished basement.

For a one-room dwelling or bachelor apartment, enter zero.

(MIN: 0) (MAX: 95)

DK, RF

OWN_Q20

Is there a mortgage on this dwelling?

1 Yes

2 No

DK, RF

(Go to OWN_Q65)

(Go to OWN_Q65)

OWN_Q25

Are property taxes included in your mortgage payments?

1 Yes

2 No

DK, RF

(Go to OWN_Q65)

OWN_Q30

Do you have more than one mortgage on your dwelling?

1 Yes

2 No

DK, RF

(Go to OWN_C55)

(Go to OWN_Q65)

OWN_Q35

How often do you make regular mortgage payments?

01 Weekly

02 Every two weeks

03 Twice a month

04 Biweekly

05 Monthly

06 Quarterly

07 Annually

08 Twice a year

09 Other - Specify

DK, RF

(Go to OWN_Q40)

(Go to OWN_S35)

(Go to OWN_Q65)

Go to OWN_C45

OWN_S35

(How often do you make regular mortgage payments?)

INTERVIEWER: Specify.

(80 spaces)

(DK, RF not allowed)

Go to OWN_C45

OWN_Q40

Is that...?

INTERVIEWER: Read categories to respondent.

1 **Every two weeks**

2 **Twice a month**

DK, RF

(Go to OWN_Q65)

OWN_C45

If OWN_Q25 = 1, go to OWN_Q45.

Otherwise, go to OWN_Q50.

OWN_Q45

How much do you pay for each of these regular mortgage payments, including your property taxes? Exclude irregular and lump sum payments.

INTERVIEWER: Round to nearest dollar.

(MIN: 1) (MAX: 99999995)

DK, RF

Go to OWN_Q65

OWN_Q50

How much do you pay for each of these regular mortgage payments? Exclude irregular and lump sum payments.

INTERVIEWER: Round to nearest dollar.

(MIN: 1) (MAX: 99999995)

DK, RF

Go to OWN_Q65

OWN_C55

If OWN_Q25 = 1, go to OWN_Q55.

Otherwise, go to OWN_Q60.

OWN_Q55

How much do you pay monthly for all these mortgages, including your property taxes? Exclude irregular and lump sum payments.

INTERVIEWER: Round to nearest dollar.

(MIN: 1) (MAX: 99999995)

DK, RF

Go to OWN_Q65

OWN_Q60

How much do you pay monthly for all these mortgages? Exclude irregular and lump sum payments.

INTERVIEWER: Round to nearest dollar.

(MIN: 1) (MAX: 99999995)

DK, RF

OWN_Q65 **What is the total annual property tax bill for this dwelling? Include school taxes, special service charges and local improvements.**

INTERVIEWER: Round to nearest dollar.

(MIN: 0) (MAX: 99999995)

DK, RF

OWN_C70A If DWL_Q05 = 1, go to OWN_Q75.
Otherwise, go to OWN_C70B.

OWN_C70B If OWN_Q65 = 0, DK or RF, go to OWN_END.
Otherwise, go to OWN_Q70.

OWN_Q70 **Is water included in the payments just mentioned?**

INTERVIEWER: Payments just mentioned could include mortgage payments and property taxes.

1 Yes
2 No
DK, RF

Go to OWN_END

OWN_Q75 **What is the regular monthly condominium fee for this dwelling?**

(MIN: 0) (MAX: 99999995)

DK, RF (Go to OWN_END)

OWN_C80 If (OWN_Q65 = 0, DK or RF) AND (OWN_Q75 = 0, DK or RF), go to OWN_END.
Otherwise, go to OWN_Q80.

OWN_Q80 **Are any of the following items included in the payments just mentioned?**

INTERVIEWER: Payments just mentioned could include mortgage payments, property taxes and condo fees.
Mark all that apply. Read categories to respondent.

1 **Electricity**
2 **Heating fuel**
3 **Water**
4 None of the above
DK, RF

OWN_END