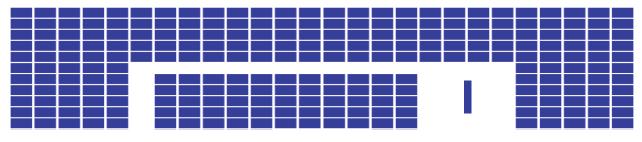


Housing, Family and Social Statistics Division General Social Survey 1985

Cycle I: Health and Social Support

Questionnaire Package





Statistics Canada Statistique Canada





GENERAL SOCIAL SURVEY, CYCLE 1

Health and Social Support

GSS 1

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GENERAL SOCIAL SURVEY CYCLE ONE QUESTIONNAIRE PACKAGE

This package briefly describes the content of the first cycle of the General Social Survey and the different questionnaires, methodologies and samples involved. A copy of the longest questionnaire (GSS-3) is attached as Appendix A.

Content and Questionnaires

The first cycle of the General Social Survey was conducted in the last week of September and the first two weeks of October, 1985. The survey collected information on the health status of the population and on social support for the elderly. Questions on social support (Sections K, L, and M of the GSS-3, see below) were asked of persons 55 years and over only. The information for the GSS was collected using two different methods; interviews over the telephone and face-to-face interviews. The age groups interviewed, the method, and the type of information collected are shown below:

Questionnaire	Ages	Interview Method	Content
GSS-2	15 - 54	telephone	health status & support network
GSS-3	55 - 64	telephone	health status & social support
GSS-4	65 & over	face-to-face	health status & social support

Because of the varying methodologies and type of information collected three different questionnaires were designed, as indicated in the left margin of the above table. The GSS-3 has the maximum number of questions and sections and therefore it is the questionnaire which has been attached. For easier reference the Sections of the GSS-3 are titled and listed below:

GSS-3 Sections:

Α.	Health Problems	Q.s			
В.	Two Week Disability	Q.s			
	Health Care Services	Q.s			
D.	Long Term Disability	Q.s	27		37
	Height and Weight	Q.s			
F.	Physical Activity	Q.s	41	****	52
	Smoking	Q.s	53		62

н.	Alcahal Use	Q.s	63	 69
I.	Sleeping	Q.s	70	 72
J.	Satisfaction	Q.s	73	 75
Κ.	Social Activities	Q.	76	
L.	Help Given to Others	Q.s	77	 83
M.	Household Activities Support	Q.s	84	 103
N.	Support Network	Q.s	104	 128
ο.	Background Characteristics	Q.s	129	 168

The <u>GSS-4</u> questionnaire is identical to the GSS-3 except for the exclusion of Q.s 146 - 150 from the Background Characteristics Section. These five questions which ask about household telephones are pertinent to the telephone sample only.

Sections A through J of the $\underline{GSS-2}$ questionnaire are identical to that of the GSS-3. The three sections on social support, Sections K, L, and M of the GSS-3, are excluded from the GSS-2. The remaining two sections of the GSS-3, Support Network and Background Characteristics, are included on the GSS-2 as Sections K and L respectively.

Samples

The telephone sample, consisting of persons aged 15 to 64 was created through random digit dialing. Each computer generated telephone number in the sample was called. When a private household was reached an interviewer completed a selection control form (GSS-1), shown in Appendix B. The interviewer used the GSS-1 to list all the eligible household members (persons 15 - 64) and to record age, sex and household relationships. One person in the household was then randomly selected to be interviewed. Approximately 8,150 telephone interviews were completed with an overall response rate of over 84%.

The sample of persons 65 years and over selected for personal interviews was drawn from the groups which rotated out of the Labour Force Survey in June and July, 1985. All the persons in these groups who were 65 years and over, were recontacted and asked to participate in the GSS. The age, sex, marital status and household composition were collected previously as part of the LFS. Approximately 3,150 personal interviews were completed with a response rate of 87%.

Nov. 29, 1985

Statistics Canada	APPENDIX Statistique Canada	_ 			
, ,] - [, ,]	- Telep	phone Number (Item 1, G	SS-1)		,
1 Page-Line No. (Item	40-41, GSS-1)				
Age (Item 44, GSS-1)					
					GSS
				CONFIDENT	AL when complet
				L.	•
	GENERA	L SOCIA	L SURV	ÆY	
	HEALTH A	ND SOCL	AL SUF	PPORT	
	QU	ESTIONN	AIRE		
	AGE	S 55 AND	OVER		

SEC	TION A	7.	Do you have diabetes?
your heal	uld now like to ask you some questions related to health. Most of the questions are about specific th concerns but the first question is about health neral.		¹ O Yes ² O No ³ O Don't know Go to 9
ı.	How would you describe your state of health? Compared to other persons your age, would you say it was	8.	At what age were you first diagnosed?
	¹ O Excellent		
	² O Good		Never diagnosed
	³ O Fair, or		™O Don't know
	O Poor?		1
2.	Now I'd like to ask you some questions about your blood pressure. How long ago did you last have your blood pressure checked?	9.	Do you have any respiratory problems such as asthma, emphysema, chronic bronchitis, persistent cough or shortness of breath? 'O Yes
	¹ O Within last 6 months		² O No
	² O 7 to 12 months ago		O Don't know
	³ O 13 to 24 months ago		- Don't know
	O More than 2 years ago		
	O Never	10.	Do you have arthritis, rheumatism or bursitis?
	O Den't know]	'O Yes
			*O %
3.	Have you ever been told by a doctor or nurse that you have high blood pressure?		³ O Don't know
	O Yes		
	·O No	SEC	TION B
	Go to E		, tion B
,	O Don't know Go to 5	11.	It is important in the next few questions for you to refer to the 14 day period from Sunday
[} Go to 5	11.	It is important in the next few questions for you
[O Don't know Note: Women should exclude high blood pressure due to pregnancy. Has any medication or treatment such as a	11.	It is important in the next few questions for you to refer to the 14 day period from Sunday During those two weeks, was your main activity working, going to school, keeping house or
[O Don't know Note: Women should exclude high blood pressure due to pregnancy.	11.	It is important in the next few questions for you to refer to the 14 day period from Sunday to Saturday During those two weeks, was your main activity working, going to school, keeping house or something else?
4.	Note: Women should exclude high blood pressure due to pregnancy. Has any medication or treatment such as a change in diet ever been prescribed for your high blood pressure?	11.	It is important in the next few questions for you to refer to the 14 day period from Sunday During those two weeks, was your main activity working, going to school, keeping house or something else? 40 Working
4.	Note: Women should exclude high blood pressure due to pregnancy. Has any medication or treatment such as a change in diet ever been prescribed for your	11.	It is important in the next few questions for you to refer to the 14 day period from Sunday
4.	Note: Women should exclude high blood pressure due to pregnancy. Has any medication or treatment such as a change in diet ever been prescribed for your high blood pressure? 1 O Yes	11.	It is important in the next few questions for you to refer to the 14 day period from Sunday
4.	O Don't know Note: Women should exclude high blood pressure due to pregnancy. Has any medication or treatment such as a change in diet ever been prescribed for your high blood pressure? O Yes O No		It is important in the next few questions for you to refer to the 14 day period from Sunday
	Note: Women should exclude high blood pressure due to pregnancy. Has any medication or treatment such as a change in diet ever been prescribed for your high blood pressure? 1 O Yes 2 O No 3 O Don't know The next few questions refer to certain other health problems. Have you ever had trouble with your heart, such as a heart attack, angina, heart failure or rheumatic heart disease?		It is important in the next few questions for you to refer to the 14 day period from Sunday
	Note: Women should exclude high blood pressure due to pregnancy. Has any medication or treatment such as a change in diet ever been prescribed for your high blood pressure? 1 O Yes 2 O No 3 O Don't know The next few questions refer to certain other health problems. Have you ever had trouble with your heart, such as a heart attack, angina, heart failure or rheumatic heart disease? 4 O Yes 5 O No		It is important in the next few questions for you to refer to the 14 day period from Sunday
	Note: Women should exclude high blood pressure due to pregnancy. Has any medication or treatment such as a change in diet ever been prescribed for your high blood pressure? 1 O Yes 2 O No 3 O Don't know The next few questions refer to certain other health problems. Have you ever had trouble with your heart, such as a heart attack, angina, heart failure or rheumatic heart disease? 4 O Yes 5 O No Go to 7		It is important in the next few questions for you to refer to the 14 day period from Sunday
	Note: Women should exclude high blood pressure due to pregnancy. Has any medication or treatment such as a change in diet ever been prescribed for your high blood pressure? 1 O Yes 2 O No 3 O Don't know The next few questions refer to certain other health problems. Have you ever had trouble with your heart, such as a heart attack, angina, heart failure or rheumatic heart disease? 4 O Yes 5 O No		It is important in the next few questions for you to refer to the 14 day period from Sunday
	Note: Women should exclude high blood pressure due to pregnancy. Has any medication or treatment such as a change in diet ever been prescribed for your high blood pressure? 1 O Yes 2 O No 3 O Don't know The next few questions refer to certain other health problems. Have you ever had trouble with your heart, such as a heart attack, angina, heart failure or rheumatic heart disease? 4 O Yes 5 O No Go to 7	12.	It is important in the next few questions for you to refer to the 14 day period from Sunday
5.	Note: Women should exclude high blood pressure due to pregnancy. Has any medication or treatment such as a change in dist ever been prescribed for your high blood pressure? 1 O Yes 2 O No 3 O Don't know The next few questions refer to certain other health problems. Have you ever had trouble with your heart, such as a heart attack, angina, heart failure or rheumatic heart disease? 4 O Yes 5 O No 6 O Don't know	12.	It is important in the next few questions for you to refer to the 14 day period from Sunday
5.	Note: Women should exclude high blood pressure due to pregnancy. Has any medication or treatment such as a change in diet ever been prescribed for your high blood pressure? 1 O Yes 2 O No 2 O Don't know The next few questions refer to certain other health problems. Have you ever had trouble with your heart, such as a heart attack, angina, heart failure or rheumatic heart disease? 4 O Yes 5 O No 6 O Don't know At what age were you first diagnosed?	12.	It is important in the next few questions for you to refer to the 14 day period from Sunday
5.	Note: Women should exclude high blood pressure due to pregnancy. Has any medication or treatment such as a change in dist ever been prescribed for your high blood pressure? 1 O Yes 2 O No 3 O Don't know The next few questions refer to certain other health problems. Have you ever had trouble with your heart, such as a heart attack, angina, heart failure or rheumatic heart disease? 4 O Yes 5 O No 6 O Don't know	12.	It is important in the next few questions for you to refer to the 14 day period from Sunday

15.	On how many of those days would you normally (worked?) have {gone to school? (done housework?)	23.	During the last 12 months, how many times did you see or talk to a medical specialist about your health? 97 O None 28 O Don't know
16.	(Not counting days spent in bed) Were there any days in those 2 weeks that you cut down on things you normally do because of your health? 3 Yes 4 No Go to 20	24.	During the last 12 months, how many times did you see or talk to a dentist? 77 O None 78 O Don't know
17.	How many days did you cut down for all or most of the day?	25.	During the last 12 months, how many times did you see or talk to a nurse about your health, excluding making appointments?
18.	Interviewer: If code 4, 5 or 6 in Q. 11, On the state of the state		97 O None 96 O Don't know
10	Otherwise, ² O Go to 20 On how many of those days were you not able	26.	Did you spend any nights as a patient in a hospital, nursing home or convalescent home during the last 12 months?
19.	to {go to school? {do housework?}		¹O Yes — How many nights? ²O No
		SE	CTION D
20.	TION C During those 14 days, did you see or talk to a medical doctor about your health? 3 O Yes	wha you tem	w I would like to ask you some questions about at you can do on an average day, with any aids if normally use them. Please exclude any apprary difficulties you might be experiencing due pregnancy or injury.
	4O No Go to 22	27.	Do you have any trouble walking 400 metres without resting; that's about 3 city blocks?
21.	What was the main reason for this contact? 5 O Illness or health problem		¹ ○ Yes → Are you completely unable to do this? ² ○ No ³ ○ Yes ⁴ ○ No
	Medical check-up No Shots, inoculations or vaccination	28.	Do you have any trouble walking up and down a
	Other (specify) Other (specify)		flight of stairs? 5 Yes Are you completely unable to do this?
22.	Now I'd like to ask you about your contacts during the last 12 months with the health care system.		*O No
	During the last 12 months, how many times did you see or talk to a general practitioner about your health?	29.	kilograms 10 metres; that's like carrying a 12 pound bag of groceries about 30 feet?
	²⁷ O None ²⁶ O Don't know		¹ ○ Yes → Are you completely unable to do this? ² ○ No ³ ○ Yes ¹ ○ No
	₩ DOIL FRIOW		

30.	Do you ha	ve any trouble standing for long lme; for example, waiting in line at a	SECTION E
	bank for 20	minutes or more?	The next few questions concern your physical condition and physical activity.
	¹O Yes→	Are you completely unable to do this?	38. What is your height?
	40 No	'O Yes	
		O No	feet inches or centimetres
-	Do won h	eve any trouble, when standing,	
31.		wn to pick up an object from the	
	¹O Yes-	Are you completely unable to do this?	39. What is your weight?
	O No	³O Yes	
		10 No	lbs. or kilograms
32.	Do you ha toenails?	ve any trouble cutting your own	• O Don't know
	¹O Yes→	Are you completely unable to do this?	40. Do you consider yourself to be
l	O No	O Yes	O Underweight
1		O No	O About the proper weight?
33.		trouble using your fingers to grasp	
	or handle?		SECTION F
1	¹O Yes→	Are you completely unable to do	41. Thinking back over the last 3 months did you
	² O No	3 O Yes	participate in active physical exercise, that is,
	•	'O No	exercise which made you perspire or breathe more heavily than normal?
34.	Do you have	any trouble reaching above your	¹O Yes
	head?		² O No ———— Go to 50
	¹O Yes→	Are you completely unable to do this?	
	O No	⁷ O Yes	42. Whet did you do? Anything else? (Mark all that apply.)
		O No	1 O Running or jogging
35.	Do you hav	e any trouble seeing well enough to	2 Pieusling
	read ordina	ary newsprint, with glasses if you	3 O Tennis
	•		O Exercise in a class or at home
	· U Yes →	Are you completely unable to do this?	5 O Swimming
	2 O No	³O Yes	O Raquetball or squash
		4O No	O Other (specify)
36.	Do you have	e any trouble hearing what is said in	O Other (specify)
•••	a normal co	nversation with at least two persons, ng aid if you normally use one?	Other (specify)
			1
		Are you completely unable to do this?	43. Over the last 3 months which did you do most frequently?
	O No	⁷ ○ Yes	1 O Running or jogging
		•O No	² O Bicycling
37.	Are you lim	ited in the kind or amount of activity	³ O Tennis
	of a long	at home, at work or at school because term physical condition or health	C Exercise in a class or at home
	problem?		⁵ O Swimming
	¹O Yes→	How are you limited?	GO Raquetball or squash
	² O No		⁷ O Other (specify)
1		11 1	11

	How frequently did you participate in this activity?	50. Which of the following best describes the level of physical effort in your work or daily activities?
	1 times per week OR	Light - such as office work, driving, sitting
	2 times per month	² O Moderate – such as vacuuming, carpentry, walking
	6 C Less than once a month	³ O Heavy - such as pushing or carrying
	O Don't know	heavy objects
45.	About how much time did you spend on each	¹ ○ Don't know
	oceasion?	
	³ O More than one hour	51. Over the past 3 months how frequently did you
	4 O 46 minutes to one hour	participate in light physical exercise or recreation such as walking, dancing, golfing,
	⁵ O 31 minutes to 45 minutes	gardening, baseball, etc.?
	⁶ ○ 16 minutes to 30 minutes	1 times a week
	⁷ O 15 minutes or less	OR 2 times a month
	⁸ O Don't know	
<u> </u>		⁵ O Less than once a month ⁶ O Don't know
46.	Interviewer:	
	If only one circle marked in Q. 42 O Go to 50	52. Overall, do you consider the amount of physical activity you usually get to be
	Otherwise, ² O Go to 47	⁷ ○ Too much
		¹ ○ Too little
47.	Which was the next most frequent exercise you participated in during the last 3 months?	°O The right amount?
	³ O Running or jogging	SECTION G
	O Bicycling	The next questions are about smoking.
[⁵ O Tennis	
		53. At the present time do you smoke cigarettes
	Exercise in a class or at home	daily, occasionally or not at all?
	⁶ O Exercise in a class or at home ⁷ O Swimming	
		daily, occasionally or not at all? 1 O Daily 2 O Occasionally 3 Go to 57
	O Swimming	daily, occasionally or not at all? Daily Occasionally
	⁷ O Swimming ⁸ O Raquetball or squash	daily, occasionally or not at all? 1 O Daily 2 O Occasionally 3 O Not at all 3 O Not at all
48	Other (specify)	daily, occasionally or not at all? 1 O Daily 2 O Occasionally 3 Go to 57
48.	Other (specify) How frequently did you do this activity?	daily, occasionally or not at all? 1 O Daily 2 O Occasionally 3 O Not at all 54. At what age did you start smoking cigarettes
48.	7 Swimming 8 Raquetball or squash 9 Other (specify) How frequently did you do this activity? 1 times a week	daily, occasionally or not at all? 1 O Daily 2 O Occasionally 3 O Not at all 54. At what age did you start smoking cigarettes daily?
48.	Other (specify) How frequently did you do this activity?	daily, occasionally or not at all? 1 O Daily 2 O Occasionally 3 O Not at all 54. At what age did you start smoking cigarettes daily? 30 Don't know
48.	Other (specify) How frequently did you do this activity? I times a week OR	daily, occasionally or not at all? 1 O Daily 2 O Occasionally 3 O Not at all 54. At what age did you start smoking cigarettes daily?
48.	Other (specify) How frequently did you do this activity? I times a week OR times a month	daily, occasionally or not at all? 1 O Daily 2 O Occasionally 3 O Not at all 54. At what age did you start smoking cigarettes daily? Don't know 55. About how many cigarettes do you smoke each
48.	Other (specify) How frequently did you do this activity? times a week OR times a month Cond Don't know	daily, occasionally or not at all? 1 O Daily 2 O Occasionally 3 O Not at all 54. At what age did you start smoking cigarettes daily? Don't know 55. About how many cigarettes do you smoke each day?
48.	*O Swimming *O Raquetball or squash *O Other (specify) How frequently did you do this activity? 1 times a week OR 2 times a month *O Less than once a month *O Don't know	daily, occasionally or not at all? 1 O Daily 2 O Occasionally 3 O Not at all 54. At what age did you start smoking cigarettes daily? Don't know 55. About how many cigarettes do you smoke each
	Other (specify) How frequently did you do this activity? times a week OR times a month Cless than once a month Don't know About how much time did you spend on each	daily, occasionally or not at all? 1 O Daily 2 O Occasionally 3 O Not at all 54. At what age did you start smoking cigarettes daily? Don't know 55. About how many cigarettes do you smoke each day? S6. What brand of cigarettes do you usually smoke? Go to 62
	*O Swimming *O Raquetball or squash *O Other (specify) How frequently did you do this activity? 1 times a week OR 2 times a month *O Less than once a month *O Don't know About how much time did you spend on each occasion?	daily, occasionally or not at all? 1 O Daily 2 O Occasionally 3 O Not at all 54. At what age did you start smoking cigarettes daily? Don't know 55. About how many cigarettes do you smoke each day? 56. What brand of cigarettes do you usually smoke?
	Power of the second of the sec	daily, occasionally or not at all? 1 O Daily 2 O Occasionally 3 O Not at all 54. At what age did you start smoking cigarettes daily? Don't know 55. About how many cigarettes do you smoke each day? Go to 57 56. What brand of cigarettes do you usually smoke? Go to 62 (code from brand chart)
	Other (specify) How frequently did you do this activity? I times a week OR I times a month Cless than once a month Don't know About how much time did you spend on each occasion? More than one hour 40 46 minutes to one hour	daily, occasionally or not at all? 1 O Daily 2 O Occasionally 3 O Not at all 54. At what age did you start smoking cigarettes daily? Don't know 55. About how many cigarettes do you smoke each day? Go to 57 56. What brand of cigarettes do you usually smoke? (code from brand chart) 57. Do you smoke pipes, cigars, or cigarillos daily?
	Positions a week OR Less than once a month Don't know About how much time did you spend on each occasion? More than one hour Ab minutes to one hour More than one hour	daily, occasionally or not at all? 1 O Daily 2 O Occasionally 3 O Not at all 54. At what age did you start smoking cigarettes daily? Don't know 55. About how many cigarettes do you smoke each day? Go to 57 56. What brand of cigarettes do you usually smoke? Go to 62 (code from brand chart)

58.	To Yes Go to 62	The next question concerns drinking in the last 7 days. By a drink we mean: One pint bottle of beer One small glass of wine 1 1/2 ounces of liquor
59.	At what age did you start smoking daily?	66. (a) Thinking back over the last 7 days, on how many of these days did you have any alcoholic drinks? Co None Go to 67
60.	At what age did you last stop smoking daily?	(b) On how many of these days did you have 2 or more drinks? So None Go to 67 (c) On how many of these days did you have 4 or
61.	About how many cigarettes did you usually smoke daily?	more drinks? O None Go to 67 (d) On how many of these days did you have 8 or more drinks?
62.	How many people in your household, excluding yourself, smoke daily? Don't know	© None ——— Go to 67 (e) On how many of these days did you have 12 or more drinks?
1	CTION H	[●] ○ None
bee	following questions are about drinking wine, ror liquor all kinds of alcoholic beverages. In the last 12 months have you taken a drink of beer, wine, liquor or other alcoholic beverage? 1 O Yes 2 O No Go to 68	67. Compared to this time last year are you now drinking 1 More 2 About the same Go to 70 3 Less 68. Did you ever drink alcoholic beverages? 4 Yes
64.	How often did you take a drink? Was it	¹ O No ——— Go to 70
	4 C Everyday 5 At least once a week 6 One or more times a month 7 Less often than once a month? 6 Don't know	69. Why did you stop? 60. Health 7 Other (specify) SECTION I Recent studies have shown that the amount of sleep a person gets may be related to their health.
65.	At what age did you start drinking alcoholic beverages? Don't know	70. Within a 24-hour period, how much time do you usually spend in bed resting, reading and sleeping? hours minutes Don't know

71.	Of this time, sleeping?	how long do you	usually spend					
	m r	T						
	hours mi	nutes						
	O Don't kn							
72.		ler that you get		}				
14.	· <u> </u>							
	¹ O Too mu ² O Too littl	•						
	_	he sieep he right amount?						
SEC	TION J	ne right amount.		1	*			
73.		stions ask you to rat	to vous facilises s	hout or	one of vour	life on	d liodan oo disi	
70.	you are very	satisfied, somewhat ings about each of th	satisfied, somew	hat dis	satisfied or	very di	issatisfied. Hov	v would you
				mewhat atisfied	Some Dissati		Very Dissatisfied	No Opinion
	(a) Your heal		01 0	0	03 O		۵	us O
	(b) Your job o		~	Q	04 O		os 🔘	10 Q
	(c) Your final (d) Your house			8	13 ()		14 O 19 O	15 Ö 20 Ö
	(e) Family re	lations		8	25 Ŏ 26 O		²⁴ Ŏ ²⁹ O	25 Ö 30 Ö
74.	(f) Friendshi			76(b)			h, how many ti	
14.	life as a whole	ne scale, how do you •	ieei about your	70(0)	travel out	of your	town or commu	nity?
	¹ O Very sa	tisfied			97O Never		Go to 76(c)	
	² O Somew	hat satisfied					whom did you tra all that apply)	avel?
	³ O Somew	hat dissatisfied		}		1O A	*- *	
	O Very di	ssatisfied?				_	pouse/Partner	
	⁵ O No opini	ion				1	on/Daughter	
75.	Would you de	scribe yourself as	•			l	ther Relative	
	¹O Very ha	рру				50 F	riend	
	_	hat happy				۰O c	other (specify)	
		hat unhappy						
	O Veryu			76(c)	Go to senio	or centr	es or clubs?	
686	SO No opin	ion		1		97 🔾	Never	
1	TION K	questions concern s	onial antivities					
70.(In the last to public p	month, how many ti places such as movi	imes did you go	76(d)	Go out to a cards, or t	ctivitie o attend	s such as bingo, l courses?	playing
	_	sports events?	-		97 O Neve		→ Go to 76(e)	
	Never	— → Go to 70	· · · · · · · · · · · · · · · · · · ·	1			whom did you go all that apply)	0?
		With whom did you (Mark all that apply)	r gor			10		
		¹ O Alone				2O S	Spouse/Partner	
		² O Spouse/Partner	e l				Son/Daughter	
		³ O Son/Daughter				1.0	Other Relative	
1		4O Other relative				101	Friend	
1		⁵ O Friend				1.0	Other (specify)	
		6 Other (specify)						
				76(e)	Attend me	etings	of clubs or orga	nizations?
						97 🔾	Never	

SEC	TION	L	80.	In the	last 6 months have you done any unnaid
The you This sucle other gives 77.	next is have as include as he revolument to fri In the house sewin	Tew questions are about any unpaid help given to others during the last 6 months. dues volunteer work through organizations appeared by the sport associations and enter organizations as well as unpaid help ends, neighbours or acquaintances. Last 6 months have you done any unpaid work outside your home such as cooking, gor cleaning? For which person or for which organization? (Mark all that apply) 2 Son/Daughter 4 Parent	iO 2O	Yes ➤ No In the care, 1	last 6 months have you done any unpaid itting? For which person or for which organization? (Mark all that apply) 3 Son/Daughter 4 Parent 5 Other relative 6 Friend, neighbour, etc. 7 Organization (specify) last 6 months have you provided personal things such as help bathing or dressing, to e outside your home?
		5O Other relative	0,	Yes >	For which person or for which
		Friend, neighbour, etc.	20	No	organization? (Mark all that apply)
		Organization (specify)			3 O Son/Daughter
					O Parent
					Other relative
					Friend, neighbour, etc.
78.	transp	e last 6 months have you provided portation such as driving a person to a			Organization (specify)
		r, a hospital or to stores?	82.	In the	e last 6 months have you provided any
• O	Yes	For which person or for which organization? (Mark all that apply)		unpai	d volunteer work for organizations such as ng, fundraising or office work?
		³O Son/Daughter	10	Yes >	For which person or for which organization? (Mark all that apply)
		O Parent	20	No	-
		⁵ O Other relative			O Son/Daughter O Parent
	;	Friend, neighbour, etc.			O Other relative
		Organization (specify)			Office relative
					Organization (specify)
		The state of the s			C Section (specify)
79.	maint paint	te last 6 months have you done any tenance or yard work such as repairs, ting, carpentry or lawn mowing?	83.	any or	last 6 months, did you donate money to ganizations or provide voluntary financial rt to any persons who do not live in your
۰0	Yes ➤	For which person or for which organization? (Mark all that apply)		house	hold, including family members?
2 0	No	³O Son/Daughter	١O	Yes ➤	For which person or for which organization? (Mark all that apply)
		O Parent	: O	No	
		O Other relative			O Son/Daughter
		O Friend, neighbour, etc.			O Parent
		Organization (specify)			Other relative Friend, neighbour, etc.
					Organization (specify)
					C Organization (special)
	CTION				
The	next q	uestions are about household activities and v	who t	akes pa	rt in these activities in your nome.
84.	Interv	iewer: Ask if not known:			
I	Dawa	u live in an apartment?			
	Do yo				

35. Is the yard work for done by	your aweiling, such as lawn			
⁵ O Yourself alone	Go to 88			
⁶ ○ Yourself and s	omeone else			
⁷ O Someone else.				
. Who (besides yourse	elf) does the yard work?	For each circle many How often is	arked ask: involved doing (he yard work?
		Once or more per week	Once or more per month	Less than once a month
⁰¹ ○ Spouse		⁰² 🔾	∞ O	N4 ()
05 O Daughter		06 🔾	⁰⁷ O	08 🔘
∞O Son		₇₀ 🔘	"O	\2O
13 Other relative		14 🔿	15 🔾	O ^{8:}
¹⁷ O Friend or neighbo	our	16 🔿	78 O	20 🔾
²¹ O House maintenar	nce service	²² O	23 O	24 🔘
²⁵ O Lawn/garden ma	intenance service	26 🔘	27 🔾	28 🔘
²⁹ O Senior centre or o	elub	30 🔾	31 O	32 🔾
33 O Landlord or agen	t	*O	35 🔾	36 🔾
³⁷ O Condominium con	rporation	28 🔾	39 🔘	40 O
41 O Other (specify)		⁴² O	45 O	40
	you do the yard work withou	t help?		
. If you had to, could y	Are you completely un	able to do it?		
. If you had to, could y	wie log combines an		1	
•	→ O Yes			
¹ O Yes ² O No ———————————————————————————————————	your household usually done Go to 92			· · · · · · · · · · · · · · · · · · ·
¹ Yes ² No No S. Is the housework in a solution of the	your household usually done Go to 92 comeone else	by	oskad sek	
¹ Yes ² No Someone else	your household usually done Go to 92	For each circle man	arked ask: — involved doing t	he housework?
¹ Yes ² No Someone else	your household usually done Go to 92 comeone else	For each circle man	arked ask:involved doing to Once or more per month	Less than
1 Yes 2 No Is the housework in the source of the source o	your household usually done Go to 92 comeone else	For each circle many often is	involved doing to Once or more	Less than
¹ Yes ² No No Is the housework in a second of the s	your household usually done Go to 92 comeone else	For each circle many How often is — Once or more per week	Once or more per month	Less than once a month
1 Yes 2 No No Is the housework in a solution of the solution	your household usually done Go to 92 comeone else	For each circle many How often is Once or more per week	Once or more per month	Less than once a month
1 Yes 2 No No Is the housework in 1 3 Yourself alone 6 Yourself and s 7 Someone else Who (besides yourse) 01 Spouse 05 Daughter	your household usually done Go to 92 comeone else	For each circle mand How often is — Once or more per week	Once or more per month	Less than once a month
1 Yes 2 No No Is the housework in the second of the seco	your household usually done Go to 92 comeone else	For each circle man How often is Once or more per week	Once or more per month	Less than once a month
1 Yes 2 No No Is the housework in a solution of the solution	your household usually done Go to 92 comeone else elf) does the housework?	For each circle mand How often is — Once or more per week Once or more per week Once or more per week	Once or more per month	Less than once a month
1 Yes 2 No No No Sthe housework in the house work in the housework in the housework in the housework in the	your household usually done Go to 92 comeone else clf) does the housework?	For each circle man How often is Once or more per week oz os 14 18	Once or more per month	Less than once a month
1 Yes 2 No Is the housework in a Solution of Yourself alone Yourself and solution of Yourself alone of Yourself and Solution of Yourself and Yourse	your household usually done Go to 92 comeone else bef does the housework?	For each circle marked worken is Once or more per week October 14 October 14 October 15 October 16 October 1	Once or more per month or Once or more per month or Once or more per month	Less than once a month
1 Yes 2 No No Is the housework in a yourself alone Yourself and s 7 Someone else Who (besides yourse Daughter Son Other relative Friend or neight Homemaker ser Friendly visitor	your household usually done Go to 92 comeone else bef does the housework? ber rvice service	For each circle man How often is — Once or more per week Occordance Occorda	Once or more per month Once or more per more per month Once or more per more per more per more per more per more per more pe	Less than once a month
1 Yes 2 No Is the housework in a Yourself alone 6 Yourself and s 7 Someone else Who (besides yourse OL Spouse OL Daughter OL Son OL Triend or neight Homemaker ser Friendly visitor Senior centre or Other (specify)	your household usually done Go to 92 comeone else bef does the housework? ber rvice service	For each circle markow often is Once or more per week 02 06 14 18 22 28 30 34 34	Once or more per month Once or more per more per month Once or more per more per more per more per more per more per more pe	Less than once a month
1 Yes 2 No Is the housework in a Yourself alone 6 Yourself and s 7 Someone else Who (besides yourse OL Spouse OL Daughter OL Son OL Triend or neight Homemaker ser Friendly visitor Senior centre or Other (specify)	your household usually done Go to 92 comeone else bef does the housework? ber rvice service club	For each circle markow often is Once or more per week 02 06 14 18 22 28 30 34 34	Once or more per month Once or more per more per month Once or more per more per more per more per more per more per more pe	Less than once a month
1 Yes 2 No No State housework in the second of the second	your household usually done Go to 92 comeone else ber rvice service club Go to 92	For each circle mand How often is Once or more per week 02 0 06 0 14 0 15 0 22 0 26 0 30 0 34 0 h as washing floors are	Once or more per month Once or more per m	Less than once a month
1 Yes 2 No No State housework in the second of the second	your household usually done Go to 92 comeone else ber rvice service club Go to 92 Go to 92 Are you completely un	For each circle mand How often is Once or more per week 02 0 06 0 14 0 15 0 22 0 26 0 30 0 34 0 h as washing floors are	Once or more per month Once or more per m	Less than once a month
1 Yes 2 No 3 Yourself alone 5 Yourself and s 7 Someone else 6 Who (besides yourse 5 Daughter 6 Son 13 Other relative 17 Friend or neight 21 Homemaker ser 25 Friendly visitor 29 Senior centre or 33 Other (specify) 6 If you had to, could y	your household usually done Go to 92 comeone else ber rvice service club Go to 92	For each circle mand How often is Once or more per week 02 0 06 0 14 0 15 0 22 0 26 0 30 0 34 0 h as washing floors are	Once or more per month Once or more per m	Less than once a month

91.	If you	u had to, could you d	o light housework such as w	ashing dishes and d	usting without hel	p?
	ıO	Yes	Are you completely unable	to do light housewo	rk?	
	² O	No -	3O Yes	_		-
			4O No			
92.	A +	ha masle in yayu bay	sehold usually prepared by			
74.		-		···		
	_	Yourself and some	Go to 95			
		Someone else	one eise			
		Someone else				
93.	Who	(besides yourself) m	akes the meals?	For each circle mark How often is	ed ask: involved in n	naking meals?
				Once or more per week	Once or more per month	Less than once a month
	01 O	Spouse		82 O	∞ ○	4 O
	⁰⁵ O	Daughter		∞ ○	a1 🔾	∞ ○
	~ O	Son		10 🔘	:: O	12O
	13 🔾	Other relative		* O	15 🔘	14 🔾
	17 O	Friend or neighbour		:4 O	19 🔘	20 🔘
	31 O	Homemaker service		* O	* O	24 🔾
	25 O	Friendly visited servi	ice	*	# O	28 🔾
	»O	Senior centre or club		30 🔾	3r ()	32 🔾
	"O	Other (specify)		34 O	35 🔘	36 🔾
0.4	10		and a second second second second	do it s. ithout holm?		
94.	-		on a regular basis, could yo			
	_	Yes	Are you completely unable	to mak? meats:		
	²O	No -	O Yes			
			O No			
95.	Is the	grocery showping i	n your household usually de	one by		
	5 O	Yourself alone -	———→ Go to 98			
	•0	Yourself and some	one else			
	⁷ O	Someone else				
96.	Who	(besides yourself) sh	ops for groceries?	For each circle mark How often is shopping?	ed ask: ——involved in g	rocery
				Once or more per week	Once or more per month	Less than once a month
	01 O	Spouse		oz 🔘	∞ ○	«O
	05 🔾	Daughter		og 🔾	er 🔾	° O
	~ O	Son		10 🔾	ıı O	12 🔾
	13 🔾	Other relative		14O	15 🔾	16 🔾
	17 O	Friend or neighbour		74 O	79 🔾	20 🔾
	21 🔿	Homemaker service		* O	∞ O	*0
	* O	Friendly visitor serv	rice	26 🔘	*O	# O
	29 🔿	Senior centre or club	•	30 🔘	31 O	32 O
	33 O	Other (specify)		" О	35 🔘	³⁶ ○
1						

97. If	you	ı had to, could you d	o the groce	ry snopping			
i	0	Yes	Are you co	ompletely una	able to do shopping?		
2	0	No -	³ O Yes				
			40 No				
98. Do	o yo	u usually get help w	ith managi	ng your mone	ey such as keeping tra	ack of expenses an	d paying bills?
3	0	Yes					
4	0	No -	Go to 101				
99. W	ho ı	usually helps you?			For each circle many often does		?
					Once or more per week	Once or more per month	Less than once a month
or (0	Spouse			02 🔾	na 🔾	94 O
05 (0	Daughter			⁰⁶ ○	07 🔿	08 🔘
os (0	Son			10 🔘	пO	12 🔾
13 (0	Other relative			14 🔘	15 🔾	16 🔘
17 (0	Friend or neighbour			16 🔘	19 🔾	20 🔾
21 (0	Counselling service			22 🔾	23 🔾	24 🔘
25 (0	Legal/accounting ser	vice		26 🔘	27 🔾	28 🔾
39 (0	Senior centre or club			30 🔘	31 O	32 🔾
33 (0	Other (specify)			34 🔾	35 🔾	36 🔘
				4.3		·, · · · · · · · · · · · · · · · · · ·	
1	0	had to, could you n					
1	0	•	Are you c	r money with			
ı	0	Yes	Are you c				
ı	0	Yes	Are you c				
101. Do	O y o	Yes No Du usually get help w	Are you co	ompletely una		taking medication	n?
101. Do	O y o	Yes No	Are you co	ompletely una	able to do it?	taking medication	n?
101. Do	0 y 0 y 0	Yes No Du usually get help w	Are you co	ompletely una	able to do it?	arked ask:	
101. Do	0 y 0 y 0	Yes No Du usually get help w Yes No	Are you co	ompletely una	able to do it? as dressing, feeding or For each circle m	arked ask:	
101. Do	0 y 0 y 0	Yes No Du usually get help w Yes No	Are you co	ompletely una	able to do it? Is dressing, feeding or For each circle m How often does	arked ask: help Once or more	o? Less than
101. De 5 6	O yo	Yes No Yes No usually get help w Yes No usually helps you?	Are you co	ompletely una	able to do it? As dressing, feeding or For each circle m How often does Once or more per week	arked ask: help Once or more per month	Less than once a month
101. Do	o yo	Yes No Yes No Yes No usually helps you?	Are you co	ompletely una	For each circle m How often does Once or more per week	arked ask: Once or more per month	Less than once a month
101. Do	O O O	Yes No Yes No Yes No usually helps you? Spouse Daughter Son	Are you co	ompletely una	For each circle m How often does Once or more per week	arked ask: help Once or more per month	Less than once a month
101. Do	O Y O O O O O	Yes No Yes No Yes No usually get help w Yes No usually helps you? Spouse Daughter Son Other relative	Are you co	ompletely una	For each circle m How often does Once or more per week	arked ask: Once or more per month Once or more per month	Less than once a month
101. Do	O O O	Yes No Yes No Yes No usually helps you? Spouse Daughter Son Other relative Friend or neighbour	Are you co	ompletely una	For each circle m How often does Once or more per week	arked ask: Once or more per month or O	Less than once a month
101. Do	0 y c	Yes No Yes No Yes No usually get help w Yes No usually helps you? Spouse Daughter Son Other relative Friend or neighbour Nursing service	Are you co	ompletely una	For each circle m How often does Once or more per week 22 \(\) 26 \(\) 10 \(\) 14 \(\) 18 \(\)	arked ask: Once or more per month oo O 11 O 15 O 19 O	Less than once a month O4 O6 O12 O16 O20 O
101. Do. 5 6 102. W	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Yes No Yes No Usually get help w Yes No Usually helps you? Spouse Daughter Son Other relative Friend or neighbour Nursing service	Are you co	ompletely una	For each circle m How often does Once or more per week 22 36 10 14 22 22	arked ask: Once or more per month or O 11 O 15 O 23 O	Less than once a month 12 O 16 O 20 O 24 O

103. If you had to, could you c	are for yourself without h	elp?
¹O Yes	Are you completely unab	ple to care for yourself?
20 No	³O Yes	
	10 No	
	<u> </u>	
SECTION N		109. Interviewer: Ask if not known:
The following questions are a	about contact with your	Is your father still living?
family and friends.		¹O Yes
104. Interviewer: Ask if not kno	wn:	2O No
Is your mother still living	?	³ O Don't know Go to 114
¹O Yes		
2O No	Go to 109	
³ O Don't know		110. How old is your father?
		●○ Don't know
105. How old is your mother?		Dontanow
		111. Does he live in this household?
36 O Don't know		¹O Yes ———— Go to 114
		2O No
106. Does she live in this hous	ah ald?	- O .No
¹O Yes	Go to 109	112. How often do you see your father?
² O N ₀	,	_
		O Daily At least once a week
107. How often do you see you	ır mother?	⁵ O At least once a month
O Daily		O Less than once a month
4O At least once a week		O Never
50 At least once a month		- Never
_		
C Less than once a mor	ıın	
⁷ ○ Never		113. How often do you have contact by letter or
		telephone with him?
		¹ O Daily
108. How often do you hav	ve contact hy letter or	² O At least once a week
telephone with her?	to consider by lesser of	³ O At least once a month
¹ O Daily		Less than once a month
² O At least once a week		⁵ O Never
3 At least once a mont	h	
O Less than once a mor	nth	
O Never		W. D httd-op?
		114. Do you have any children?
		10 Yes How many?
! !		² O No Go to 119

115. Do all of them live in this household?	122. How often do you have contact by letter or telephone with them?
³ O Yes ——— Go to 118	•
¹O №	O Daily
	² O At least once a week
The next questions concern your children <u>not</u> living in this household.	³ O At least once a month
	O Less than once a month
116. How often do you see them?	⁵ O Never
⁵ O Daily	
⁶ O At least once a week	123. About how many other relatives have you had
⁷ O At least once a month	contact with in the last 3 months? Include aunts, uncles, cousins, nieces, nephews, in-laws.
⁸ O Less than once a month	micros, codanis, meces, nepnews, m-18ws.
°O Never	
	⁹⁷ ○ None ——— Go to 126
117. How often do you have contact by letter or telephone with them?	
¹O Daily	124. How often do you see your relatives?
² O At least once a week	
3 At least once a month	¹O Daily
C Less than once a month	² O At least once a week
5 O Never	³ O At least once a month
	O Less than once a month
	⁵ O Never
118. Do you have any grandchildren?	
4○ Yes ———— How many?	
⁷ O No	125. How often do you have contact by letter or telephone with them?
	¹ O Daily
119. Do you have any sisters or brothers?	² O At least once a week
6○ Yes → How many?	³ O At least once a month
O No Go to 123	C Less than once a month
G0 W 123	SO Never
120. Do all of them live in this household?	126. Other than relatives, how many people do you
¹O Yes ——— Go to 123	consider close friends? That is, friends you feel close to and can confide in.
² O No	
	⁹⁷ ○ None ——— Go to 129
The next questions concern your brothers and sisters not living in this household.	
121. How often do you see your brothers and sisters?	
³ O Daily	127. How often do you see your close friends?
4O At least once a week	¹ O Daily
O At least once a month	² O At least once a week
*O Less than once a month	³ O At least once a month
O Never	Less than once a month
	SO Never

128. How often do you have contact by letter or telephone with them?	133. What is your date of birth?
¹O Daily	
	Day Month Year
² O At least once a week	
3O At least once a month	134. Where were you born?
O Less than once a month	,
⁵ O Never	⁰¹ O Newfoundland
SECTION O	⁰² O Prince Edward Island
129. Now, I'd like to ask you for some background	[∞] O Nova Scotia
information. How many years of elementary or secondary education have you completed?	[∞] O New Brunswick
⁰¹ O No schooling \	[∞] O Québec
⁰² O One	Go to 136
	⁶⁷ ○ Manitoba
[™] O Two [™] O Three	Saskatchewan
1	⁰⁰ ○ Alberta
© Four	10 O British Columbia
Go to 131	11 O Yukon
orO Six	12 O Northwest Territories
[™] O Seven	13 O Country outside Canada (specify)
[∞] O Eight	
10 O Nine	135. In what year did you first immigrate to Canada?
"O Ten /	100. In wantyou and you may manage are to ounded.
12 O Eleven	1 9
13 O Twelve	97 O Canadian citizen by birth
¹⁴ O Thirteen	,
15 O Don't know	136. What language did you first speak in childhood?
	¹O English
130. Have you graduated from secondary school?	² O French
¹O Yes	3O Italian
2O No	O German
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	5O Ukrainian
131. Have you had any further schooling beyond	Other (specify)
elementary/secondary school?	
^a O Yes	
*O No ——— Go to 133	137. Do you still understand that language?
	⁷ ○ Yes
132. What is the highest level? (accept multiple response)	*O %o
Some community college, CEGEP, or nursing school	138. What language do you speak at home now? (If more than one language, which is spoken most often).
Diploma or certificate from community college, CEGEP, or nursing school	¹O English
³ O Some university	² O French
O Bachelor or undergraduate degree or teacher's	³ O Italian
college	O Chinese
³ O Master's or earned doctorate	³ O German
Other (specify)	⁶ O Other (specify)
	·

139. What, if any, is your religion?	144. Is this dwelling owned or being rented by a member of this household?
³¹ ○ No religion → Go to 141	
02 O Roman Catholic	¹ O Owned
[∞] O United Church	² O Rented
[∞] O Anglican	145. Who is the person (or one of the persons) that
⁹⁵ O Presbyterian	lives here and is responsible for paying the rent, or mortgage, or taxes, electricity, etc. for this dwelling?
³⁶ O Lutheran	<u></u>
⁰⁷ ○ Baptist	(enter page-line number)
○ Eastern Orthodox	97.0
[∞] O Jewish	⁹⁷ O Person lives elsewhere
Other (specify)	146. How many telephones, counting extensions, are there in your dwelling?
140. Other than on special occasions such as	'○ One ———— Go to 151
weddings, funerals or baptisms, how often do you attend services or meetings connected with	5 O Two or more
your religion?	1 woor more
¹ O At least once a week	147. Do all the telephones have the same number?
² O At least once a month	O No
3O At least once a year	7 O Yes — Go to 151
CLess than once a year	Co to 151
⁵ O Never	148. How many different numbers are there?
6O Don't know	146. Now many different numbers are there?
141. To which ethnic or cultural group do you or did your ancestors belong? (accept multiple response).	
	149. Are any of these numbers for business use only?
¹O French	*O No ———— Go to 151
³ O English	°O Yes
³ O Irish	
O Scottish	
⁵ O German	150 How many are for business use only?
GO Italian	
O Ukrainian	
O Don't know	151. Last week, did you do any work at a job or
Other (specify)	business? (not counting work around the house)
	¹ ○ Yes — → Go to 162
142. In what type of dwelling are you now living?	² O No
¹ O Single detached house	3 O Permanently
² O Semi-detached or double (side-by-side)	unable to work — Go to 165
³ O Garden house, town-house or row house	
4O Duplex (one above the other)	152. During that week did you have a job or business
5 C Low-rise apartment (less than 5 stories)	at which you did not work?
⁶ O High-rise apartment (5 or more stories)	4○ Yes ———— Go to 154
Other (specify)	5O No
	tro f
	153. Last week, did you have a job to start in the next 4 weeks?
143. What is the Postal Code for this dwelling?	6O Yes
	Go to 155
O Don't know	,

New job to start in the future	in the future Go to 162 Own illness or disability Personal or family responsibilities Bad weather Labour dispute (strike or lockout) Layoff, expects to return (Paid workers only) Vacation Seasonal business (Exclude paid workers) Other (specify) 155. In the past 4 weeks, have you looked for work? Ves No Go to 161 156. In the past 4 weeks, what have you done to find work? (accept multiple response) Public employment agency Other (specify) Other (specify) Tion Other (specify) 157. Are you looking for a full-time or part-time job? Full-time (30 or more hours per week) Other take a job last week?	¹○ Full-time ²○ Part-time → Go to 165 161. Did you have a job at anytime during the last 5 years? ³○ Yes ¹○ No → Go to 165 162. For whom do/did you work? □□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□
2 ○ Own illness or disability 3 ○ Parsonal or family responsibilities 4 ○ Bad weather 5 ○ Labour dispute (strike or lockout) 4 ○ Layoff, expects to return (Paid workers only) 7 ○ Vacation 8 ○ Seasonal business (Exclude paid workers) 5 ○ Other (specify) 165. In the past 4 weeks, have you looked for work? 1 ○ Yes 2 ○ No	Personal or family responsibilities Bad weather Labour dispute (strike or lockout) Layoff, expects to return (Paid workers only) Vacation Seasonal business (Exclude paid workers) Other (specify) To Yes No	2 Part-time → Go to 165 161. Did you have a job at anytime during the last 5 years? 3 ○ Yes 4 ○ No
Personal or family responsibilities	Personal or family responsibilities Bad weather Labour dispute (strike or lockout) Layoff, expects to return (Paid workers only) Vacation Seasonal business (Exclude paid workers) Other (specify) To Yes No	161. Did you have a job at anytime during the last 5 years? 3 Yes 4 No Go to 165 162. For whom do/did you work? 163. What kind of business, industry or service is was this? 164. What kind of work do/did you do? 165. What was your income before taxes from wages, salaries and self-employment during 1984?
161. Did you have a job at anytime during the last 5 years? Layoff, expects to return (Paid workers only) 10 Vacation	4○ Bad weather 3○ Labour dispute (strike or lockout) 4○ Layoff, expects to return (Paid workers only) 7○ Vacation 4○ Seasonal business (Exclude paid workers) 9○ Other (specify) 155. In the past 4 weeks, have you looked for work? 1○ Yes 2○ No ———————————————————————————————————	years? O Yes O No Go to 165 162. For whom do/did you work? It is a service is was this? O No Go to 165 163. What kind of business, industry or service is was this? O No Go to 165
Labour dispute (strike or lockout)	Layoff, expects to return (Paid workers only) Vacation Seasonal business (Exclude paid workers) Other (specify) 155. In the past 4 weeks, have you looked for work? Yes No Go to 161 156. In the past 4 weeks, what have you done to find work? (accept multiple response) Public employment agency Public employment agency Union Other (specify) 157. Are you looking for a full-time or part-time job? Full-time (30 or more hours per week) Part-time (Less than 30 hours per week)	3 Yes 4 No Go to 165 162. For whom do/did you work?
**O Layoff, expects to return (Paid workers only) **O Vacation **O Seasonal business (Exclude paid workers) **O Other (specify) **In the past 4 weeks, have you looked for work? **O Yes **O No	(Paid workers only) O Vacation Seasonal business (Exclude paid workers) Other (specify) 155. In the past 4 weeks, have you looked for work? Yes No Go to 161 166. In the past 4 weeks, what have you done to find work? (accept multiple response) Public employment agency O Private employment agency Union Other (specify) Full-time (30 or more hours per week) Part-time (Less than 30 hours per week)	Go to 165 162. For whom do/did you work?
162. For whom do/did you work?	O Seasonal business (Exclude paid workers) O Other (specify) 155. In the past 4 weeks, have you looked for work? O Yes No Go to 161 156. In the past 4 weeks, what have you done to find work? (accept multiple response) O Public employment agency O Private employment agency O Union O Other (specify) 157. Are you looking for a full-time or part-time job? Full-time (30 or more hours per week) Part-time (Less than 30 hours per week)	162. For whom do/did you work?
182. For whom do/did you work? 183. What kind of business, industry or service is was this? 185. In the past 4 weeks, have you looked for work? 186. In the past 4 weeks, what have you done to find work? (accept multiple response) 186. In the past 4 weeks, what have you done to find work? (accept multiple response) 186. In the past 4 weeks, what have you done to find work? (accept multiple response) 186. In the past 4 weeks, what have you done to find work? (accept multiple response) 186. What kind of work do/did you do? 186. What kind of business, industry or service is was this? 186. What kind of business, industry or service is was this? 186. What kind of business, industry or service is was this? 186. What kind of business, industry or service is was this? 186. What kind of business, industry or service is was this? 186. What kind of business, industry or service is was this? 186. What kind of business, industry or service is was this? 186. What kind of business, industry or service is was this? 186. What kind of business, industry or service is was this? 186. What kind of work do/did you do? 186. What kind of business, industry or service is was this? 186. What kind of business, industry or service is was this? 186. What kind of business, industry or service is was this? 186. What kind of business, industry or service is was this? 186. What kind of work do/did you do? 186	*O Seasonal business (Exclude paid workers) *O Other (specify)	163. What kind of business, industry or service is was this? 164. What kind of work do/did you do? 165. What was your income before taxes from wages, salaries and self-employment during 1984?
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2 Yes - Personal or family responsibilities or private pensions? 3 Yes - Going to school 4 Yes - Already has a job	Yes - Own illness or disability	⁸ O Don't know
2 Yes - Personal or family responsibilities or private pensions? 3 Yes - Going to school 4 Yes - Already has a job		167. What was your income from interest, dividends
*O Yes - Already has a job	² O Yes - Personal or family responsibilities	or private pensions?
4O Yes - Already has a job	³ O Yes - Going to school	
No income or loss	O Yes - Already has a job	
	⁵ O Other (specify)	
No - (Was available for work) 2 Don't know	No - (Was available for work)	
168. What was the total income of all household members from all sources during 1984?	!	168. What was the total income of all household
159. Last week, did you attend a school, college or	159. Last week, did you attend a school, college or	members from all cources during 1704;
university?	university?	members from all sources during 1904:
⁷ O Yes ³ O No income		
O No Go to 165 O Don't know	O No Go to 165	\$

GSS-1

Confidential when completed

General social survey Selection control form

1: 2: 3: 4:	
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								RECORD O	F CALLS		
10	11 De	ite	12 St	art	13 Fin	ish	14 Result	15 Interv	iewer's Name	16	Comments
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22.	is thi	dmun a	er for a	busine	ss, an ic	nstitutk	on or a p	rivate home?			
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30.	In this health study all information w participation is voluntary, your assist	re c lanc	olk ce i	ect will be kept a essential if t	strictly confidential as guaranteed by the Statistics Act. While your he results of the study are to be accurate.							
31.	I need to select one person from your person living or staying here who ha	ho a n	U 0	shold for an inte	erview. Starting wi esidence elsewhe	th the oldest, what is the fi re?	ret nai	ne en	d a	ge (of e	ech
				Enter nemes	and ages in 42 ar	nd 44						
99	Am than an area	[44]							_			
34.	Are there any persons away from this household attending school, visiting, travelling or in the hospital who USUALLY live here?	2		42			43 SEL	44 AGE	45 5 E	l	F	48 41 R
	OYes → Enter names and ages in	₽0	5		sehold members		•		×	S	E d	H
	42 and 44		١	Given Name			┨					
	ONo	П		Given Name			-	-		Н	+	+
33	Does anyone else live at this address.	Ш	2	Sumame			1.	,				
•••	such as other relatives, roomers, boarders or employees?		3	Given Name						П		
	OYes → Enter names and ages in	Н	Ц	Surname						Ц		1
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34.	INTERVIEWER:	П	6	Given Name							1	1
	Enter enswers for 44 through 48 for each person recorded in 42.	Ц		Surname					Ц	Ц	4	
	• Then go to 50.		7	Given Name								
	-	Н	\dashv	Sumame Given Name			1		Н	\dashv	+	+
	•		8	Surname								
50.	Now I'm going to use a selection pro whom to interview. This will just take				Selection Grid L	abel usehold Members				-		
51.	INTERVIEWER:				B = Select #							
	In Rem 43, number the persons 15 order from oldest to youngest.	to é	54 ;	years of age in								
	Determine the selected person by re- Selection Grid.	to the										
	• In item 43, circle the number of the	20/4	cte	d person.								
52.	The person I am to interview is		980	(name)	60. Final Status	61. Number of Eligible Household Members	62. 1	ntervi	•w•	r N	um	ber
	is he/she there?					اليا		1!			_!	لــ
	OYes → Go to 70				63. Notes Item No.							
	○ No → Set up appointment and go to 70					1 1 1 1 1 1 1 1 1 1	1_1_	اسل			_	
53.	Best time to contact selected person.											
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		1_		J					_			<u> </u>
		_	_		70. INTERVIEW							
					• If the sek aged 15	ected person & 10 54	() con	npie	to (35:	S-2
					• If the self	ected person is to 64) Con	npre	te 1	3 5:	2-3