



MEASURING SUSTAINABLE DEVELOPMENT

APPLICATION OF THE GENUINE PROGRESS INDEX TO NOVA SCOTIA

COMMUNITY GENUINE PROGRESS INDEX
GLACE BAY SURVEY

September 2003

MEASURING WELL-BEING

in

GLACE BAY

Your opinion matters!

The time you take to answer these questions can help us learn about ourselves and make a difference to the future of this community.

This survey is sampling 1 in 10 Glace Bay residents in order to be representative of the whole community

Thank you for giving your time.

GPI Atlantic is a non-profit citizens' group dedicated to building a new measure of well-being and quality of life for communities, -- the Genuine Progress Index (GPI). This Glace Bay pilot project is funded by the National Crime Prevention Centre (Business Action Program), with labour market partnership support from Human Resources Development Canada.

Dear Resident of Glace Bay, Cape Breton:

Thank you for taking part in this important project in which we are trying to learn more about ourselves as a community. The information you provide will help us work together to improve our quality of life, to identify human needs, and to build a safer, more secure community with a better future for our children.

Your answers will also help us construct a Genuine Progress Index for Glace Bay to assess whether we are making progress towards our common goals of having a strong, caring and peaceful community, with good, secure jobs, and a healthy population and environment. The goal is to build on our strengths, overcome our weaknesses, and provide support where it is needed. Some of these questions are sensitive, but your honest answers will enable us achieve this goal and build a stronger community.

This is a very long questionnaire, and we are asking you please to give the time and effort it takes to complete it properly for the sake of our community and our children. You will probably find it easier to do this in two or three sittings spread over a few days rather than all at once, and so we have divided the questionnaire into sections to make it easier for you to fill out at different times. We need you to fill out ALL parts, so please take your time and do it carefully.

Once you've completed the survey, your answers will be kept strictly confidential. Your name will not be attached to the answers, and even the researchers won't know who gave which answers. No individual data will be released, and the information will simply be aggregated to give a picture of the whole community.

Please seal your completed questions in the envelope provided, which will be picked up by _____ (name) at ____ am / pm on _____ (day), ____ (date) _____ (month). This person is also willing to assist you in answering any questions that may be unclear or to help you fill out the whole questionnaire if you wish. Please ignore the small numbers next to the check circles. They are just for data entry purposes.

If you have any questions or concerns during the coming week, or if you need help with any question, please call 842-9194 or stop by our office at Town House, 150 Commercial Street, Glace Bay. Thank you very much for the generous and valuable contribution of your time and energy.

*Yours sincerely,
Ken Macdonald, GPI Glace Bay*

GETTING TO KNOW YOU (Please check appropriate circle)

1. Sex: ☐¹ Male **POSTAL CODE:** _____
☐² Female

2. Age: ☐¹ 15-17
☐² 18-19
☐³ 20-24
☐⁴ 25-34
☐⁵ 35-44
☐⁶ 45-54
☐⁷ 55-64
☐⁸ 65+

3. Marital Status: ☐¹ Never Married
☐² Married or common law (includes same-sex partnerships)
☐³ Separated or Divorced
☐⁴ Widowed

4. Please list your main activity:

☐¹ Employed
☐² Unemployed
☐³ Student
☐⁴ Home maker
☐⁵ Retired
☐⁶ Other (please specify) _____

5. Do you have children?

☐¹ Yes
☐² No → Go to question 7

6. Please specify the age of each child:

Child	Age 0-5	Age 6-14	Age 15-17	Age 18 +
1	<input type="radio"/> ^{1a}	<input type="radio"/> ^{1b}	<input type="radio"/> ^{1c}	<input type="radio"/> ^{1d}
2	<input type="radio"/> ^{2a}	<input type="radio"/> ^{2b}	<input type="radio"/> ^{2c}	<input type="radio"/> ^{2d}
3	<input type="radio"/> ^{3a}	<input type="radio"/> ^{3b}	<input type="radio"/> ^{3c}	<input type="radio"/> ^{3d}
4	<input type="radio"/> ^{4a}	<input type="radio"/> ^{4b}	<input type="radio"/> ^{4c}	<input type="radio"/> ^{4d}
5	<input type="radio"/> ^{5a}	<input type="radio"/> ^{5b}	<input type="radio"/> ^{5c}	<input type="radio"/> ^{5d}
6	<input type="radio"/> ^{6a}	<input type="radio"/> ^{6b}	<input type="radio"/> ^{6c}	<input type="radio"/> ^{6d}

7. Are there children under 18 years old usually living with you in your home?

- "Usually" means more than half the time.
- **Be sure to include here any children under 18 that you already listed in the last question IF they are living with you.**
- If you are under 18, don't include yourself, but do count all other children living in the same household.

☐¹ Yes
☐² No → Go to question 9

8. Please specify the age of each child under 18 who is living with you in your home:

Child	Age 0-5	Age 6-14	Age 15-17
1	<input type="radio"/> ^{1a}	<input type="radio"/> ^{1b}	<input type="radio"/> ^{1c}
2	<input type="radio"/> ^{2a}	<input type="radio"/> ^{2b}	<input type="radio"/> ^{2c}
3	<input type="radio"/> ^{3a}	<input type="radio"/> ^{3b}	<input type="radio"/> ^{3c}
4	<input type="radio"/> ^{4a}	<input type="radio"/> ^{4b}	<input type="radio"/> ^{4c}
5	<input type="radio"/> ^{5a}	<input type="radio"/> ^{5b}	<input type="radio"/> ^{5c}
6	<input type="radio"/> ^{6a}	<input type="radio"/> ^{6b}	<input type="radio"/> ^{6c}

9. Who else lives with you in your household, and what is the main activity of each household member?

	Main Activity					
	Employed	Unemployed	Student	Home Maker	Retired	Other (specify)
Spouse/partner	<input type="radio"/> ^{1a}	<input type="radio"/> ^{1b}	<input type="radio"/> ^{1c}	<input type="radio"/> ^{1d}	<input type="radio"/> ^{1e}	<input type="radio"/> ^{1f}
Mother	<input type="radio"/> ^{2a}	<input type="radio"/> ^{2b}	<input type="radio"/> ^{2c}	<input type="radio"/> ^{2d}	<input type="radio"/> ^{2e}	<input type="radio"/> ^{2f}
Father	<input type="radio"/> ^{3a}	<input type="radio"/> ^{3b}	<input type="radio"/> ^{3c}	<input type="radio"/> ^{3d}	<input type="radio"/> ^{3e}	<input type="radio"/> ^{3f}
Room-mate	<input type="radio"/> ^{4a}	<input type="radio"/> ^{4b}	<input type="radio"/> ^{4c}	<input type="radio"/> ^{4d}	<input type="radio"/> ^{4e}	<input type="radio"/> ^{4f}
Other (specify) _____	<input type="radio"/> ^{5a}	<input type="radio"/> ^{5b}	<input type="radio"/> ^{5c}	<input type="radio"/> ^{5d}	<input type="radio"/> ^{5e}	<input type="radio"/> ^{5f}
Other (specify) _____	<input type="radio"/> ^{6a}	<input type="radio"/> ^{6b}	<input type="radio"/> ^{6c}	<input type="radio"/> ^{6d}	<input type="radio"/> ^{6e}	<input type="radio"/> ^{6f}

10. Have you graduated from high school?

- ☐¹ Yes
☐² No

11. Please indicate your highest grade of education completed (check one only).

- ☐¹ Primary to grade 8
☐² Grade 9 to 12 (or 13)
☐³ Community college diploma or certificate
☐⁴ University degree
☐⁵ Other (please specify) _____

12. Are you currently enrolled in a school or degree program, or will you be enrolled in a school or degree program in the fall?

- ☐¹ Yes
☐² No → Go to next section

13. Are you (or will you be in the fall) enrolled full-time or part-time?

- ☐¹ Full-time?
☐² Part-time?

14. At what level or grade are you currently enrolled? If you are a student on summer break, indicate the level or grade you will be enrolled in this fall.

- ☐¹ Primary to grade 8
☐² Grade 9 to 12 (or 13)
☐³ Community college diploma or certificate program
☐⁴ University degree program
☐⁵ Other (please specify) _____

Employment / Underemployment Questionnaire

Your honest answers to these questions will help us understand what is happening with our jobs in Glace Bay, and to work towards improving our livelihood security.

Your answers represent 10 other Glace Bay residents. So please take the time to answer carefully all questions that apply to you.

Remember that all your answers are strictly confidential and are not linked with your name in any way. If you need help with any question, please call 842-9194 or stop by our office at Town House, 150 Commercial Street, Glace Bay.

Thank you very much for the generous and valuable contribution of your time and energy.

Note: Ignore the small numbers next to the check boxes. They are just for data entry purposes.

Labour Market Activity

Terms and Definitions:

Employed: People, 15 years & over, who are working for pay.

Unemployed: People 15 years & over who are currently not working for pay, yet have been actively looking for paid work in the past 4 weeks.

Not in the labour force: Not employed and not actively looking for work. (Includes retirees, students, full-time home-makers, and discouraged workers who have given up looking for work).

Full-time: Worked 30 or more hours per week in your main paying job

Part -time: Worked less than 30 hours per week in your main paying job

Note: if you are unsure about the meaning of any terms or definitions, please see the end of this questionnaire where all the definitions are described in detail

Please SKIP any questions that do not apply to you -- (for example, some questions only apply to employed people, some only to people who are unemployed.)

Questions 1 through 4 all apply to Monday through Sunday of LAST WEEK.

(Note: If you have a job but were on vacation last week, you are still "employed.")

1. During last week, were you?

- ☐¹ Employed
- ☐² Unemployed → Go to question 4
- ☐³ Not in the labour force → Go to question 8

2. If you were employed last week, was your main job.....? (check all that apply)

- ☐¹ Full-time (30 or more hours)
- ☐² Part-time (less than 30 hours)
- ☐³ Casual, on-call or short-term contract
- ☐⁴ Seasonal
- ☐⁵ Working for others
- ☐⁶ Self-employed
- ☐⁷ Other (please specify) _____

3. If you were employed part time in your main job last week (less than 30 hours) was it because you:

- ☐¹ Could not find full-time work?
- ☐² Did not want full-time work?
- ☐³ Other (please specify) _____

4. If you were **unemployed last week** and actively looking for work in the last 4 weeks, were you unemployed because of: (check only one answer)

- ☐¹ Own illness or disability
- ☐² Maternity/paternity leave
- ☐³ Personal or family responsibilities
- ☐⁴ Returned/returning to school
- ☐⁵ Layoff, expecting to return to work
- ☐⁶ Waiting for new job to start
- ☐⁷ Had no transportation
- ☐⁸ No suitable work available
- ☐⁹ Other (*please specify*) _____

5. If you are now **unemployed**, please give the date you were last employed:

_____ (month) _____ (year)

6. If you are **unemployed**, are you mainly looking for:

- ☐¹ Full-time work
- ☐² Part-time work
- ☐³ Either

7. If you have been **unemployed** in the last 12 months, how many weeks, in total, during the last 12 months, have you been unemployed?

- ☐¹ 0-4 weeks
- ☐² 5-12 weeks
- ☐³ 13-24 weeks
- ☐⁴ 25-51 weeks
- ☐⁵ 52 weeks or more

Questions 8 through 11 apply to everyone who does **not** presently have a paying job, **whether or not you have been looking for work.**
If you currently have a paid job, go to question 11.

8. Would you like to have a paying job?

- ☐¹ Yes
- ☐² No

9. For what reason do you not have a paying job? (Enter a maximum of 3 reasons)

- ☐¹ Suitable work is unavailable or hard to find
☐² Lack necessary skills or qualifications
☐³ Own illness or disability
☐⁴ Lack transportation to or from work
☐⁵ Unable to find good childcare
☐⁶ Caring for elderly relative(s)
☐⁷ Attending school
☐⁸ Prefer to stay at home with children
☐⁹ Spouse wants you to stay at home
☐¹⁰ Personal or family responsibilities
☐¹¹ Retired
☐¹² Gave up looking for work
☐¹³ Other? (please specify) _____

10. If you do want a job, what do you think the chances are that you will find one in the next 6 months?

- ☐¹ Very likely
☐² Somewhat likely
☐³ Somewhat unlikely
☐⁴ Very unlikely
☐⁵ Don't know

Questions 11 and 12 apply to people who have had a paid job at any time during the last 12 months. If you have not had a paid job in the last 12 months, go to question 13.

11. Have you been with the same employer for the past 12 months?

- ☐¹ Yes
☐² No

12. Please give the start and end dates and the duration of every paid job you have had in the last 12 months: (add rows if necessary)

	Start Date		End Date		Duration (weeks)
	Month	Year	Month	Year	
Main Job					
Job 2					
Job 3					
Job 4					
Job 5					
Job 6					

13. Have you ever been employed in the fishing industry?

- ☐¹ Yes
☐² No → Go to question 18

14. Are you still involved in the fishing industry?

- ☐¹ Yes
☐² No

15. How have you been involved in the fishing industry, either now or in the past?
(Mark all that apply)

- ☐¹ Fish harvest
☐² Aquaculture
☐³ Fish processing
☐⁴ Fish wholesale / retail
☐⁵ Retail of fishing or processing supplies
☐⁶ Other (please specify) _____

16. If you are no longer involved in the fishing industry, why did you leave?
(Mark all that apply)

- ☐¹ Age
☐² Physical Difficulties
☐³ Not Financially Rewarding
☐⁴ Better Opportunities Elsewhere
☐⁵ To Pursue Other Interests
☐⁶ Fishery Closures
☐⁷ Other (Please specify) _____

17. Were you employed in the fishing industry in the Glace Bay area?

- ☐¹ Yes
☐² No

18. Are you planning to participate in the fishing industry in the future?

- ☐¹ Yes
☐² No

Job Characteristics

This section applies *only* to people who were *employed* this week or last week. If you were not employed this week or last week, please go to question 57.

Terms and Definitions:

- Full-time:** Worked 30 or more hours per week in your main paying job
Part -time: Worked less than 30 hours per week in your main paying job
Casual/On-Call: Hours vary substantially from one week to the next. Workers may be asked to work as the need arises, not on a prearranged schedule. (i.e. substitute teacher)
Contract: Job has a predetermined end date, or will end as soon as a specified project is completed. Includes temporary or term jobs, including work done through a temporary help agency.
Self-employed: Working owners of their own business (incorporated/not-incorporated), farm, or professional practice; or self-employed people who do not own their own business (example: babysitters, newspaper carriers, etc.)

19. Is your main job permanent (meaning there is no pre-specified date of termination)?

- ☐¹ Yes → Go to question 21
☐² No

**20. Why is your job not permanent?
(Please check only the one answer that best describes your job.)**

- ☐¹ Seasonal job
☐² Casual / on-call job
☐³ Self-employed (temporary situation) (*non-seasonal*)
☐⁴ Other long term temporary or term job (*6 months or longer*)
☐⁵ Other short term temporary or term job (*less than 6 months*)
☐⁶ Other non-seasonal contract work
☐⁷ Other (*please specify*) _____

21. How would you classify your work?

- ☐¹ Paid worker → Go to question 23
☐² Self-employed without employees
☐³ Self-employed with employees
☐⁴ Unpaid work for family business
☐⁵ Other (*please specify*) _____

22. If you are self-employed, what is the main reason? (Check one only)

- ☐¹ No suitable work available
- ☐² Want to make more money
- ☐³ Enjoy independence
- ☐⁴ Flexible schedule
- ☐⁵ Can work from home
- ☐⁶ Family business
- ☐⁷ Other (please specify) _____

23. What is your occupation?

(If you are not sure where your job fits, please see detailed job breakdowns at the very end of this questionnaire.)

- ☐¹ **Management Occupations**
- ☐² **Business, Finance and Administrative Occupations** (Examples: accountants, finance advisors, secretaries, receptionists, etc.)
- ☐³ **Natural and Applied Sciences and Related Occupations** (Examples: computer programmers, engineers, etc.)
- ☐⁴ **Health Occupations** (Examples: doctors, nurses, etc.)
- ☐⁵ **Occupations in Social Science, Education, Government Service and Religion** (Examples: teachers/professors, counsellors, lawyers, social workers, etc.)
- ☐⁶ **Occupations in Art, Culture, Recreation and Sport** (Examples: artists, actors, graphic designers, coaches, journalists, etc.)
- ☐⁷ **Sales and Service Occupations** (Examples: insurance and real estate sales, buyers, salespersons, cashiers, supervisors, cooks, food & beverage service, childcare and home support workers, etc.)
- ☐⁸ **Trades, Transport and Equipment Operators and Related Occupations** (Examples: contractors and supervisors, construction trades, transport and equipment operators, trades helpers, construction and transportation labourers, etc.)
- ☐⁹ **Occupations Unique to Primary Industry** (Examples: occupations unique to fishing, farming and mining, etc.)
- ☐¹⁰ **Occupations Unique to Processing, Manufacturing and Utilities** (Examples: machine operators, assemblers, supervisors, processing labourers, etc.)
- ☐¹¹ **Other (please specify)** _____

24. What is the job title of your main job? _____

25. At your main job, are you... (check all that apply)

- ☐¹ A union member?
- ☐² Covered by union contract or collective agreement?
- ☐³ None of the above?

26. Which of the following benefits do you have that are paid either in full or part by your employer? (check all that apply)

- ☐¹ Pension plan or group RRSP (other than mandatory Canada Pension Plan)
- ☐² Health Plan (other than provincial Medicare)
- ☐³ Dental Plan
- ☐⁴ Paid Sick Leave
- ☐⁵ Paid Vacation Leave
- ☐⁶ Paid Educational Leave
- ☐⁷ Other Paid Personal Leave

27. If you are entitled to Paid Vacation leave, how many weeks of paid vacation are you entitled to on an annual basis?

- ☐¹ Not entitled to paid vacation leave
- ☐² Less than 1 week
- ☐³ 1 week
- ☐⁴ 2 weeks
- ☐⁵ 3 weeks
- ☐⁶ 4 weeks
- ☐⁷ 5 or more weeks

28. Please estimate how many people work for your employer at all locations:

- ☐¹ 1-10
- ☐² 11-20
- ☐³ 21-50
- ☐⁴ 51-100
- ☐⁵ 101-500
- ☐⁶ Over 500

**Questions 29-34 apply to paid work done from your home.
If you do not do any work from your home, go to question #35**

29. Some people do all or some of their paid work at home. Excluding occasional overtime work that you may take home with you from time to time, do you *usually* work any of your scheduled hours at home?

- ☐¹ All
- ☐² Some
- ☐³ None → Go to question 35

30. What are the main reasons you do some or all of your paid work at home?

(Check maximum of three answers).

- ☐¹ To care for children
- ☐² To care for other family members
- ☐³ Other personal/family responsibilities
- ☐⁴ Requirements of the job
- ☐⁵ Self-employed/home office
- ☐⁶ Better working conditions
- ☐⁷ To save money
- ☐⁸ To save time
- ☐⁹ Other (please specify) _____

Note: Answer questions 31 and 32 only if you work for someone else.

If you are self-employed, please skip to question 33.

31. If your employer provides any equipment or supplies for this work done at home, please check all that apply.

- ☐¹ A computer
- ☐² A modem
- ☐³ A fax
- ☐⁴ Other equipment or supplies (please specify) _____
- ☐⁵ Reimbursement of costs
- ☐⁶ No equipment or supplies required
- ☐⁷ Nothing supplied

32. If you do some or all of your paid work from home, do the terms of your employment (contract or otherwise) require you to have access to any of the following? (Check all that apply)

- ☐¹ A computer
- ☐² A modem
- ☐³ A fax
- ☐⁴ Other equipment or supplies (please specify) _____
- ☐⁵ No equipment or supplies required.

33. Last week, how many hours did you actually work at home? (If on vacation last week, how many hours did you actually work at home in your last full week of work before vacation?)

- ☐¹ _____ hours
- ☐² None

34. On average, how many hours do you *usually* work at home per week?

- ☐¹ _____ hours
- ☐² None

Work Schedule and Income

Terms and Definitions:

- Usual Schedule:** Usually means more than half of the time.
- Usual hours:** Normal paid or contract hours, ***not counting*** any overtime. For self-employed and unpaid family workers, usual hours refer to the number of hours usually worked in a typical week, regardless of whether you were paid.
- Actual hours:** The number of hours you actually worked last week, ***including*** overtime.
- Regular daytime shift:** Work begins in the morning and ends in the afternoon; the standard 9 to 5 schedule is included in this category.
- Regular evening shift:** Work starts about 3 or 4 p.m. and is over by midnight.
- Regular night or graveyard shift:** Work starts around midnight and finishes around 8 am.
- Rotating shift:** A combination of the above shifts provided the shifts rotate on a regular basis and one shift does not predominate over the other(s).
- Split shift:** Two or more distinct periods of work with a period of free time that is not solely a lunch break, between work periods.
- Irregular schedule:** Is usually prearranged one week or more in advance (for example, pilots)
- On-call/casual:** Hours vary substantially from one week to the next. Workers may be asked to work as the need arises, not on a prearranged schedule. (for example, substitute teacher)

PLEASE SEE THE END OF THE QUESTIONNAIRE FOR MORE DETAILED DEFINITIONS..

Questions 35-57 all refer to paid employment, including self-employment.

35. Last week, did you have more than one job?

- ☐¹ Yes
- ☐² No → Go to question 38

36. How many jobs did you have last week?

- ☐¹ Two
- ☐² Three
- ☐³ Four
- ☐⁴ Five or more

**37. What is the main reason you worked at more than one job last week?
(check one only):**

- ☐¹ To meet regular household expenses
- ☐² To pay off debts
- ☐³ To buy something special
- ☐⁴ To save for the future

- ☐⁵ To gain experience
- ☐⁶ To build up a business
- ☐⁷ You enjoy the work of a second job
- ☐⁸ Other (please specify) _____

38. How many hours per week do you usually work at:

- ☐¹ Your main job? _____ hours (please enter number)
- ☐² All other jobs? _____ hours (please enter number)

39. Last week, how many hours did you actually work at: (If you were on vacation last week, how many hours did you actually work in your last week of work before vacation)

- ☐¹ Your main job? _____ hours (please enter number)
- ☐² All other jobs? _____ hours (please enter number)

40. If you usually work part-time (less than 30 hours per week), is this because you split your job with someone else (a job-sharing arrangement)?

- ☐¹ Yes
- ☐² No → Go to question 42

41. Is your “job-sharing arrangement” voluntary?

- ☐¹ Yes
- ☐² No

42. How many *hours per day* do you usually work at your main job?

_____ hours

43. At what time do you usually begin work at your main job? (Circle am or pm)

- ☐¹ _____ a.m. / p.m.
- ☐² It varies

44. At what time do you usually end work at your main job? (Circle am or pm)

- ☐¹ _____ a.m. / p.m.
- ☐² It varies

45. Are you on a flexible schedule that allows you to choose the time to begin and end your work day?

- ☐¹ Yes
- ☐² No

46. Which of the following best describes your work schedule at your main job?
(Check one answer only). Is your schedule...

- ☐¹ A regular daytime schedule?
- ☐² A regular evening shift?
- ☐³ A regular night or graveyard shift?
- ☐⁴ A rotating shift (that changes from days to evenings)?
- ☐⁵ A split shift (consisting of two distinct periods of work each day)?
- ☐⁶ On-call / Casual
- ☐⁷ An irregular schedule
- ☐⁸ Other (please specify) _____

47. What is the main reason you work this schedule? (Choose main reason - check only one answer)

- ☐¹ Earn more money
- ☐² Allow time to care for children
- ☐³ Allow time to care for other family members
- ☐⁴ Allow time for school
- ☐⁵ Requirements of the job/no choice
- ☐⁶ Preferred schedule
- ☐⁷ Other (please specify) _____

48. How long have you had this schedule at your main job?

- ☐¹ Less than one month
- ☐² 1 month to less than 6 months
- ☐³ 6 months to less than 1 year
- ☐⁴ 1 year to less than 2 years
- ☐⁵ 2 years to less than 5 years
- ☐⁶ 5 years or more

49. In addition to your scheduled hours, do you usually work over-time for which you receive compensation?

- ☐¹ Yes
- ☐² No

50. Last week, in addition to your scheduled hours, did you work any hours of overtime for which you will receive compensation?

- ☐¹ Yes
- ☐² No

51. How will you be compensated for the overtime you worked last week?

- ☐¹ With money
- ☐² With time off
- ☐³ Other? (please specify) _____

52. At what rate of pay is your overtime work compensated?

- ☐¹ Not paid for overtime
- ☐² Straight time
- ☐³ Time and a half
- ☐⁴ Double time
- ☐⁵ Other (*please specify*) _____

53. In addition to your contractual schedule, do you usually work extra overtime hours in your main job, for which you do not receive compensation?

- ☐¹ Yes
- ☐² No

54. Last week, did you work any overtime hours for which you won't receive compensation?

- ☐¹ Yes
- ☐² No

55. Aside from wage or salary, do you have other sources of income in your main job? (tips, commission, etc.)

- ☐¹ Yes
- ☐² No

56. At your main job, what are your gross annual earnings, including tips and commissions (before taxes).

- ☐¹ Less than \$5,000
- ☐² \$ 5,000 to \$ 9,999
- ☐³ \$10,000 to \$14,999
- ☐⁴ \$15,000 to \$19,999
- ☐⁵ \$20,000 to \$24,999
- ☐⁶ \$25,000 to \$29,999
- ☐⁷ \$30,000 to \$34,999
- ☐⁸ \$35,000 to \$39,999
- ☐⁹ \$40,000 to \$44,999
- ☐¹⁰ \$45,000 to \$49,999
- ☐¹¹ \$50,000 to \$54,999
- ☐¹² \$55,000 to \$59,999
- ☐¹³ \$60,000 or more

***EVERY ONE PLEASE CONTINUE WITH THE NEXT QUESTION,
WHETHER YOU ARE CURRENTLY WORKING OR NOT:***

57. What are your gross annual earnings, including tips and commissions, from all the paid jobs you have had in the last 12 months combined (before taxes)?

(Answer this question even if you presently don't have a paid job -- just add up your earnings from any jobs that you have had in the past year.)

- ☐¹ Have not had any paid work in the last 12 months
- ☐² Less than \$5,000
- ☐³ \$ 5,000 to \$ 9,999
- ☐⁴ \$10,000 to \$14,999
- ☐⁶ \$20,000 to \$24,999
- ☐⁷ \$25,000 to \$29,999
- ☐⁸ \$30,000 to \$34,999
- ☐⁹ \$35,000 to \$39,999
- ☐¹⁰ \$40,000 to \$44,999
- ☐¹¹ \$45,000 to \$49,999
- ☐¹² \$50,000 to \$54,999
- ☐¹³ \$55,000 to \$59,999
- ☐¹⁴ \$60,000 or more

58. What is your best estimate of the total income (before taxes) of all household members from all sources in the last 12 months?

(Include wages, EI, social assistance and other transfer payments, interest, dividends, and all other sources of income).

- ☐¹ Less than \$5,000
- ☐² \$ 5,000 to \$ 9,999
- ☐³ \$10,000 to \$14,999
- ☐⁴ \$15,000 to \$19,999
- ☐⁵ \$20,000 to \$24,999
- ☐⁶ \$25,000 to \$29,999
- ☐⁷ \$30,000 to \$34,999
- ☐⁸ \$35,000 to \$39,999
- ☐⁹ \$40,000 to \$44,999
- ☐¹⁰ \$45,000 to \$49,999
- ☐¹¹ \$50,000 to \$54,999
- ☐¹² \$55,000 to \$59,999
- ☐¹³ \$60,000 to \$69,999
- ☐¹⁴ \$70,000 to \$79,999
- ☐¹⁵ \$80,000 or more

59. Did you receive income in the form of interest or dividends last year?

- ☐¹ Yes
- ☐² No → Go to question 61

60. How much income in the form of dividends or interest did you receive last year?

- ☐¹ \$100 or less
- ☐² \$101 - \$500
- ☐³ \$501 - \$1,000
- ☐⁴ \$1,001 - \$2,000
- ☐⁵ \$2,001 - \$5,000
- ☐⁶ \$5,001 - \$10,000
- ☐⁷ \$10,001 - \$20,000
- ☐⁸ \$20,001 - \$40,000
- ☐⁹ More than \$40,000

61. If you are not currently employed, what is your gross monthly income from all government sources, such as employment insurance, social assistance, family benefits, etc?

\$ _____

62. If you are currently unemployed, are you receiving employment insurance benefits?

- ☐¹ Yes
- ☐² No → Go to question 64

63. How much do you receive in gross employment insurance benefits (before taxes) every two weeks?

\$ _____

64. Please estimate the gross monthly income from all government transfer payments (including EI, social assistance, family benefits, etc.) of all household members.

\$ _____

65. Thinking about the past 12 months, did your household ever run out of money to buy food?

- ☐¹ Yes
- ☐² No

66. In the past 12 months, has anyone in your household received food from a food bank, soup kitchen, or other charitable agency?

- ☐¹ Yes
☐² No → Go to question 68

67. In the past 12 months, how often, on average, have you or other members of your household received food from a food bank, soup kitchen, or other charitable agency?

- ☐¹ Most days
☐² About once a week
☐³ About 2 to 4 times a month
☐⁴ Once every two or three months
☐⁵ Once or twice during the year

68. Which of the following best describes the food situation in your household?

- ☐¹ Always enough to eat
☐² Sometimes not enough food to eat
☐³ Often not enough food to eat

If you have not had paid work in the past five years, this concludes the employment section of the questionnaire (go to page 24 for comments). If you have had paid work in the past five years, please continue.

Job Security

69. Have you had paid work in the past 12 months?

- ☐¹ Yes
☐² No → Go to question 73

70. Have any of the following situations in your work environment caused you excess worry or stress in the past 12 months? (Check all that apply).

- ☐¹ Too many demands
☐² Too many hours
☐³ Too few hours
☐⁴ Lack of autonomy or control over work
☐⁵ Risk of accident or injury
☐⁶ Poor interpersonal relations
☐⁷ Threat of lay-off or job loss
☐⁸ Other (please specify) _____

Questions 71 and 72 apply only to people who currently have paid work. If you do not presently have a paying job, go to question 73.

Do not count summer jobs you have had while a full-time student.

71. Do you think it is likely you will lose your job or be laid off in the next year? Would you say it is...

- ☐¹ Very likely?
☐² Somewhat likely?
☐³ Somewhat unlikely?
☐⁴ Very unlikely?
☐⁵ Don't know

72. If you think it is likely you will lose your job or be laid off in the next year, do you think this will be because of the introduction of computers and/or automated technology?

- ☐¹ Yes
☐² No
☐³ Not Sure

73. Are you currently a full-time student?

(If you are a full-time student currently holding a summer job, still answer YES here).

- ☐¹ Yes
☐² No

74. During the last 5 years, did you lose or leave a job for any reason? (Do not count summer jobs you had while a student or completion of a contract job.)

- ☐¹ Yes
☐² No → Go to question 76

75. Why did you lose or leave a job? (If it happened more than once, check other columns. For *each* job you lost or left in the last five years, enter the most important reasons up to a maximum of 3 reasons):

	<i>Incident 1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>	<i>6</i>
Poor work performance/conflict at work	<input type="radio"/> ^{1a}	<input type="radio"/> ^{2a}	<input type="radio"/> ^{3a}	<input type="radio"/> ^{4a}	<input type="radio"/> ^{5a}	<input type="radio"/> ^{6a}
An employer going out of business	<input type="radio"/> ^{1b}	<input type="radio"/> ^{2b}	<input type="radio"/> ^{3b}	<input type="radio"/> ^{4b}	<input type="radio"/> ^{5b}	<input type="radio"/> ^{6b}
A plant closing or moving	<input type="radio"/> ^{1c}	<input type="radio"/> ^{2c}	<input type="radio"/> ^{3c}	<input type="radio"/> ^{4c}	<input type="radio"/> ^{5c}	<input type="radio"/> ^{6c}
The introduction of new technology	<input type="radio"/> ^{1d}	<input type="radio"/> ^{2d}	<input type="radio"/> ^{3d}	<input type="radio"/> ^{4d}	<input type="radio"/> ^{5d}	<input type="radio"/> ^{6d}
Reduction of staff	<input type="radio"/> ^{1e}	<input type="radio"/> ^{2e}	<input type="radio"/> ^{3e}	<input type="radio"/> ^{4e}	<input type="radio"/> ^{5e}	<input type="radio"/> ^{6e}
Seasonal job	<input type="radio"/> ^{1f}	<input type="radio"/> ^{2f}	<input type="radio"/> ^{3f}	<input type="radio"/> ^{4f}	<input type="radio"/> ^{5f}	<input type="radio"/> ^{6f}
Shortage of work	<input type="radio"/> ^{1g}	<input type="radio"/> ^{2g}	<input type="radio"/> ^{3g}	<input type="radio"/> ^{4g}	<input type="radio"/> ^{5g}	<input type="radio"/> ^{6g}
Got a better job offer elsewhere	<input type="radio"/> ^{1h}	<input type="radio"/> ^{2h}	<input type="radio"/> ^{3h}	<input type="radio"/> ^{4h}	<input type="radio"/> ^{5h}	<input type="radio"/> ^{6h}
Accident, illness or disability	<input type="radio"/> ¹ⁱ	<input type="radio"/> ²ⁱ	<input type="radio"/> ³ⁱ	<input type="radio"/> ⁴ⁱ	<input type="radio"/> ⁵ⁱ	<input type="radio"/> ⁶ⁱ
Retired	<input type="radio"/> ^{1j}	<input type="radio"/> ^{2j}	<input type="radio"/> ^{3j}	<input type="radio"/> ^{4j}	<input type="radio"/> ^{5j}	<input type="radio"/> ^{6j}
Returned to school	<input type="radio"/> ^{1k}	<input type="radio"/> ^{2k}	<input type="radio"/> ^{3k}	<input type="radio"/> ^{4k}	<input type="radio"/> ^{5k}	<input type="radio"/> ^{6k}
Relocated	<input type="radio"/> ^{1l}	<input type="radio"/> ^{2l}	<input type="radio"/> ^{3l}	<input type="radio"/> ^{4l}	<input type="radio"/> ^{5l}	<input type="radio"/> ^{6l}
Other (please specify) _____						

76. During the last 5 years, how many different paid jobs have you held with one or more employers?

- ☐¹ 1 (Only had one job with one employer during the last 5 years)
☐² 2
☐³ 3
☐⁴ 4
☐⁵ 5
☐⁶ 6 or more

77. During the last 5 years, how many times have you switched jobs from one employer to another?

- ☐¹ Have not switched jobs during the last 5 years
☐² 1
☐³ 2
☐⁴ 3
☐⁵ 4
☐⁶ 5
☐⁷ 6 or more

78. During the last 5 years (60 months), in how many of those months did you hold paid employment or have self employment income? *(Please take the time to work this out as accurately as you can).*

- ☐¹ All 60 months
☐² _____ months

79. During the last 5 years, did you leave your job, or were you ever away from work without pay, for a period of three or more months?

- ☐¹ Yes
☐² No → Go to question 83

80. Was this because the work was seasonal?

- ☐¹ Yes
☐² No

81. During those 5 years, how many times have you been away from work without pay for a period of three or more months?

- ☐¹ 0 → Go to question 83
☐² 1
☐³ 2
☐⁴ 3
☐⁵ 4
☐⁶ 5
☐⁷ 6 or more

82. On how many of these occasions did you receive employment insurance benefits?

- ☐¹ 1
☐² 2
☐³ 3
☐⁴ 4
☐⁵ 5
☐⁶ 6 or more

Underemployment

Question 83-90 apply only to people who currently have a paid job.

(If you do not presently have a paid job, this concludes the employment section of the survey. Please go to page 24 to register your comments.)

83. What is the NORMAL or AVERAGE EDUCATION requirement for your position at your main job?

- ☐¹ No Minimum
- ☐² Some High School
- ☐³ High School Diploma
- ☐⁴ Community College
- ☐⁵ Trade Qualification
- ☐⁶ Private Training Institutions (for example Information Technology Institute -ITI)
- ☐⁷ University Degree

84. What is the NORMAL or AVERAGE WORK EXPERIENCE requirement for your position at your main job?

- ☐¹ No Minimum
- ☐² Less than 1 year
- ☐³ 1-2 years
- ☐⁴ 3-4 years
- ☐⁵ 5 years or more

85. How long do you estimate that it would take to TRAIN someone, who has the normal education requirement for your position, to do your job?

- ☐¹ No training required
- ☐² 1 week or less
- ☐³ 2-4 weeks
- ☐⁴ 1-3 months
- ☐⁵ 3-6 months
- ☐⁶ more than 6 months

Questions 86 through 90 only apply to those respondents who have undertaken a diploma, certificate or degree program beyond high school. If not, skip to the next section “Work Reduction” (question 91)

86. How closely is your current job related to your education? Is it...

- ☐¹ Closely related
- ☐² Somewhat related
- ☐³ Not at all related

87. Would you rather have a job more closely related to your education, training and experience?

- ☐¹ Yes
- ☐² No
- ☐³ Not relevant

88. Considering your education, training and experience, do you feel that you are overqualified for your current job?

- ☐¹ Yes
- ☐² No
- ☐³ Not relevant

89. Considering your education, training and experience, do you feel that you have been overqualified for most of your jobs?

- ☐¹ Yes
- ☐² No

90. Do you feel that you are under-qualified for your current job(s)?

- ☐¹ Yes
- ☐² No

Work Reduction

This section applies *only* to people who currently have paid work.

Several European countries have reduced overtime and full-time work hours in order to create more jobs, reduce stress, and improve work/family balance.

We want to find out how you feel about shorter working hours.

Please read this introduction carefully and think about the questions before answering them.

If you worked less hours, your extra time off could be in the form of a shorter workday, 3-day weekends, longer annual vacations, banking the time and taking several months off every few years, or phasing in to retirement. As an example, for full-time workers who now put in a 40-hour week, a ten percent work reduction would mean:

- a. a 48 minute shorter work day (based on 8 hour day), OR
- b. a half day less per week, OR
- c. a three day weekend every other weekend, OR
- d. 5 *extra* weeks of vacation per year, OR
- e. 6 months off every five years.

If you worked twenty percent less hours, you'd work a 6 1/2 hour day, OR have a three-day weekend each week, OR have 10 *extra* weeks of vacation a year, OR you'd get a one-year sabbatical every five years.

When answering the following questions assume that your job security and seniority would not be affected. You would not jeopardize your chances for promotion or pay raises. You wouldn't lose your pension or other benefits.

91. In the next 2 years would you be willing to take a cut in pay if you received more time off in return?

- ☐¹ Yes
- ☐² No

92. Another way to gain more time off is to trade all or some part of a future pay increase for time off. Would you be willing to trade some part of your pay increase in the next two years for more time off?

- ☐¹ Yes
☐² No → Go to Question 94

93. How much of your pay increase in the next 2 years would you take as time off?

- ☐¹ All my increase
☐² About half my increase
☐³ A small part of my increase

94. Would you be willing to take a 5% cut in pay if you received 10% more time off in return?

- ☐¹ Yes
☐² No

95. Would you be willing to take a 10% cut in pay if you received 20% more time off in return?

- ☐¹ Yes
☐² No

96. Would you be willing to work fewer hours for less pay if you knew this would help create jobs for those who are presently out of work or who can't get the hours they need?

- ☐¹ Yes
☐² No

97. If you do not want to work less hours, please explain why not:

- ☐¹ Can't afford it
☐² Like my work hours now
☐³ Don't have enough work hours now
☐⁴ Never thought about it
☐⁵ Other reason (*please specify*) _____

98. If you continued to be paid at the same rate of pay that you now are, would you like to work more hours for more pay?

- ☐¹ Yes
☐² No

***If you want to work less hours, please answer questions 99 and 100.
If not, this concludes the employment section of the questionnaire.***

99. In general, what is the most important reason why you would want to work less time? (check one only):

- ☐¹ There is something about my work I don't like
☐² To continue education/schooling
☐³ Personal or family responsibilities
☐⁴ I have other interests (*sports, travel, hobbies, etc.*)
☐⁵ Relaxation or health
☐⁶ Other reason (*please specify*) _____

100. How would you most like to take your extra time off? (Check one only)

- ☐¹ Work fewer hours every day
☐² Work fewer days every week (e.g. a 4-day week with three-day weekends)
☐³ Take more time off every year (longer vacations)
☐⁴ Bank your time off and take a longer period of time off in a few years (a few months at a time)
☐⁵ Bank your time off and retire early

**This concludes the Employment section of the Questionnaire
Thank you for your time.**

Do you have any additional comments on employment-related issues not covered in these questions: (Please continue on page 27 if you need more space).

Detailed Definitions from Statistics Canada:

Employed: Employed persons are those who, during the reference week:

- (a) did any work at all;
- (b) had a job but were not at work due to:
 - own illness or disability
 - personal or family responsibilities
 - bad weather
 - labour dispute
 - vacation
 - other reason not specified above (excluding persons on layoff and persons whose job attachment was to a job starting at a definite date in the future).

Unemployed: Unemployed persons are those who, during the reference week:

- (a) were without work, had actively looked for work in the past four weeks (ending with reference week), and were available for work ;
- (b) had not actively looked for work in the past four weeks but had been on layoff and were available for work;
- (c) had not actively looked for work in the past four weeks but had a new job to start in four weeks or less from the reference week, and were available for work.

Not in the Labour Force: Those persons in the civilian non-institutional population 15 years of age and over who, during the reference week, were neither employed nor unemployed. Some examples include retirees, students, full-time home makers, and discouraged workers who are not employed but are not actively seeking work.

Full-time: Full-time employment consists of persons who usually work 30 hours or more per week at their **main job or sole job**. (This definition has changed since 1991, at which time the "full-time" designation applied to all persons who usually worked 30 hours or more a week **at all jobs**, and also to those who considered themselves to be full-time workers even though their total hours were usually less than 30 per week.)

Part-time: Part-time employment consists of all other persons who usually work less than 30 hours per week at their **main or sole job**.

Work Schedules

Usual Schedule: **Usually** means more than half of the time. **Usual hours** refers to normal paid or contract hours, **not counting** any overtime. For self-employed and unpaid family workers, usual hours refer to the number of hours usually worked in a typical week, regardless of whether you were paid. **Actual hours** refers to the number of hours you actually worked last week, including overtime.

Regular daytime: Work begins in the morning and ends in the afternoon; the standard 9 to 5 schedule is included in this category.

Regular evening shift: Work starts about 3 or 4 p.m. and is over by midnight.

Regular night or graveyard shift: Work starts around midnight and finishes around 8 am.

Rotating shifts: A combination of the above shifts provided the shifts rotate on a regular basis and one shift does not predominate over the other(s).

Split shift: Two or more distinct periods of work with a period of free time that is not solely a lunch break, between work periods.

On call: Hours vary substantially from one week to the next. Workers are asked to work as the need arises, not on a prearranged schedule.

Irregular schedules: No regular schedule but a schedule usually arranged one week or more in advance.

Flexible Schedule: A flexible schedule allows workers to choose their starting and stopping times within limits established by the management.

Job Sharing Arrangement: Job sharing implies a voluntary arrangement whereby two or more employees agree to share the job hours of one job. Job sharing should not be confused with work sharing in which all workers work fewer hours to avoid layoffs.

Hours Worked: Respondents should include breaks but exclude lunch.

Occupations

*(This breakdown can help you answer **Question 23**):*

Management Occupations

- Senior Management Occupations
- Other Management Occupations

Business, Finance and Administrative Occupations

- Professional Occupations in Business and Finance
- Financial, Secretarial and Administrative Occupations
- Clerical Occupations, Including Supervisors

Natural and Applied Sciences and Related Occupations

Health Occupations

- Professional Occupations in Health, Nurse Supervisors and Registered Nurses
- Technical, Assisting and Related Occupations in Health

Occupations in Social Science, Education, Government Service and Religion

- Occupations in Social Science, Government Service and Religion

Teachers and Professors

Occupations in Art, Culture, Recreation and Sport**Sales and Service Occupations**

Wholesale, Technical, Insurance, Real Estate Sales Specialists, and Retail, Wholesale and Grain Buyers

Retail Salespersons, Sales Clerks, Cashiers, Including Retail Trade Supervisors

Chefs and Cooks, and Occupations in Food and Beverage Service, Incl. Supervisors

Occupation in Protective Services

Childcare and Home Support Workers

Sales and Service Occupations n.e.c., Including Occupations in Travel and Accommodation, Attendants in Recreation and Sport as well as Supervisors

Trades, Transport and Equipment Operators and Related Occupations

Contractors and Supervisors in Trades and Transportation

Construction Trades

Other Trades Occupations

Transport and Equipment Operators

Trades Helpers, Construction, and Transportation Labourers and Related Occupations

Occupations Unique to Primary Industry**Occupations Unique to Processing, Manufacturing and Utilities**

Machine Operators and Assemblers in Manufacturing, Including Supervisors

Labourer in Processing, Manufacturing and Utilities

Health and Community Questionnaire

The following questions will help us learn about the health of Glace Bay residents and of our families and our community.

We'll learn about our values, our health care needs, the level of community service, the strength of our voluntary sector, and how we care for those in need.

What we learn can help us improve our well-being and the quality of life in Glace Bay.

*Please take the time to answer all questions carefully.
Your answers represent the views of 10 other Glace Bay residents.*

Remember that all your answers are strictly confidential and are not linked with your name in any way. If you need help with any question, please call 842-9194 or stop by our office at Town House, 150 Commercial Street, Glace Bay.

Thank you very much for the generous and valuable contribution of your time and energy.

Note: Ignore the small numbers next to the check boxes. They are just for data entry purposes.

Core Values

1. On a scale of 1 to 10, please indicate the importance you assign to the following guiding life principles:

(1 is "not important at all" and 10 is "extremely important")

	<i>Not important at all</i>					<i>Extremely Important</i>				
	1	2	3	4	5	6	7	8	9	10
Responsibility	<input type="radio"/> 1a	<input type="radio"/> 1b	<input type="radio"/> 1c	<input type="radio"/> 1d	<input type="radio"/> 1e	<input type="radio"/> 1f	<input type="radio"/> 1g	<input type="radio"/> 1h	<input type="radio"/> 1i	<input type="radio"/> 1j
Family Life	<input type="radio"/> 2a	<input type="radio"/> 2b	<input type="radio"/> 2c	<input type="radio"/> 2d	<input type="radio"/> 2e	<input type="radio"/> 2f	<input type="radio"/> 2g	<input type="radio"/> 2h	<input type="radio"/> 2i	<input type="radio"/> 2j
Friendship	<input type="radio"/> 3a	<input type="radio"/> 3b	<input type="radio"/> 3c	<input type="radio"/> 3d	<input type="radio"/> 3e	<input type="radio"/> 3f	<input type="radio"/> 3g	<input type="radio"/> 3h	<input type="radio"/> 3i	<input type="radio"/> 3j
Generosity	<input type="radio"/> 4a	<input type="radio"/> 4b	<input type="radio"/> 4c	<input type="radio"/> 4d	<input type="radio"/> 4e	<input type="radio"/> 4f	<input type="radio"/> 4g	<input type="radio"/> 4h	<input type="radio"/> 4i	<input type="radio"/> 4j
Spiritual Faith	<input type="radio"/> 5a	<input type="radio"/> 5b	<input type="radio"/> 5c	<input type="radio"/> 5d	<input type="radio"/> 5e	<input type="radio"/> 5f	<input type="radio"/> 5g	<input type="radio"/> 5h	<input type="radio"/> 5i	<input type="radio"/> 5j
Material Wealth	<input type="radio"/> 6a	<input type="radio"/> 6b	<input type="radio"/> 6c	<input type="radio"/> 6d	<input type="radio"/> 6e	<input type="radio"/> 6f	<input type="radio"/> 6g	<input type="radio"/> 6h	<input type="radio"/> 6i	<input type="radio"/> 6j
Financial Security	<input type="radio"/> 7a	<input type="radio"/> 7b	<input type="radio"/> 7c	<input type="radio"/> 7d	<input type="radio"/> 7e	<input type="radio"/> 7f	<input type="radio"/> 7g	<input type="radio"/> 7h	<input type="radio"/> 7i	<input type="radio"/> 7j
Career Success	<input type="radio"/> 8a	<input type="radio"/> 8b	<input type="radio"/> 8c	<input type="radio"/> 8d	<input type="radio"/> 8e	<input type="radio"/> 8f	<input type="radio"/> 8g	<input type="radio"/> 8h	<input type="radio"/> 8i	<input type="radio"/> 8j
Pleasure	<input type="radio"/> 9a	<input type="radio"/> 9b	<input type="radio"/> 9c	<input type="radio"/> 9d	<input type="radio"/> 9e	<input type="radio"/> 9f	<input type="radio"/> 9g	<input type="radio"/> 9h	<input type="radio"/> 9i	<input type="radio"/> 9j
Freedom	<input type="radio"/> 10a	<input type="radio"/> 10b	<input type="radio"/> 10c	<input type="radio"/> 10d	<input type="radio"/> 10e	<input type="radio"/> 10f	<input type="radio"/> 10g	<input type="radio"/> 10h	<input type="radio"/> 10i	<input type="radio"/> 10j

2. On the same scale of 1 to 10, please indicate the importance you think other Canadians assign to the same guiding life principles:

	<i>Not important at all</i>					<i>Extremely Important</i>				
	1	2	3	4	5	6	7	8	9	10
Responsibility	<input type="radio"/> ^{1a}	<input type="radio"/> ^{1b}	<input type="radio"/> ^{1c}	<input type="radio"/> ^{1d}	<input type="radio"/> ^{1e}	<input type="radio"/> ^{1f}	<input type="radio"/> ^{1g}	<input type="radio"/> ^{1h}	<input type="radio"/> ¹ⁱ	<input type="radio"/> ^{1j}
Family Life	<input type="radio"/> ^{2a}	<input type="radio"/> ^{2b}	<input type="radio"/> ^{2c}	<input type="radio"/> ^{2d}	<input type="radio"/> ^{2e}	<input type="radio"/> ^{2f}	<input type="radio"/> ^{2g}	<input type="radio"/> ^{2h}	<input type="radio"/> ²ⁱ	<input type="radio"/> ^{2j}
Friendship	<input type="radio"/> ^{3a}	<input type="radio"/> ^{3b}	<input type="radio"/> ^{3c}	<input type="radio"/> ^{3d}	<input type="radio"/> ^{3e}	<input type="radio"/> ^{3f}	<input type="radio"/> ^{3g}	<input type="radio"/> ^{3h}	<input type="radio"/> ³ⁱ	<input type="radio"/> ^{3j}
Generosity	<input type="radio"/> ^{4a}	<input type="radio"/> ^{4b}	<input type="radio"/> ^{4c}	<input type="radio"/> ^{4d}	<input type="radio"/> ^{4e}	<input type="radio"/> ^{4f}	<input type="radio"/> ^{4g}	<input type="radio"/> ^{4h}	<input type="radio"/> ⁴ⁱ	<input type="radio"/> ^{4j}
Spiritual Faith	<input type="radio"/> ^{5a}	<input type="radio"/> ^{5b}	<input type="radio"/> ^{5c}	<input type="radio"/> ^{5d}	<input type="radio"/> ^{5e}	<input type="radio"/> ^{5f}	<input type="radio"/> ^{5g}	<input type="radio"/> ^{5h}	<input type="radio"/> ⁵ⁱ	<input type="radio"/> ^{5j}
Material Wealth	<input type="radio"/> ^{6a}	<input type="radio"/> ^{6b}	<input type="radio"/> ^{6c}	<input type="radio"/> ^{6d}	<input type="radio"/> ^{6e}	<input type="radio"/> ^{6f}	<input type="radio"/> ^{6g}	<input type="radio"/> ^{6h}	<input type="radio"/> ⁶ⁱ	<input type="radio"/> ^{6j}
Financial Security	<input type="radio"/> ^{7a}	<input type="radio"/> ^{7b}	<input type="radio"/> ^{7c}	<input type="radio"/> ^{7d}	<input type="radio"/> ^{7e}	<input type="radio"/> ^{7f}	<input type="radio"/> ^{7g}	<input type="radio"/> ^{7h}	<input type="radio"/> ⁷ⁱ	<input type="radio"/> ^{7j}
Career Success	<input type="radio"/> ^{8a}	<input type="radio"/> ^{8b}	<input type="radio"/> ^{8c}	<input type="radio"/> ^{8d}	<input type="radio"/> ^{8e}	<input type="radio"/> ^{8f}	<input type="radio"/> ^{8g}	<input type="radio"/> ^{8h}	<input type="radio"/> ⁸ⁱ	<input type="radio"/> ^{8j}
Pleasure	<input type="radio"/> ^{9a}	<input type="radio"/> ^{9b}	<input type="radio"/> ^{9c}	<input type="radio"/> ^{9d}	<input type="radio"/> ^{9e}	<input type="radio"/> ^{9f}	<input type="radio"/> ^{9g}	<input type="radio"/> ^{9h}	<input type="radio"/> ⁹ⁱ	<input type="radio"/> ^{9j}
Freedom	<input type="radio"/> ^{10a}	<input type="radio"/> ^{10b}	<input type="radio"/> ^{10c}	<input type="radio"/> ^{10d}	<input type="radio"/> ^{10e}	<input type="radio"/> ^{10f}	<input type="radio"/> ^{10g}	<input type="radio"/> ^{10h}	<input type="radio"/> ¹⁰ⁱ	<input type="radio"/> ^{10j}

For questions 3,4 and 5, please indicate whether you strongly agree, agree, are neutral or uncertain, disagree, or strongly disagree with the statements provided.

3. I would be much more satisfied with my life if:

	Strongly Disagree	Disagree	Neutral/ Uncertain	Agree	Strongly Agree
a) I were able to spend more time with my family and friends	<input type="radio"/> ^{1a}	<input type="radio"/> ^{1b}	<input type="radio"/> ^{1c}	<input type="radio"/> ^{1d}	<input type="radio"/> ^{1e}
b) There was less stress in my life	<input type="radio"/> ^{2a}	<input type="radio"/> ^{2b}	<input type="radio"/> ^{2c}	<input type="radio"/> ^{2d}	<input type="radio"/> ^{2e}
c) I felt like I was doing more to make a difference to my community	<input type="radio"/> ^{3a}	<input type="radio"/> ^{3b}	<input type="radio"/> ^{3c}	<input type="radio"/> ^{3d}	<input type="radio"/> ^{3e}
d) I had more money to spend on things I want	<input type="radio"/> ^{4a}	<input type="radio"/> ^{4b}	<input type="radio"/> ^{4c}	<input type="radio"/> ^{4d}	<input type="radio"/> ^{4e}
e) I had more possessions	<input type="radio"/> ^{5a}	<input type="radio"/> ^{5b}	<input type="radio"/> ^{5c}	<input type="radio"/> ^{5d}	<input type="radio"/> ^{5e}
f) I were more financially secure	<input type="radio"/> ^{6a}	<input type="radio"/> ^{6b}	<input type="radio"/> ^{6c}	<input type="radio"/> ^{6d}	<input type="radio"/> ^{6e}

4. Compared to my parents:

	Strongly Disagree	Disagree	Neutral/ Uncertain	Agree	Strongly Agree
a) I have more possessions	<input type="radio"/> ^{1a}	<input type="radio"/> ^{1b}	<input type="radio"/> ^{1c}	<input type="radio"/> ^{1d}	<input type="radio"/> ^{1e}
b) I am more financially secure	<input type="radio"/> ^{2a}	<input type="radio"/> ^{2b}	<input type="radio"/> ^{2c}	<input type="radio"/> ^{2d}	<input type="radio"/> ^{2e}
c) I am more successful in my career	<input type="radio"/> ^{3a}	<input type="radio"/> ^{3b}	<input type="radio"/> ^{3c}	<input type="radio"/> ^{3d}	<input type="radio"/> ^{3e}
d) I am happier	<input type="radio"/> ^{4a}	<input type="radio"/> ^{4b}	<input type="radio"/> ^{4c}	<input type="radio"/> ^{4d}	<input type="radio"/> ^{4e}
e) I am more involved in my community	<input type="radio"/> ^{5a}	<input type="radio"/> ^{5b}	<input type="radio"/> ^{5c}	<input type="radio"/> ^{5d}	<input type="radio"/> ^{5e}
f) I have a better quality of life	<input type="radio"/> ^{6a}	<input type="radio"/> ^{6b}	<input type="radio"/> ^{6c}	<input type="radio"/> ^{6d}	<input type="radio"/> ^{6e}

5. How do you feel about the following statements concerning the consumption habits of our local community?

	Strongly Disagree	Disagree	Neutral/ Uncertain	Agree	Strongly Agree
a) The way we live produces too much waste.	<input type="radio"/> ^{1a}	<input type="radio"/> ^{1b}	<input type="radio"/> ^{1c}	<input type="radio"/> ^{1d}	<input type="radio"/> ^{1e}
b) The way we live consumes too many resources.	<input type="radio"/> ^{2a}	<input type="radio"/> ^{2b}	<input type="radio"/> ^{2c}	<input type="radio"/> ^{2d}	<input type="radio"/> ^{2e}
c) We focus too much on getting what we want now and not enough on conserving resources for future generations.	<input type="radio"/> ^{3a}	<input type="radio"/> ^{3b}	<input type="radio"/> ^{3c}	<input type="radio"/> ^{3d}	<input type="radio"/> ^{3e}
d) Most of us buy and consume more than we need.	<input type="radio"/> ^{4a}	<input type="radio"/> ^{4b}	<input type="radio"/> ^{4c}	<input type="radio"/> ^{4d}	<input type="radio"/> ^{4e}
e) Today's youth are too focussed on buying and consuming things.	<input type="radio"/> ^{5a}	<input type="radio"/> ^{5b}	<input type="radio"/> ^{5c}	<input type="radio"/> ^{5d}	<input type="radio"/> ^{5e}
f) I spend nearly all of my money on the basic necessities of life.	<input type="radio"/> ^{6a}	<input type="radio"/> ^{6b}	<input type="radio"/> ^{6c}	<input type="radio"/> ^{6d}	<input type="radio"/> ^{6e}
g) If I wanted to, I could choose to buy and consume less than I do.	<input type="radio"/> ^{7a}	<input type="radio"/> ^{7b}	<input type="radio"/> ^{7c}	<input type="radio"/> ^{7d}	<input type="radio"/> ^{7e}

Caregiving

6. Do you have an elderly, sick or disabled adult (18 or older) living with you who requires your help or care? (Care-giving includes dressing, bathing, grooming and assistance with housekeeping tasks such as cleaning, laundry and meal preparation, as well as travel transporting such adults, and special trips for supplies.)

☐¹ Yes ☐² No

7. Do you have a chronically ill or disabled child (less than 18 years old) living with you who requires your help or care?

☐¹ Yes ☐² No

8. Do you provide care, for which you do not get paid, outside your home for one or more elderly, sick or disabled adults?

☐¹ Yes ☐² No

If you answered YES to any of questions 6,7 or 8 above, please continue with question 9. If you answered NO, please go to question 16.

9. Please complete the following table providing information about the individual(s) that you provide care for and indicate how many months or years you have provided this care. (Please circle months or years as appropriate)

Relationship to You	Living With You	Not Living With You	Age	Number of Years or Months	Nature of Illness or Disability
Child 1	<input type="radio"/> ^{1a}	<input type="radio"/> ^{1b}		Yrs. Mths.	
Child 2	<input type="radio"/> ^{2a}	<input type="radio"/> ^{2b}		Yrs. Mths.	
Spouse or Partner	<input type="radio"/> ^{3a}	<input type="radio"/> ^{3b}		Yrs. Mths.	
Parent	<input type="radio"/> ^{4a}	<input type="radio"/> ^{4b}		Yrs. Mths.	
Other Relative (specify)	<input type="radio"/> ^{5a}	<input type="radio"/> ^{5b}		Yrs. Mths.	
Friend	<input type="radio"/> ^{6a}	<input type="radio"/> ^{6b}		Yrs. Mths.	
Neighbour	<input type="radio"/> ^{7a}	<input type="radio"/> ^{7b}		Yrs. Mths.	
Other (specify)	<input type="radio"/> ^{8a}	<input type="radio"/> ^{8b}		Yrs. Mths.	

10. How many extra hours of your time per week, on average, does it take for you to provide this care for sick, elderly or disabled individuals (beyond normal household responsibilities)? *(Include travel time)*

_____ hours per week

11. As an unpaid care giver, do you feel overworked, time-stressed, or burned out?

- ☐¹ most of the time
- ☐² often
- ☐³ occasionally
- ☐⁴ rarely
- ☐⁵ never

12. Do you have any one to relieve you on a regular basis from your care-giving duties?

- ☐¹ Yes
- ☐² No → Go to question 15

13. Who provided this relief assistance?

- ☐¹ Another family member
- ☐² Neighbour or friend
- ☐³ Hired individual help
- ☐⁴ Professional organization (paid help)
- ☐⁵ Volunteer group
- ☐⁶ Government agency
- ☐⁷ Other *(Please specify)* _____

14. On average, how many hours per week of relief are provided?

_____ hours per week → Go to question 16

15. Do you feel you need such relief assistance?

- ☐¹ Yes
- ☐² No

Health**16. Would you say your health is (check one):**

- ☐¹ Excellent
☐² Very Good
☐³ Good
☐⁴ Fair
☐⁵ Poor

17. How tall are you without shoes on?

_____ feet _____ inches OR _____ centimetres

18. How much do you weigh?

_____ pounds OR _____ kilograms

19. Are you pregnant?

- ☐¹ Yes
☐² No

20. Please complete the following table answering yes or no to each of the following questions:

	Yes	No
a) Do you plan to slow down in the coming year?	<input type="radio"/> ^{1a}	<input type="radio"/> ^{1b}
b) Do you consider yourself a workaholic?	<input type="radio"/> ^{2a}	<input type="radio"/> ^{2b}
c) When you need more time, do you tend to cut back on your sleep?	<input type="radio"/> ^{3a}	<input type="radio"/> ^{3b}
d) At the end of the day, do you often feel that you have not accomplished what you had set out to do?	<input type="radio"/> ^{4a}	<input type="radio"/> ^{4b}
e) Do you worry that you don't spend enough time with your family or friends?	<input type="radio"/> ^{5a}	<input type="radio"/> ^{5b}
f) Do you feel that you're constantly under stress trying to accomplish more than you can handle?	<input type="radio"/> ^{6a}	<input type="radio"/> ^{6b}
g) Do you feel trapped in a daily routine?	<input type="radio"/> ^{7a}	<input type="radio"/> ^{7b}
h) Do you feel that you just don't have time for fun anymore?	<input type="radio"/> ^{8a}	<input type="radio"/> ^{8b}
i) Do you often feel under stress when you don't have enough time?	<input type="radio"/> ^{9a}	<input type="radio"/> ^{9b}
j) Would you like to spend more time alone?	<input type="radio"/> ^{10a}	<input type="radio"/> ^{10b}

Questions 21 to 29 are for females. If you are male, please go to question 30.

21. Have you ever had a mammogram (breast X-ray)?

- ☐¹ Yes
☐² No → Go to question 24

22. When was the last time you had a mammogram?

- ☐¹ Less than 6 months ago
☐² Six months to less than one year ago
☐³ One year to less than two years ago
☐⁴ Two or more years ago

23. For what reason did you have your last mammogram?

- ☐¹ Breast problem
☐² Routine check up (no particular problem)
☐³ Other (please specify) _____

24. Other than a mammogram, have you ever had your breasts examined for lumps (tumours, cysts) by a doctor or other health professional?

- ☐¹ Yes
☐² No → Go to question 26

25. If YES, when was the last time you had your breasts examined by a doctor of other health care professional?

- ☐¹ Less than 6 months ago
☐² 6 months to less than 1 year ago
☐³ 1 year to less than 2 years ago
☐⁴ 2 years to less than 5 years ago
☐⁵ 5 or more years ago

26. Have you ever examined your breasts for lumps (tumours, cysts)?

- ☐¹ Yes
☐² No → Go to question 28

27. How often do you examine your breasts for lumps?

- ☐¹ At least once a month
☐² Once every 2 to 3 months
☐³ Less often than every 2 to 3 months

28. Have you ever had a PAP smear test?

- ☐¹ Yes
☐² No

29. When was the last time you had a PAP smear test?

- ☐¹ Less than 6 months ago
☐² Six months to less than one year ago
☐³ One year to less than three years ago
☐⁴ Three years to less than five years ago
☐⁵ Five or more years ago

30. Does anyone in your household smoke regularly?

- ☐¹ Yes
☐² No

31. Does anyone in your household smoke regularly inside the house?

- ☐¹ Yes
☐² No

32. At the present time, do you smoke cigarettes:

- ☐¹ Daily → Go to question 34
☐² Occasionally → Go to question 37
☐³ Not at all

33. Have you ever smoked cigarettes at all?

- ☐¹ Yes
☐² No → Go to question 37

34. At what age did you begin to smoke cigarettes daily?

_____ Age

35. How many cigarettes do you smoke each day now?

_____ Number of cigarettes

36. How soon, after you wake up, do you smoke your first cigarette?

- ☐¹ Within five minutes
- ☐² 6 to 30 minutes after waking
- ☐³ 31 and 60 minutes after waking
- ☐⁴ More than 60 minutes after waking

37. Have you done any sports or other physical exercise in your leisure time (not related to work) in the past three months? *(For example, swimming, bicycling, jogging, exercising, walking for exercise, active yard work or gardening, dancing, basketball, hockey, other active sports, etc.)*

- ☐¹ Yes
- ☐² No → Go to question 40

38. Approximately how often did you participate in this leisure time physical activity in the past three months?

- ☐¹ At least once a day
- ☐² About five times a week
- ☐³ About three times a week
- ☐⁴ About once a week
- ☐⁵ About once every two weeks
- ☐⁶ About once a month
- ☐⁷ Once or twice in the last three months

39. About how much time, on average, did you usually spend on sports or physical exercise on each occasion?

- ☐¹ 1 to 15 minutes
- ☐² 16 to 30 minutes
- ☐³ 31 to 60 minutes
- ☐⁴ More than one hour

40. In a typical week, how much time do you spend walking or bicycling to work or school or while doing errands (NOT counting leisure time activity)?

- ☐¹ None
- ☐² Less than one hour
- ☐³ One to five hours
- ☐⁴ Six to ten hours
- ☐⁵ Eleven to twenty hours
- ☐⁶ More than twenty hours

*Questions 41 through 46 are concerned with your usual habits and conditions.
They are not about events or illnesses that affect people for short periods of time.*

41. Thinking back over the past three months, which of the following best describes your USUAL daily activities or work habits?

- ☐¹ Usually sit during the day and do not walk about very much
- ☐² Stand or walk quite a lot during the day but do not have to carry or lift things very often
- ☐³ Usually lift or carry light loads or have to climb stairs or hills often
- ☐⁴ Do heavy work or carry very heavy loads

42. Are you USUALLY free of pain or discomfort?

- ☐¹ Yes → Go to question 45
- ☐² No

43. How would you describe the USUAL intensity of your pain or discomfort?

- ☐¹ Mild
- ☐² Moderate
- ☐³ Severe

44. How many activities does your pain or discomfort usually prevent?

- ☐¹ None
- ☐² A few
- ☐³ Some
- ☐⁴ Most

45. How happy would you describe yourself as USUALLY being?

- ☐¹ Happy and interested in life
- ☐² Somewhat happy
- ☐³ Somewhat unhappy
- ☐⁴ Unhappy and with little interest in life
- ☐⁵ So unhappy that life is not worthwhile

46. How would you describe your USUAL ability to think and solve day-to-day problems?

- ☐¹ Able to think clearly and solve problems
- ☐² Having a little difficulty thinking clearly and solving problems
- ☐³ Having some difficulty thinking clearly and solving problems
- ☐⁴ Having a great deal of difficulty thinking clearly and solving problems
- ☐⁵ Unable to think or solve problems

47. During the past month, how often did you feel:

	All of the time	Most of the time	Some of the time	A little of the time	None of the time
So sad that nothing could cheer you up?	<input type="radio"/> ^{1a}	<input type="radio"/> ^{1b}	<input type="radio"/> ^{1c}	<input type="radio"/> ^{1d}	<input type="radio"/> ^{1e}
Nervous?	<input type="radio"/> ^{2a}	<input type="radio"/> ^{2b}	<input type="radio"/> ^{2c}	<input type="radio"/> ^{2d}	<input type="radio"/> ^{2e}
Restless or fidgety?	<input type="radio"/> ^{3a}	<input type="radio"/> ^{3b}	<input type="radio"/> ^{3c}	<input type="radio"/> ^{3d}	<input type="radio"/> ^{3e}
Hopeless?	<input type="radio"/> ^{4a}	<input type="radio"/> ^{4b}	<input type="radio"/> ^{4c}	<input type="radio"/> ^{4d}	<input type="radio"/> ^{4e}
Worthless?	<input type="radio"/> ^{5a}	<input type="radio"/> ^{5b}	<input type="radio"/> ^{5c}	<input type="radio"/> ^{5d}	<input type="radio"/> ^{5e}
That everything was an effort?	<input type="radio"/> ^{6a}	<input type="radio"/> ^{6b}	<input type="radio"/> ^{6c}	<input type="radio"/> ^{6d}	<input type="radio"/> ^{6e}

48. During the past 12 months, was there ever a time when you felt sad, blue, or depressed for 2 weeks or more in a row?

- ☐¹ Yes
☐² No → Go to question 50

49. How many weeks in the past 12 months did you feel sad, blue, or depressed?

_____ (weeks)

50. Would you describe your life as....

- ☐¹ Very stressful?
☐² Somewhat stressful?
☐³ Not very stressful?
☐⁴ Not at all stressful?

51. With your life in general, would you say you are....

- ☐¹ Very satisfied?
☐² Somewhat satisfied?
☐³ Somewhat dissatisfied?
☐⁴ Very dissatisfied?

52. How much control do you feel you have in making decisions that affect your everyday activities?

- ☐¹ No control
☐² Control over few or some decisions
☐³ Control over most decisions
☐⁴ Control over all decisions

53. In the past month, did you take any of the FOLLOWING MEDICATIONS? If so, please indicate how often you took each one. (Mark all that apply)

	Daily	1 to 3 times per week	1 to 3 times per month	Never
a) Pain relievers like aspirin, Tylenol, arthritis medicine, anti-inflammatories?	<input type="radio"/> ^{1a}	<input type="radio"/> ^{1b}	<input type="radio"/> ^{1c}	<input type="radio"/> ^{1d}
b) Tranquilizers such as valium?	<input type="radio"/> ^{2a}	<input type="radio"/> ^{2b}	<input type="radio"/> ^{2c}	<input type="radio"/> ^{2d}
c) Diet pills?	<input type="radio"/> ^{3a}	<input type="radio"/> ^{3b}	<input type="radio"/> ^{3c}	<input type="radio"/> ^{3d}
d) Anti-depressants?	<input type="radio"/> ^{4a}	<input type="radio"/> ^{4b}	<input type="radio"/> ^{4c}	<input type="radio"/> ^{4d}
e) Codeine, Demerol or Morphine?	<input type="radio"/> ^{5a}	<input type="radio"/> ^{5b}	<input type="radio"/> ^{5c}	<input type="radio"/> ^{5d}
f) Allergy medicine such as Seldane or Chlor-Tripolon?	<input type="radio"/> ^{6a}	<input type="radio"/> ^{6b}	<input type="radio"/> ^{6c}	<input type="radio"/> ^{6d}
g) Asthma medications, such as inhalers or nebulizers?	<input type="radio"/> ^{7a}	<input type="radio"/> ^{7b}	<input type="radio"/> ^{7c}	<input type="radio"/> ^{7d}
h) Cough or cold remedies?	<input type="radio"/> ^{8a}	<input type="radio"/> ^{8b}	<input type="radio"/> ^{8c}	<input type="radio"/> ^{8d}
i) Penicillin or other antibiotics?	<input type="radio"/> ^{9a}	<input type="radio"/> ^{9b}	<input type="radio"/> ^{9c}	<input type="radio"/> ^{9d}
j) Medicine for the heart?	<input type="radio"/> ^{10a}	<input type="radio"/> ^{10b}	<input type="radio"/> ^{10c}	<input type="radio"/> ^{10d}
k) Medicine for blood pressure?	<input type="radio"/> ^{11a}	<input type="radio"/> ^{11b}	<input type="radio"/> ^{11c}	<input type="radio"/> ^{11d}
l) Diuretics or water pills?	<input type="radio"/> ^{12a}	<input type="radio"/> ^{12b}	<input type="radio"/> ^{12c}	<input type="radio"/> ^{12d}
m) Steroids?	<input type="radio"/> ^{13a}	<input type="radio"/> ^{13b}	<input type="radio"/> ^{13c}	<input type="radio"/> ^{13d}
n) Insulin?	<input type="radio"/> ^{14a}	<input type="radio"/> ^{14b}	<input type="radio"/> ^{14c}	<input type="radio"/> ^{14d}
o) Pills to control diabetes?	<input type="radio"/> ^{15a}	<input type="radio"/> ^{15b}	<input type="radio"/> ^{15c}	<input type="radio"/> ^{15d}
p) Sleeping pills?	<input type="radio"/> ^{16a}	<input type="radio"/> ^{16b}	<input type="radio"/> ^{16c}	<input type="radio"/> ^{16d}
q) Stomach remedies?.	<input type="radio"/> ^{17a}	<input type="radio"/> ^{17b}	<input type="radio"/> ^{17c}	<input type="radio"/> ^{17d}
r) Laxatives?	<input type="radio"/> ^{18a}	<input type="radio"/> ^{18b}	<input type="radio"/> ^{18c}	<input type="radio"/> ^{18d}
s) Hormones for Menopause?	<input type="radio"/> ^{19a}	<input type="radio"/> ^{19b}	<input type="radio"/> ^{19c}	<input type="radio"/> ^{19d}
t) Birth Control Pills?	<input type="radio"/> ^{20a}	<input type="radio"/> ^{20b}	<input type="radio"/> ^{20c}	<input type="radio"/> ^{20d}
u) Any other medications _____ (please specify) _____	<input type="radio"/> ^{21a} <input type="radio"/> ^{22a} <input type="radio"/> ^{23a}	<input type="radio"/> ^{21b} <input type="radio"/> ^{22b} <input type="radio"/> ^{23b}	<input type="radio"/> ^{21c} <input type="radio"/> ^{22c} <input type="radio"/> ^{23c}	<input type="radio"/> ^{21d} <input type="radio"/> ^{22d} <input type="radio"/> ^{23d}

54. How many different medications did you take in the past 48 hours?

_____ Number of different medications

55. Please complete the following chart by putting a number in each box. If zero, write 0. Be sure to write a number in every box. For example, if you went to the doctor last week, and that was the only time you went to a doctor during the past 12 months, you would write "1" in every box in the first row. If you didn't go to a doctor at all during the year, you would write "0" in every box.

(Please note that these questions refer only to your OWN physical, emotional or mental health, and NOT that of your child or someone else.)

	In the Past Week	In the Past Month	In the Past 3 Months	In the Past 6 Months	In the Past 12 Months
a) How many times have you seen or talked on the phone with a doctor?	1a	1b	1c	1d	1e
b) Aside from doctors, how many times have you seen or talked on the phone with another health care practitioner (e.g. nurse, dentist, chiropractor, counselor, speech therapist, social worker, psychologist, etc.)	2a	2b	2c	2d	2e
c) How many times have you seen or talked to an alternative health care provider (e.g. acupuncturist, homeopath, massage therapist, herbalist, rolfer, spiritual healer, etc.)	3a	3b	3c	3d	3e
d) How many nights have you been a patient overnight in a hospital, nursing home or convalescent home?	4a	4b	4c	4d	4e
e) How many hospital outpatient and emergency room visits have you had?	5a	5b	5c	5d	5e
f) How many times have you consulted a mental health professional?	6a	6b	6c	6d	6e
g) How many days did you spend in bed all or most of the day because of illness or injury (including any nights as a hospital patient?)	7a	7b	7c	7d	7e
h) Not counting days spent in bed, how many days did you have to cut down on things for all or most of the day due to illness or injury?	8a	8b	8c	8d	8e
i) How many days of work or school have you missed due to illness?	9a	9b	9c	9d	9e
j) How many days did you require home care services due to illness or disability (e.g. nursing care, help with bathing or housework, respite care, meal delivery, etc.)	10a	10b	10c	10d	10e

56. Do you regularly take vitamins to prevent illness or improve health?

☐¹ Yes ☐² No

57. Do you regularly take herbs or natural supplements to prevent illness or improve health?

☐¹ Yes ☐² No

58. Because of a long-term physical or mental condition or a health problem (lasting 6 months or more), are you limited in the kind or amount of activity you can do at home, school, work, transportation or leisure?

☐¹ Yes ☐² No

59. Do you have any long-term disabilities or handicaps (conditions that have lasted or are expected to last 6 months or more)?

☐¹ Yes ☐² No

60. The following question applies only to chronic long-term health conditions that have lasted or are expected to last 6 months or more and that have been diagnosed by a health care professional. Do you have: (Check where applicable)

- ☐¹ Food allergies
- ☐² Any other allergies
- ☐³ Asthma
- ☐⁴ Arthritis or rheumatism
- ☐⁵ Back problems, excluding arthritis
- ☐⁶ High blood pressure
- ☐⁷ Migraine headaches
- ☐⁸ Chronic bronchitis or emphysema
- ☐⁹ Sinusitis
- ☐¹⁰ Diabetes
- ☐¹¹ Epilepsy
- ☐¹² Heart disease
- ☐¹³ Cancer
- ☐¹⁴ Stomach or intestinal ulcers
- ☐¹⁵ Effects of a stroke
- ☐¹⁶ Urinary incontinence
- ☐¹⁷ A bowel disorder such as Crohn's disease or colitis
- ☐¹⁸ Alzheimer's disease or any other dementia
- ☐¹⁹ Cataracts
- ☐²⁰ Glaucoma
- ☐²¹ A thyroid condition
- ☐²² Any other long-term condition that has been diagnosed by a health care professional? (Please specify) _____

61. Have you ever had your blood pressure taken?

- ☐¹ Yes
☐² No → Go to question 63

62. When was the last time you had your blood pressure taken?

- ☐¹ Less than 6 months ago
☐² 6 months to less than 1 year ago
☐³ 1 year to less than 2 years ago
☐⁴ 2 years to less than 5 years ago
☐⁵ 5 or more years ago

63. Do you drink coffee regularly?

- ☐¹ Yes
☐² No → Go to question 65

64. How many cups of coffee do you usually drink every day?

_____ (please enter a number)

65. If you are currently working, what are the restrictions on smoking at your place of work? (Please read the list first and mark one only)

- ☐¹ Restricted completely
☐² Allowed only in designated areas
☐³ Restricted only in certain places
☐⁴ Not restricted at all

66. Do you have trouble sleeping, falling asleep or getting back to sleep after waking too early?

- ☐¹ Never
☐² Hardly ever
☐³ Occasionally
☐⁴ Often
☐⁵ Nearly every night
☐⁶ Every night

67. Do you have someone in your life you can really count on to help you out in a crisis situation?

- ☐¹ Yes
☐² No

68. Do you have someone you can really count on to give you advice when you are making important personal decisions?

- ☐¹ Yes
☐² No

69. Do you have someone who makes you feel loved and cared for?

- ☐¹ Yes
☐² No

70. Other than on special occasions (such as weddings, funerals or baptisms), how often did you attend religious/spiritual services or religious/spiritual meetings in the past 12 months? (*Mark one only*)

- ☐¹ At least once a week
☐² At least once a month
☐³ At least 3 or 4 times a year
☐⁴ At least once a year
☐⁵ Not at all

71. Do spiritual values or your faith play an important role in your life?

- ☐¹ Yes
☐² No

72. How religious or spiritual do you consider yourself to be?

- ☐¹ Very
☐² Moderately
☐³ Not very
☐⁴ Not at all

73. Do you attempt to follow religious / spiritual teachings and practices in your daily life?

- ☐¹ All of the time
☐² Most of the time
☐³ Occasionally
☐⁴ Never

74. In the past 12 months, how often did you have contact, either in person, by phone, or by mail with any of the following close relatives who do not live with you -- parents, parents-in-law, grandparents, children, sons or daughters-in-law, brothers or sisters? *(Mark one only)*

- ☐¹ Don't have any, or all of them live with you
☐² Every day
☐³ At least once a week
☐⁴ 2 or 3 times a month
☐⁵ Once a month
☐⁶ A few times a year
☐⁷ Once a year
☐⁸ Never

75. In the past 12 months, how often did you have contact with your neighbours? *(Mark one only)*

- ☐¹ Don't have any
☐² Every day
☐³ At least once a week
☐⁴ 2 or 3 times a month
☐⁵ Once a month
☐⁶ A few times a year
☐⁷ Once a year
☐⁸ Never

76. While you were a child or a teenager....

	YES	NO
a) Was your mother or father unemployed for a long time when either of them wanted to be working?	<input type="radio"/> ^{1a}	<input type="radio"/> ^{1b}
b) Did either of your parents drink or use drugs so often that it caused problems for the family?	<input type="radio"/> ^{2a}	<input type="radio"/> ^{2b}
c) Were you ever physically abused by someone close to you?	<input type="radio"/> ^{3a}	<input type="radio"/> ^{3b}

The following questions are for respondents with children 0 to 11 years old. If you have no children 0 to 11 years old, please go to question 84.

77. Would you say your child's (children's) health is: *(Start with youngest child in column 1. If you have more than five children, please add columns or rows.)*

	Child 1	Child 2	Child 3	Child 4	Child 5
Excellent?	<input type="radio"/> ^{1a}	<input type="radio"/> ^{2a}	<input type="radio"/> ^{3a}	<input type="radio"/> ^{4a}	<input type="radio"/> ^{5a}
Very good?	<input type="radio"/> ^{1b}	<input type="radio"/> ^{2b}	<input type="radio"/> ^{3b}	<input type="radio"/> ^{4b}	<input type="radio"/> ^{5b}
Good?	<input type="radio"/> ^{1c}	<input type="radio"/> ^{2c}	<input type="radio"/> ^{3c}	<input type="radio"/> ^{4c}	<input type="radio"/> ^{5c}
Fair?	<input type="radio"/> ^{1d}	<input type="radio"/> ^{2d}	<input type="radio"/> ^{3d}	<input type="radio"/> ^{4d}	<input type="radio"/> ^{5d}
Poor?	<input type="radio"/> ^{1e}	<input type="radio"/> ^{2e}	<input type="radio"/> ^{3e}	<input type="radio"/> ^{4e}	<input type="radio"/> ^{5e}

78. How tall is your child (children) without shoes on?

	Feet and Inches	OR	Centimetres
Child 1			
Child 2			
Child 3			
Child 4			
Child 5			

79. How much does your child (children) weigh?

	Pounds	OR	Kilogram
Child 1			
Child 2			
Child 3			
Child 4			
Child 5			

80. Does your child (children) take any of following prescribed medications on a regular basis?

	Child 1	Child 2	Child 3	Child 4	Child 5
Asthma medicine (inhalers, nebulizers, pills, liquids or injections)?	<input type="radio"/> ^{1a}	<input type="radio"/> ^{2a}	<input type="radio"/> ^{3a}	<input type="radio"/> ^{4a}	<input type="radio"/> ^{5a}
Insulin or other medication for diabetes?	<input type="radio"/> ^{1b}	<input type="radio"/> ^{2b}	<input type="radio"/> ^{3b}	<input type="radio"/> ^{4b}	<input type="radio"/> ^{5b}
Ritalin or other medication for attention deficit disorder?	<input type="radio"/> ^{1c}	<input type="radio"/> ^{2c}	<input type="radio"/> ^{3c}	<input type="radio"/> ^{4c}	<input type="radio"/> ^{5c}
Tranquilizers or nerve pills?	<input type="radio"/> ^{1d}	<input type="radio"/> ^{2d}	<input type="radio"/> ^{3d}	<input type="radio"/> ^{4d}	<input type="radio"/> ^{5d}
Anti-convulsants or anti-epileptic pills?	<input type="radio"/> ^{1e}	<input type="radio"/> ^{2e}	<input type="radio"/> ^{3e}	<input type="radio"/> ^{4e}	<input type="radio"/> ^{5e}
Other <i>(please specify)</i>	<input type="radio"/> ^{1f}	<input type="radio"/> ^{2f}	<input type="radio"/> ^{3f}	<input type="radio"/> ^{4f}	<input type="radio"/> ^{5f}

81. Does your child (children) have any of the following long-term conditions that have lasted or are expected to last 6 months or more and that have been diagnosed by a health care professional?

	Child 1	Child 2	Child 3	Child 4	Child 5
Asthma	<input type="radio"/> ^{1a}	<input type="radio"/> ^{2a}	<input type="radio"/> ^{3a}	<input type="radio"/> ^{4a}	<input type="radio"/> ^{5a}
Food allergies	<input type="radio"/> ^{1b}	<input type="radio"/> ^{2b}	<input type="radio"/> ^{3b}	<input type="radio"/> ^{4b}	<input type="radio"/> ^{5b}
Other allergies	<input type="radio"/> ^{1c}	<input type="radio"/> ^{2c}	<input type="radio"/> ^{3c}	<input type="radio"/> ^{4c}	<input type="radio"/> ^{5c}
Bronchitis	<input type="radio"/> ^{1d}	<input type="radio"/> ^{2d}	<input type="radio"/> ^{3d}	<input type="radio"/> ^{4d}	<input type="radio"/> ^{5d}
Diabetes	<input type="radio"/> ^{1e}	<input type="radio"/> ^{2e}	<input type="radio"/> ^{3e}	<input type="radio"/> ^{4e}	<input type="radio"/> ^{5e}
A heart condition or disease	<input type="radio"/> ^{1f}	<input type="radio"/> ^{2f}	<input type="radio"/> ^{3f}	<input type="radio"/> ^{4f}	<input type="radio"/> ^{5f}
Epilepsy	<input type="radio"/> ^{1g}	<input type="radio"/> ^{2g}	<input type="radio"/> ^{3g}	<input type="radio"/> ^{4g}	<input type="radio"/> ^{5g}
Cerebral palsy	<input type="radio"/> ^{1h}	<input type="radio"/> ^{2h}	<input type="radio"/> ^{3h}	<input type="radio"/> ^{4h}	<input type="radio"/> ^{5h}
Kidney conditions or disease	<input type="radio"/> ¹ⁱ	<input type="radio"/> ²ⁱ	<input type="radio"/> ³ⁱ	<input type="radio"/> ⁴ⁱ	<input type="radio"/> ⁵ⁱ
A mental handicap	<input type="radio"/> ^{1j}	<input type="radio"/> ^{2j}	<input type="radio"/> ^{3j}	<input type="radio"/> ^{4j}	<input type="radio"/> ^{5j}
A learning disability	<input type="radio"/> ^{1k}	<input type="radio"/> ^{2k}	<input type="radio"/> ^{3k}	<input type="radio"/> ^{4k}	<input type="radio"/> ^{5k}
An emotional, psychological or nervous condition	<input type="radio"/> ^{1l}	<input type="radio"/> ^{2l}	<input type="radio"/> ^{3l}	<input type="radio"/> ^{4l}	<input type="radio"/> ^{5l}
Any other long-term condition (Please specify)	<input type="radio"/> ^{1m}	<input type="radio"/> ^{2m}	<input type="radio"/> ^{3m}	<input type="radio"/> ^{4m}	<input type="radio"/> ^{5m}

82. Would you describe your child (children) as *usually* being:

	Child 1	Child 2	Child 3	Child 4	Child 5
Happy and interested in life?	<input type="radio"/> ^{1a}	<input type="radio"/> ^{2a}	<input type="radio"/> ^{3a}	<input type="radio"/> ^{4a}	<input type="radio"/> ^{5a}
Somewhat happy?	<input type="radio"/> ^{1b}	<input type="radio"/> ^{2b}	<input type="radio"/> ^{3b}	<input type="radio"/> ^{4b}	<input type="radio"/> ^{5b}
Somewhat unhappy?	<input type="radio"/> ^{1c}	<input type="radio"/> ^{2c}	<input type="radio"/> ^{3c}	<input type="radio"/> ^{4c}	<input type="radio"/> ^{5c}
Unhappy with little interest in life?	<input type="radio"/> ^{1d}	<input type="radio"/> ^{2d}	<input type="radio"/> ^{3d}	<input type="radio"/> ^{4d}	<input type="radio"/> ^{5d}
So unhappy that life is not worthwhile?	<input type="radio"/> ^{1e}	<input type="radio"/> ^{2e}	<input type="radio"/> ^{3e}	<input type="radio"/> ^{4e}	<input type="radio"/> ^{5e}

83. How would you describe your child's (children's) ability to think and solve day-to-day problems?

	Child 1	Child 2	Child 3	Child 4	Child 5
Able to think clearly and solve problems	<input type="radio"/> ^{1a}	<input type="radio"/> ^{2a}	<input type="radio"/> ^{3a}	<input type="radio"/> ^{4a}	<input type="radio"/> ^{5a}
Having a little difficulty	<input type="radio"/> ^{1b}	<input type="radio"/> ^{2b}	<input type="radio"/> ^{3b}	<input type="radio"/> ^{4b}	<input type="radio"/> ^{5b}
Having some difficulty	<input type="radio"/> ^{1c}	<input type="radio"/> ^{2c}	<input type="radio"/> ^{3c}	<input type="radio"/> ^{4c}	<input type="radio"/> ^{5c}
Having a great deal of difficulty	<input type="radio"/> ^{1d}	<input type="radio"/> ^{2d}	<input type="radio"/> ^{3d}	<input type="radio"/> ^{4d}	<input type="radio"/> ^{5d}
Unable to think or solve problems	<input type="radio"/> ^{1e}	<input type="radio"/> ^{2e}	<input type="radio"/> ^{3e}	<input type="radio"/> ^{4e}	<input type="radio"/> ^{5e}

Voluntary Activity And Community Service

There are many ways in which people voluntarily give their time and skills to various groups and organizations. This can include fund-raising, helping those in need, being on committees, campaigning, organizing or supervising activities or events, teaching or coaching, counseling, serving food, doing repairs, driving, protecting the environment, administrative work, or helping with first aid, fire-fighting, search and rescue, and so on.

84. In the past 12 months, did you do any unpaid work for a specific group or organization? (Do not include community service work required by a court of law).

☐¹ Yes

☐² No → Go to question 89

85. During the last week, how many hours did you spend volunteering for groups or organizations? (Include travel time, phone calling, preparation from home, etc.)

_____ hours

86. In the past 12 months, for what types of organizations did you volunteer?

(Please look through the list below *before* you answer and *then* check the activity that **best** describes the work of each organization for which you volunteered. Check **only one activity for each organization** you worked for. If you offered any of the following services through a church group, please **also** check the second column):

		Through Church Group?
a) Health	<input type="radio"/> ^{1a}	<input type="radio"/> ^{1b}
b) Education	<input type="radio"/> ^{2a}	<input type="radio"/> ^{2b}
c) Youth Development	<input type="radio"/> ^{3a}	<input type="radio"/> ^{3b}
d) Social Services (care and support)	<input type="radio"/> ^{4a}	<input type="radio"/> ^{4b}
e) Sports & Recreation	<input type="radio"/> ^{5a}	<input type="radio"/> ^{5b}
f) Law and Justice	<input type="radio"/> ^{6a}	<input type="radio"/> ^{6b}
g) Employment & Economic Interests	<input type="radio"/> ^{7a}	<input type="radio"/> ^{7b}
h) Arts & Culture	<input type="radio"/> ^{8a}	<input type="radio"/> ^{8b}
i) Environment & Wildlife	<input type="radio"/> ^{9a}	<input type="radio"/> ^{9b}
j) International Organizations	<input type="radio"/> ^{10a}	<input type="radio"/> ^{10b}
k) Religious Organizations	<input type="radio"/> ^{11a}	<input type="radio"/> ^{11b}
l) Service Clubs (Rotary, Lions, etc.)	<input type="radio"/> ^{12a}	<input type="radio"/> ^{12b}
m) Society and Public Benefit	<input type="radio"/> ^{13a}	<input type="radio"/> ^{13b}
n) Other (please specify or name organization) _____	<input type="radio"/> ^{14a}	<input type="radio"/> ^{14b}
_____	<input type="radio"/> ^{15a}	<input type="radio"/> ^{15b}

87. If you volunteered for sports activities (coaching, officiating, maintaining sports facilities, organizing team sports, fundraising, etc), **please estimate:**

a. How many hours you spent last week on such activities: _____

b. How many hours a year do you usually spend on such activities? _____

88. Of all the things you did in the past year, how important were your volunteer activities to you?

- ☐¹ Very important
- ☐² Important
- ☐³ Not very important
- ☐⁴ Not important at all

89. If you did not do any volunteer work for an organization, was the main reason:

- ☐¹ Not enough time
- ☐² Health problems
- ☐³ Not willing or interested
- ☐⁴ Not aware of need
- ☐⁵ Not asked
- ☐⁶ No group working in my area of interest (please specify your area of interest) _____
- ☐⁷ Other reason (please specify) _____

90. Some people help on their own, not through a specific organization. (For example, helping a sick, elderly or disabled person with housework, shopping, yard work or repairs, farm work, visiting the sick or elderly, babysitting, teaching, coaching, and so on.)

In the past 12 months, did you give any unpaid voluntary help to others (*not* through any organization)? (Include friends, neighbours and relatives, but *not* people in your own household.)

- ☐¹ Yes
- ☐² No → Go to question 94

91. Were the individuals you helped on your own (not through any organization):

- ☐¹ Relatives not living with you
- ☐² Friends
- ☐³ Neighbours
- ☐⁴ Co-workers or schoolmates
- ☐⁵ People you did not previously know
- ☐⁶ Other people (please specify) _____

92. Of the people you helped, were any of them: *(Check all that apply).*

- ☐¹ Children or youth under the age of 18?
☐² Seniors 65 years of age or over?
☐³ Disabled persons?

93. During the last week, how many hours did you spend doing voluntary activity on your own (not through any organization)? *(Include travel time, phone calling, preparation from home, etc.)*

_____ hours

If you did any volunteer work for an organization or on your own, please continue. Otherwise, this ends this section of the questionnaire.

94. How important to your volunteering are the following? *(Place one check next to each reason listed.)*

	very important	important	not important	not at all important	not applicable
a) Meeting people and/or companionship	<input type="radio"/> ^{1a}	<input type="radio"/> ^{1b}	<input type="radio"/> ^{1c}	<input type="radio"/> ^{1d}	<input type="radio"/> ^{1e}
b) Fulfilling religious obligations or beliefs	<input type="radio"/> ^{2a}	<input type="radio"/> ^{2b}	<input type="radio"/> ^{2c}	<input type="radio"/> ^{2d}	<input type="radio"/> ^{2e}
c) Learning new skills	<input type="radio"/> ^{3a}	<input type="radio"/> ^{3b}	<input type="radio"/> ^{3c}	<input type="radio"/> ^{3d}	<input type="radio"/> ^{3e}
d) Helping others	<input type="radio"/> ^{4a}	<input type="radio"/> ^{4b}	<input type="radio"/> ^{4c}	<input type="radio"/> ^{4d}	<input type="radio"/> ^{4e}
e) Working for a cause you believe in	<input type="radio"/> ^{5a}	<input type="radio"/> ^{5b}	<input type="radio"/> ^{5c}	<input type="radio"/> ^{5d}	<input type="radio"/> ^{5e}
f) Feeling that you accomplished something	<input type="radio"/> ^{6a}	<input type="radio"/> ^{6b}	<input type="radio"/> ^{6c}	<input type="radio"/> ^{6d}	<input type="radio"/> ^{6e}
g) Doing something you like to do	<input type="radio"/> ^{7a}	<input type="radio"/> ^{7b}	<input type="radio"/> ^{7c}	<input type="radio"/> ^{7d}	<input type="radio"/> ^{7e}
h) Helping promote your heritage or language	<input type="radio"/> ^{8a}	<input type="radio"/> ^{8b}	<input type="radio"/> ^{8c}	<input type="radio"/> ^{8d}	<input type="radio"/> ^{8e}
i) Having influence in community affairs or political life	<input type="radio"/> ^{9a}	<input type="radio"/> ^{9b}	<input type="radio"/> ^{9c}	<input type="radio"/> ^{9d}	<input type="radio"/> ^{9e}
j) Improving your job opportunities	<input type="radio"/> ^{10a}	<input type="radio"/> ^{10b}	<input type="radio"/> ^{10c}	<input type="radio"/> ^{10d}	<input type="radio"/> ^{10e}
k) Feeling obligated to help	<input type="radio"/> ^{11a}	<input type="radio"/> ^{11b}	<input type="radio"/> ^{11c}	<input type="radio"/> ^{11d}	<input type="radio"/> ^{11e}
l) Using your skills and experience	<input type="radio"/> ^{12a}	<input type="radio"/> ^{12b}	<input type="radio"/> ^{12c}	<input type="radio"/> ^{12d}	<input type="radio"/> ^{12e}
m) Benefiting your children, family or yourself	<input type="radio"/> ^{13a}	<input type="radio"/> ^{13b}	<input type="radio"/> ^{13c}	<input type="radio"/> ^{13d}	<input type="radio"/> ^{13e}
n) Feeling you owe something to your community	<input type="radio"/> ^{14a}	<input type="radio"/> ^{14b}	<input type="radio"/> ^{14c}	<input type="radio"/> ^{14d}	<input type="radio"/> ^{14e}
o) Doing something with your spare time	<input type="radio"/> ^{15a}	<input type="radio"/> ^{15b}	<input type="radio"/> ^{15c}	<input type="radio"/> ^{15d}	<input type="radio"/> ^{15e}

95. Is your main reason for volunteering that you cannot find suitable paid work?

- ☐¹ Yes
☐² No

96. Did you gain any skills or knowledge while volunteering for an organization?

(Check all that apply):

- ☐¹ Fundraising skills
☐² Technical or office skills (e.g. first-aid, coaching techniques, computer, accounting, cataloguing, etc.)
☐³ Organizational, managerial skills (e.g. resource management, leadership, planning, running organization, etc.)
☐⁴ Knowledge (e.g. about health, women's issues, political issues, criminal justice, the environment, etc.)
☐⁵ Communication skills (e.g. public speaking, writing, public relations, conducting meetings, etc.)
☐⁶ Interpersonal skills (e.g. conflict resolution, understanding people better, motivating people, dealing with difficult situations, etc.)
☐⁷ Other skill or knowledge (please specify) _____

97. Overall, how satisfying has your experience as a volunteer been?

- ☐¹ Very satisfying
☐² Somewhat satisfying
☐³ Neither satisfying nor dissatisfying
☐⁴ Somewhat dissatisfying
☐⁵ Very dissatisfying

98. If asked, would you have given more time volunteering over the past year?

- ☐¹ Yes → Go to question 100
☐² No

99. Please check the *most* important reason you would not have given more time volunteering over the past year:

- ☐¹ I had no more time to give (because of family responsibilities, work, etc.)
☐² I had health problems
☐³ I had transportation problems
☐⁴ I could not afford the expenses involved
☐⁵ I couldn't have coped emotionally with more
☐⁶ I had already given the hours I wanted to give and done my share
☐⁷ I wasn't interested in doing more
☐⁸ I didn't like the way the organization I volunteered for did things
☐⁹ I didn't like the paid staff or other volunteers
☐¹⁰ Other (please specify) _____

100. Do you feel you have less volunteer time to give than you used to?

- ☐¹ Yes
☐² No

101. As a volunteer, did you feel overworked, time-stressed, or burned out?

- ☐¹ most of the time
☐² often
☐³ occasionally
☐⁴ rarely
☐⁵ never

102. What are your usual weekly out-of-pocket expenses that you have to put out in order to do your voluntary work? (Include transportation, child care, meals, supplies, buying things for those you help, etc. but do not include expenses for which you were reimbursed).

\$ _____

103. In the past year, have you had any significant one-time expenses like a uniform or equipment that you needed to purchase in order to do your volunteer activity? Please give the amount you spent, but do not count expenses for which you were reimbursed, and do not include usual weekly expenses like child care and transportation.

\$ _____

Do you have any additional comments on health, care-giving, and community service issues not covered in this questionnaire?

Peace and Security Questionnaire

Answering these questions honestly will help us find out about the safety and security of Glace Bay residents, and to understand people's perceptions of crime and the justice system. What we learn will help us work together to make Glace Bay a more peaceful and secure community.

Your participation is essential if the survey results are to be accurate. Your responses represent those of approximately 10 other Glace Bay residents.

Remember that all your answers are strictly confidential and are not linked with your name in any way. If you need help with any question, please call 842-9194 or stop by our office at Town House, 150 Commercial St., Glace Bay.

Thank you very much for the generous and valuable contribution of your time and energy.

Note: Ignore the small numbers next to the check boxes. They are just for data entry purposes.

Business Losses Due to Crime

This questionnaire on business losses due to crime is for business owners or managers only. Your answers here will help us understand certain problems businesses face, and to find solutions that can improve the business climate and make life safer and more secure for your business and the community. Remember that all answers are strictly confidential, and that your name and the name of your business will NOT be associated with the answers in any way. Thank you!

1. Do you own or manage a business?

- ☐¹ Yes
☐² No → Go to next section on Crime Victimization (question 25)

2. What type of business do you own or manage?

3. Is your business:

- ☐¹ A professional office (e.g. doctor, lawyer, accountant)?
☐² Retail sales or service?
☐³ Wholesale?
☐⁴ Manufacturing?
☐⁵ Other? (Please specify) _____

4. Is your business based in your home?

- ☐¹ Yes
☐² No

5. How many people does your business employ in the Glace Bay area?

- ☐¹ Owner is the only employee
☐² 2-5
☐³ 6-10
☐⁴ 11-20
☐⁵ 21-50
☐⁶ 51-100
☐⁷ 101-500
☐⁸ More than 500

Note: The following questions refer to losses suffered by the business only. If you were the victim of an assault while at work, please note that accordingly in the crime victimization survey (next section). In questions 6, 7 and 8, do NOT include undetected shoplifting and employee theft that you didn't report to police and that you didn't discover until you took your inventory. Also note that "robbery" refers to theft when there is the threat or use of a weapon or force, and is classified as a "violent crime." "Theft" is a "property crime" without the threat or use of force.

6. Has your business been victimized by crime during the past 12 months?

- ☐¹ Yes
☐² No → Go to question 9

7. How many times in the past 12 months has your business been victimized by crime?

_____ times

8. For each incident that occurred in the last 12 months, please note the type of crime, whether reported to police, whether business was open or closed, time that crime occurred, and the dollar loss sustained. (If your business suffered more than six criminal incidents, please attach an extra sheet clearly marked "question 8".)

Incident	Nature of Crime	Reported to Police?	Time	Dollar Loss (\$)
1	<input type="radio"/> ^{1a} Robbery <input type="radio"/> ^{1b} Break and enter <input type="radio"/> ^{1c} Theft <input type="radio"/> ^{1d} Vandalism <input type="radio"/> ^{1e} Fraud <input type="radio"/> ^{1f} Other (specify)	<input type="radio"/> ^{1g} Yes <input type="radio"/> ^{1h} No	<input type="radio"/> ¹ⁱ Open <input type="radio"/> ^{1j} Closed Time: _____ (specify am or pm)	
2	<input type="radio"/> ^{2a} Robbery <input type="radio"/> ^{2b} Break and enter <input type="radio"/> ^{2c} Theft <input type="radio"/> ^{2d} Vandalism <input type="radio"/> ^{2e} Fraud <input type="radio"/> ^{2f} Other (specify)	<input type="radio"/> ^{2g} Yes <input type="radio"/> ^{2h} No	<input type="radio"/> ²ⁱ Open <input type="radio"/> ^{2j} Closed Time: _____ (specify am or pm)	
3	<input type="radio"/> ^{3a} Robbery <input type="radio"/> ^{3b} Break and enter <input type="radio"/> ^{3c} Theft <input type="radio"/> ^{3d} Vandalism <input type="radio"/> ^{3e} Fraud <input type="radio"/> ^{3f} Other (specify)	<input type="radio"/> ^{3g} Yes <input type="radio"/> ^{3h} No	<input type="radio"/> ³ⁱ Open <input type="radio"/> ^{3j} Closed Time: _____ (specify am or pm)	
4	<input type="radio"/> ^{4a} Robbery <input type="radio"/> ^{4b} Break and enter <input type="radio"/> ^{4c} Theft <input type="radio"/> ^{4d} Vandalism <input type="radio"/> ^{4e} Fraud <input type="radio"/> ^{4f} Other (specify)	<input type="radio"/> ^{4g} Yes <input type="radio"/> ^{4h} No	<input type="radio"/> ⁴ⁱ Open <input type="radio"/> ^{4j} Closed Time: _____ (specify am or pm)	
5	<input type="radio"/> ^{5a} Robbery <input type="radio"/> ^{5b} Break and enter <input type="radio"/> ^{5c} Theft <input type="radio"/> ^{5d} Vandalism <input type="radio"/> ^{5e} Fraud <input type="radio"/> ^{5f} Other (specify)	<input type="radio"/> ^{5g} Yes <input type="radio"/> ^{5h} No	<input type="radio"/> ⁵ⁱ Open <input type="radio"/> ^{5j} Closed Time: _____ (specify am or pm)	
6	<input type="radio"/> ^{6a} Robbery <input type="radio"/> ^{6b} Break and enter <input type="radio"/> ^{6c} Theft <input type="radio"/> ^{6d} Vandalism <input type="radio"/> ^{6e} Fraud <input type="radio"/> ^{6f} Other (specify)	<input type="radio"/> ^{6g} Yes <input type="radio"/> ^{6h} No	<input type="radio"/> ⁶ⁱ Open <input type="radio"/> ^{6j} Closed Time: _____ (specify am or pm)	

9. Aside from the reported and detected crime listed in the previous question, businesses lose stock due to shoplifting and employee theft.
Please estimate the value of stock lost to shoplifting and employee theft in the past 12 months.

\$ _____

10. In the past 12 months, has this problem (shoplifting or employee theft):

- ☐¹ Increased?
☐² Decreased?
☐³ Remained constant?

11. Was your business compensated at all for the loss(es) by insurance?

- ☐¹ Yes
☐² No → Go to question 13

12. Please indicate the approximate percentage of the loss for which you were compensated.

_____ %

13. Was any of your stock, property or money recovered?

- ☐¹ Yes
☐² No → Go to question 15

14. Please indicate the approximate percentage of stock, property or money recovered.

_____ %

15. How much did your business spend on theft insurance in the last 12 months?

\$ _____

16. In the past 12 months, have you taken security measures to protect your business from theft, robbery or vandalism?

- ☐¹ Yes
☐² No → Go to question 19

17. Over the past 12 months, did you take any of the following precautions?

			Dollar Cost (\$)
Install electronic surveillance equipment	<input type="radio"/> ^{1a} Yes <input type="radio"/> ^{1b} No		
Install locks, bars or shutters	<input type="radio"/> ^{2a} Yes <input type="radio"/> ^{2b} No		
Install other forms of security or surveillance equipment (Please specify) _____	<input type="radio"/> ^{3a} Yes <input type="radio"/> ^{3b} No		
Employ security staff	<input type="radio"/> ^{4a} Yes <input type="radio"/> ^{4b} No		
Purchase or lease a guard dog	<input type="radio"/> ^{5a} Yes <input type="radio"/> ^{5b} No		
Other (Please specify) _____	<input type="radio"/> ^{6a} Yes <input type="radio"/> ^{6b} No		

18. Please estimate your *total* business expenditures on crime prevention and detection in the past 12 months. (If total differs from that of previous three questions, please explain).

\$ _____

19. In the past 12 months, have you incurred any other costs or losses due to crime?

- ☐¹ Yes
☐² No → Go to question 21

20. Over the past 12 months, did you incur any of the following business costs or inconveniences?

			Dollar Amount (\$)
Legal expenses	<input type="radio"/> ^{1a} Yes <input type="radio"/> ^{1b} No		
Income lost due to closure of business during crime investigation or repairs	<input type="radio"/> ^{2a} Yes <input type="radio"/> ^{2b} No		
Loss of income while appearing in court	<input type="radio"/> ^{3a} Yes <input type="radio"/> ^{3b} No		

Other expenses and losses (please specify) _____	<input type="radio"/> ^{4a} Yes <input type="radio"/> ^{4b} No	
---	---	--

21. Generally speaking, in the last few years, has fear of crime in the neighbourhood where your business is located reduced economic activity and sales?

- ☐¹ Yes
☐² No

22. Do you close your business earlier than you used to due to crime or the fear or threat of crime?

- ☐¹ Yes
☐² No → Go to question 24

23. Roughly how many hours do you lose per week because you close your business earlier?

_____ hours

24. What is your businesses' annual loss of income due to fear of crime?

\$ _____

Do you have any additional comments not covered in your answers to this survey?

Crime Victimization Survey

Your answers are strictly confidential when completed. Neither your name nor any identification will be associated with your answers. Your honest replies are very important. They will help other crime victims, and will help prevent crime in the future. Thank you for your cooperation.

25. Were you a victim of a crime at any time in the past 5 years? *(Please include acts committed by both family and non-family members.)*

- ☐¹ Yes
☐² No → Go to question 47

26. How many times have you been the victim of a crime, or attempted crime in the last 12 months?

27. How many times have you been the victim of a crime, or attempted crime in the past 3 years?

28. How many times have you been the victim of a crime, or attempted crime in the past 5 years?

Questions 29-43 apply only to people who were victims of crime in the last 12 months. If you were not a victim of crime in the last 12 months ago, please go to question 44.

Terms and Definitions

Theft/Attempted Theft: Money or other personal property was taken, or attempt made to take it.

Motor vehicle theft/Attempted: Theft or attempted theft of motor vehicle or parts.

Break and Enter/Attempted: Illegal entry or attempted illegal entry into your residence or any other building on your property.

Vandalism: Damage of property.

Robbery/Attempted robbery: Theft or attempted theft with a face-to-face threat, an assault or a weapon.

Assault: Face-to-face threat or physical attack with or without a weapon but neither theft nor attempted theft of property.

Sexual assault: Unwanted sexual touching, fondling, attempted rape, or rape.

29. If you were a victim of a crime in the past 12 months, please complete the following table.

- If several offences were committed during a **single incident**, please list the incident **only once** below, under the **most serious** offence. **Please see definitions at bottom of previous page.**
- If you suffered from **several** incidents of a particular type (for example, three thefts under \$5,000), please state how many were reported to the police (e.g. Yes 2, No 1), and give dollar loss for each incident (e.g. 1. \$500, 2. \$3,000, 3. \$200).
- **"Dollar loss"** is money or actual value of property stolen or damaged **before** insurance compensation.
- **"Neighbourhood"** is the area within a short walk of your home. "Glace Bay" refers to the rest of the town outside your own neighbourhood.

Nature of Crime	Number of Incidents	Reported to Police?	Dollar Loss (\$)	Location
Theft under \$5,000		<input type="radio"/> ^{1a} Yes <input type="radio"/> ^{1b} No		<input type="radio"/> ^{1c} Home <input type="radio"/> ^{1d} Neighbourhood <input type="radio"/> ^{1e} Glace Bay <input type="radio"/> ^{1f} Out of Glace Bay
Theft over \$5,000		<input type="radio"/> ^{2a} Yes <input type="radio"/> ^{2b} No		<input type="radio"/> ^{2c} Home <input type="radio"/> ^{2d} Neighbourhood <input type="radio"/> ^{2e} Glace Bay <input type="radio"/> ^{2f} Out of Glace Bay
Motor Vehicle Theft		<input type="radio"/> ^{3a} Yes <input type="radio"/> ^{3b} No		<input type="radio"/> ^{3c} Home <input type="radio"/> ^{3d} Neighbourhood <input type="radio"/> ^{3e} Glace Bay <input type="radio"/> ^{3f} Out of Glace Bay
Robbery		<input type="radio"/> ^{4a} Yes <input type="radio"/> ^{4b} No		<input type="radio"/> ^{4c} Home <input type="radio"/> ^{4d} Neighbourhood <input type="radio"/> ^{4e} Glace Bay <input type="radio"/> ^{4f} Out of Glace Bay
Fraud		<input type="radio"/> ^{5a} Yes <input type="radio"/> ^{5b} No		<input type="radio"/> ^{5c} Home <input type="radio"/> ^{5d} Neighbourhood <input type="radio"/> ^{5e} Glace Bay <input type="radio"/> ^{5f} Out of Glace Bay
Break and enter of home while you were away from home.		<input type="radio"/> ^{6a} Yes <input type="radio"/> ^{6b} No		<input type="radio"/> ^{6c} Home
Break and enter of home while you were at home. (home invasion)		<input type="radio"/> ^{7a} Yes <input type="radio"/> ^{7b} No		<input type="radio"/> ^{7c} Home
Sexual Assault		<input type="radio"/> ^{8a} Yes <input type="radio"/> ^{8b} No		<input type="radio"/> ^{8c} Home <input type="radio"/> ^{8d} Neighbourhood <input type="radio"/> ^{8e} Glace Bay <input type="radio"/> ^{8f} Out of Glace Bay
Assault		<input type="radio"/> ^{9a} Yes <input type="radio"/> ^{9b} No		<input type="radio"/> ^{9c} Home <input type="radio"/> ^{9d} Neighbourhood <input type="radio"/> ^{9e} Glace Bay <input type="radio"/> ^{9f} Out of Glace Bay
Other (please specify)		<input type="radio"/> ^{10a} Yes <input type="radio"/> ^{10b} No		<input type="radio"/> ^{10c} Home <input type="radio"/> ^{10d} Neighbourhood <input type="radio"/> ^{10e} Glace Bay <input type="radio"/> ^{10f} Out of Glace Bay

30. If you suffered a loss of money or property due to crime in the last 12 months, were you compensated at all by insurance?

- ☐¹ Yes
☐² No → Go to question 32

31. For what percentage of your loss were you compensated?

_____ %

32. If you suffered a loss of money or property due to crime in the last 12 months, was any of it recovered?

- ☐¹ Yes
☐² No → Go to question 34

33. What percentage of your money or property was recovered?

_____ %

NOTE: Please answer the next 13 questions if you were the victim of a crime in the past 12 months. If you suffered from more than one crime or incident over the past 12 months, please answer the following questions by giving the total amount of days or times from all crimes together.

34. Did you take time off work due to the crime(s)?

- ☐¹ Yes
☐² No → Go to question 36

35. How many days did you take off? _____

36. Were you hospitalized due to the crime(s)?

- ☐¹ Yes
☐² No → Go to question 38

37. For how many days were you hospitalized? _____

38. Did you spend time in bed at home due to the crime(s)?

- ☐¹ Yes
☐² No → Go to question 40

39. How many days did you spend in bed at home? _____

40. Aside from any of the above, did you cancel *other* plans or activities due to the crime(s)?

- ☐¹ Yes
☐² No → Go to question 42

41. How many days of activities did you cancel? _____

42. Did you visit a doctor or other health professional, require treatment or counseling, or take medications as a result of any crime in the last 12 months?

Please indicate how many times you required such treatments, and whether the incidents for which you required treatment were reported to police.

Question	How Many Times or Days?	Was Crime Reported to Police?
Did you visit a health professional as a result of the incident(s)?		<input type="radio"/> ^{1a} Yes <input type="radio"/> ^{1b} No
Did you have to take medications as a result of the incident(s)? For how many days did you take the medications?		<input type="radio"/> ^{2a} Yes <input type="radio"/> ^{2b} No
Did you require counseling as a result of the incident(s)?		<input type="radio"/> ^{3a} Yes <input type="radio"/> ^{3b} No
Other treatment (please specify) _____		<input type="radio"/> ^{4a} Yes <input type="radio"/> ^{4b} No

43. If you were the victim of a crime in the last 12 months, did you receive assistance from any of the following programs, services or individuals? Did you know about their existence?

Program, Service or Individual	Receive Help?	Know About?
Police or RCMP Victim Assistance Volunteer Program	<input type="radio"/> ^{1a} Yes <input type="radio"/> ^{1b} No	<input type="radio"/> ^{1c} Yes <input type="radio"/> ^{1d} No
Department of Justice Victim Services Division	<input type="radio"/> ^{2a} Yes <input type="radio"/> ^{2b} No	<input type="radio"/> ^{2c} Yes <input type="radio"/> ^{2d} No
Seniors Support Network	<input type="radio"/> ^{3a} Yes <input type="radio"/> ^{3b} No	<input type="radio"/> ^{3c} Yes <input type="radio"/> ^{3d} No
Local Volunteer Groups (Salvation Army, etc.)	<input type="radio"/> ^{4a} Yes <input type="radio"/> ^{4b} No	<input type="radio"/> ^{4c} Yes <input type="radio"/> ^{4d} No
Neighbours	<input type="radio"/> ^{5a} Yes <input type="radio"/> ^{5b} No	
Relatives	<input type="radio"/> ^{6a} Yes <input type="radio"/> ^{6b} No	
Other (please specify)	<input type="radio"/> ^{7a} Yes <input type="radio"/> ^{7b} No	

44. As a result of any crime you have suffered in the last 5 years, have you changed how you approach life? (activities you no longer pursue, places you won't go, etc.)

- ☐¹ Yes
☐² No

45. As a result of any crime in the last 5 years, did you feel that you had to do things that you normally would not have done? (move to a new location, change jobs, etc.)

- ☐¹ Yes
☐² No

46. As a result of any crime in the last 5 years, did you suffer other tragedies that could be attributed directly to the effect the crime had on you? (job loss, loss of social life, loss of family through divorce, loss of house, etc.)

- ☐¹ Yes → Please specify: _____
☐² No

47. All the previous questions referred to yourself. In the past 12 months has anyone you know personally in Glace Bay (friend, neighbour, relative, acquaintance) been the victim of crime?

- ☐¹ Yes
☐² No → Go to question 50

48. How many such incidents involving friends, relatives or acquaintances occurred?

_____ number of incidents

49. Please estimate the number of violent crimes (like assault or robbery), and the number of property crimes (like theft or vandalism) that your friends, relatives and acquaintances suffered.

Violent crimes _____ number of incidents

Property crimes _____ number of incidents

*It is very important to hear from people themselves if we are to understand the serious problem of violence in the home. We know this issue is very sensitive, but if we don't know the facts, we cannot help people in need. Please help this community overcome the problem of violence in the home by answering **THE NEXT THREE QUESTIONS**. Remember that all information provided is strictly confidential and anonymous.*

50. Has your spouse/partner, ex-spouse/partner, or other family member, assaulted you at any time in the past 5 years? (This includes threatening to hit you, or doing anything that could hurt you, like throwing something, pushing, grabbing, hitting, kicking, biting, choking, or threatening to use a weapon, etc.)

- ☐¹ Yes
☐² No → Go to question 53

51. Please specify the number of times this occurred, the number of such incidents you reported to the police, and who did it. If it was a "family member," please specify whether it was a child, parent, or other relative.

	Number of Incidents	Number Reported to Police	Spouse / Partner	Ex-spouse /Partner	Other family member (specify) _____
Number of incidents in the past 12 months?			<input type="radio"/> ^{1a} Yes <input type="radio"/> ^{1b} No	<input type="radio"/> ^{1c} Yes <input type="radio"/> ^{1d} No	<input type="radio"/> ^{1e} Yes <input type="radio"/> ^{1f} No
Number of incidents in the past 3 years?			<input type="radio"/> ^{2a} Yes <input type="radio"/> ^{2b} No	<input type="radio"/> ^{2c} Yes <input type="radio"/> ^{2d} No	<input type="radio"/> ^{2e} Yes <input type="radio"/> ^{2f} No
Number of incidents in the past 5 years?			<input type="radio"/> ^{3a} Yes <input type="radio"/> ^{3b} No	<input type="radio"/> ^{3c} Yes <input type="radio"/> ^{3d} No	<input type="radio"/> ^{3e} Yes <input type="radio"/> ^{3f} No

52. Were you physically injured in any of these incidents? If Yes, how many times were you injured?

- ☐¹ Yes → How many times were you injured? _____ times
☐² No

Are there any other costs or consequences of crime that you have suffered that are not covered in any of the previous questions? (Continue on back cover if you need more space.)

53. Compared to other areas in Canada, do you think your neighbourhood has a higher amount of crime, about the same or a lower amount of crime?

(Neighbourhood refers to the area surrounding your home.)

- ☐¹ Higher
- ☐² About the same
- ☐³ Lower

54. During the last 5 years, do you think that crime in your neighbourhood has increased, decreased, or remained about the same?

- ☐¹ Increased
- ☐² Decreased
- ☐³ About the same
- ☐⁴ Don't know

55. How safe do you feel from crime walking alone in your area after dark? Do you feel

- ☐¹ Very safe
- ☐² Reasonably safe
- ☐³ Somewhat unsafe
- ☐⁴ Very unsafe
- ☐⁵ Don't walk alone in my area after dark → Go to question 57

56. How often do you walk alone in your area after dark?

- ☐¹ Daily
- ☐² At least once a week
- ☐³ At least once a month
- ☐⁴ Less than once a month
- ☐⁵ Never

57. If you felt safer from crime, would you walk alone in your area after dark more often?

- ☐¹ Yes
- ☐² No

58. When alone in your home in the evening or at night, how do you feel about your safety from crime?

- ☐¹ Very worried
- ☐² Somewhat worried
- ☐³ Not at all worried
- ☐⁴ Never alone at home in the evening or night

59. How worried are you about the following crimes?

Questions	Not at all worried	Not too worried	Somewhat worried	Very worried
a) I worry about being held up or mugged.	<input type="radio"/> ^{1a}	<input type="radio"/> ^{1b}	<input type="radio"/> ^{1c}	<input type="radio"/> ^{1d}
b) I worry about being assaulted.	<input type="radio"/> ^{2a}	<input type="radio"/> ^{2b}	<input type="radio"/> ^{2c}	<input type="radio"/> ^{2d}
c) I worry about having my vehicle, residence or other property broken into.	<input type="radio"/> ^{3a}	<input type="radio"/> ^{3b}	<input type="radio"/> ^{3c}	<input type="radio"/> ^{3d}
d) I worry about having my vehicle, residence or other property vandalized.	<input type="radio"/> ^{4a}	<input type="radio"/> ^{4b}	<input type="radio"/> ^{4c}	<input type="radio"/> ^{4d}
e) I worry that a member of my household may be the victim of a residential break-in.	<input type="radio"/> ^{5a}	<input type="radio"/> ^{5b}	<input type="radio"/> ^{5c}	<input type="radio"/> ^{5d}
f) I worry that a member of my household may be the victim of a home invasion.	<input type="radio"/> ^{6a}	<input type="radio"/> ^{6b}	<input type="radio"/> ^{6c}	<input type="radio"/> ^{6d}
g) I worry that a member of my household may be the victim of a violent crime like assault	<input type="radio"/> ^{7a}	<input type="radio"/> ^{7b}	<input type="radio"/> ^{7c}	<input type="radio"/> ^{7d}
h) I worry that a member of my household may be the victim of a sexual assault.	<input type="radio"/> ^{8a}	<input type="radio"/> ^{8b}	<input type="radio"/> ^{8c}	<input type="radio"/> ^{8d}
i) I worry that a member of my household may be the victim of a property crime like theft.	<input type="radio"/> ^{9a}	<input type="radio"/> ^{9b}	<input type="radio"/> ^{9c}	<input type="radio"/> ^{9d}

60. Do you lock your residence or car more often than you used to?

- a) Lock residence more often when I go out? ☐ ^{1a} Yes ☐ ^{1b} No
- b) Lock residence more often even when I'm home during the day? ☐ ^{2a} Yes ☐ ^{2b} No
- c) Lock vehicle more often? ☐ ^{3a} Yes ☐ ^{3b} No

61. During the past 12 MONTHS, did you come into contact with the police

- a) for a public information session? ☐ ^{1a} Yes ☐ ^{1b} No
- b) for a traffic violation? ☐ ^{2a} Yes ☐ ^{2b} No
- c) as a victim of a crime? ☐ ^{3a} Yes ☐ ^{3b} No
- d) as a witness to a crime? ☐ ^{4a} Yes ☐ ^{4b} No
- e) by being arrested? ☐ ^{5a} Yes ☐ ^{5b} No
- f) as a volunteer in a community justice program? ☐ ^{6a} Yes ☐ ^{6b} No
- g) for any other reason? *(Please specify)* ☐ ^{7a} Yes ☐ ^{7b} No

62. Have you ever had contact with the Canadian Criminal courts? (Exclude family and traffic courts)

- ☐¹ Yes
☐² No

63. On average, how many times a month do you go out during the evening to do the following activities? (Please write in number of times a month in first column)

	Number of times a month	Less than once a month	Never
Work nights, attend night classes, go to meetings or do volunteer work?		<input type="radio"/> ^{1a}	<input type="radio"/> ^{1b}
Go to restaurants, movies or the theatre?		<input type="radio"/> ^{2a}	<input type="radio"/> ^{2b}
Go to bars or pubs?		<input type="radio"/> ^{3a}	<input type="radio"/> ^{3b}
Go out for sports, exercise or recreational activities?		<input type="radio"/> ^{4a}	<input type="radio"/> ^{4b}
Shop? (include window shopping)		<input type="radio"/> ^{5a}	<input type="radio"/> ^{5b}
Visit relatives or friends in their <u>homes</u> ?		<input type="radio"/> ^{6a}	<input type="radio"/> ^{6b}
Go to casinos or bingos?		<input type="radio"/> ^{7a}	<input type="radio"/> ^{7b}
Other evening activities not already mentioned? (Please specify) _____		<input type="radio"/> ^{8a}	<input type="radio"/> ^{8b}

64. Have you ever done any of the following things in order to protect yourself or your property from crime? (Answer **yes** only if you took the action for the purpose of protecting yourself from crime).

- | | | |
|--|--|---|
| a) changed your routine, activities, or avoided certain places | <input type="radio"/> ^{1a} Yes | <input type="radio"/> ^{1b} No |
| b) installed new locks or security bars | <input type="radio"/> ^{2a} Yes | <input type="radio"/> ^{2b} No |
| c) installed home burglar alarms or motion detector lights | <input type="radio"/> ^{3a} Yes | <input type="radio"/> ^{3b} No |
| d) installed a car alarm | <input type="radio"/> ^{4a} Yes | <input type="radio"/> ^{4b} No |
| e) taken a self defense course | <input type="radio"/> ^{5a} Yes | <input type="radio"/> ^{5b} No |
| f) changed your phone number | <input type="radio"/> ^{6a} Yes | <input type="radio"/> ^{6b} No |
| g) obtained a dog | <input type="radio"/> ^{7a} Yes | <input type="radio"/> ^{7b} No |
| h) obtained a gun | <input type="radio"/> ^{8a} Yes | <input type="radio"/> ^{8b} No |
| i) changed residence or moved | <input type="radio"/> ^{9a} Yes | <input type="radio"/> ^{9b} No |
| j) other (Please specify) _____ | <input type="radio"/> ^{10a} Yes | <input type="radio"/> ^{10b} No |

65. Have you done any of the following things in order to protect yourself from crime IN THE LAST 12 MONTHS? If you have, please list any cost or expense involved.

Did you take any of the following precautions?	Dollar Cost (\$)
a) Changed your routine, activities, or avoided certain places <input type="radio"/> ^{1a} Yes <input type="radio"/> ^{1b} No	
b) Installed new locks or security bars <input type="radio"/> ^{2a} Yes <input type="radio"/> ^{2b} No	
c) Installed home burglar alarms or motion detector lights <input type="radio"/> ^{3a} Yes <input type="radio"/> ^{3b} No	
d) Installed a car alarm <input type="radio"/> ^{4a} Yes <input type="radio"/> ^{4b} No	
e) Taken a self defense course <input type="radio"/> ^{5a} Yes <input type="radio"/> ^{5b} No	
f) Changed your phone number <input type="radio"/> ^{6a} Yes <input type="radio"/> ^{6b} No	
g) Obtained a dog <input type="radio"/> ^{7a} Yes <input type="radio"/> ^{7b} No	
h) Obtained a gun <input type="radio"/> ^{8a} Yes <input type="radio"/> ^{8b} No	
i) Changed residence or moved <input type="radio"/> ^{9a} Yes <input type="radio"/> ^{9b} No	
j) Other (<i>Please specify</i>) _____ <input type="radio"/> ^{10a} Yes <input type="radio"/> ^{10b} No	

66. Did you incur any of the following costs or expenses due to crime in the past 12 months? If you have, please list the amount of the costs of expenses.

Costs or Inconveniences	Dollar Cost (\$)
For legal expenses <input type="radio"/> ^{1a} Yes <input type="radio"/> ^{1b} No	
Was your home or vehicle insurance affected negatively <input type="radio"/> ^{2a} Yes <input type="radio"/> ^{2b} No	
If you had to appear in court as a witness, did you incur expenses for which you were not reimbursed <input type="radio"/> ^{3a} Yes <input type="radio"/> ^{3b} No	
Other cost or expense (<i>Please specify</i>) <input type="radio"/> ^{4a} Yes <input type="radio"/> ^{4b} No	

67. Do you usually do any of the following things to make yourself safer from crime?

- a) carry something to defend yourself or to alert other people? ☐^{1a} Yes ☐^{1b} No
- b) lock the car doors for your personal safety when alone in a car? ☐^{2a} Yes ☐^{2b} No
- c) when alone and returning to a parked car, check the back seat for intruders before getting into the car? ☐^{3a} Yes ☐^{3b} No
- d) plan your route with safety in mind? ☐^{4a} Yes ☐^{4b} No
- e) stay at home at night because you are afraid to go out alone? ☐^{5a} Yes ☐^{5b} No
- f) other? (Please specify) _____ ☐^{6a} Yes ☐^{6b} No

68. In general, how satisfied or dissatisfied are you with your personal safety from crime?

- ☐¹ Very satisfied
- ☐² Somewhat satisfied
- ☐³ Somewhat dissatisfied
- ☐⁴ Very dissatisfied

69. Have you been a juror in a criminal case in the last 12 months?

- ☐¹ Yes
- ☐² No → Go to question 72

70. For how many days were you a jury member?

_____ days

71. Please estimate the additional costs you incurred while a jury member for which you were not reimbursed. (include travel costs, child care, etc.)

\$ _____ (cost)

72. Please indicate which of the following programs sponsored by your Police Department you have participated in.

- ☐¹ Neighbourhood Watch
- ☐² Block Parents
- ☐³ Crime Stoppers
- ☐⁴ Crime Prevention Talks to Groups
- ☐⁵ Operation Identification
- ☐⁶ Bicycle Safety Rodeos
- ☐⁷ Other (please specify) _____

Issues

The following questions deal with our attitudes to peace and security in our communities, to the justice system, and to crime and punishment.

73. How much contact do you have with your neighbours?

	Frequently	Sometimes	Hardly Ever	Never
a) I chat with my neighbours.	<input type="radio"/> ^{1a}	<input type="radio"/> ^{1b}	<input type="radio"/> ^{1c}	<input type="radio"/> ^{1d}
b) I exchange favours with my neighbours.	<input type="radio"/> ^{2a}	<input type="radio"/> ^{2b}	<input type="radio"/> ^{2c}	<input type="radio"/> ^{2d}
c) I pay informal visits to my neighbours.	<input type="radio"/> ^{3a}	<input type="radio"/> ^{3b}	<input type="radio"/> ^{3c}	<input type="radio"/> ^{3d}
d) I have parties or picnics with my neighbours.	<input type="radio"/> ^{4a}	<input type="radio"/> ^{4b}	<input type="radio"/> ^{4c}	<input type="radio"/> ^{4d}

74. Do you think our Local Police do a good job, an average job, or a poor job of:

Questions	Good Job	Average Job	Poor Job
a) Enforcing the laws?	<input type="radio"/> ^{1a}	<input type="radio"/> ^{1b}	<input type="radio"/> ^{1c}
b) Promptly responding to calls?	<input type="radio"/> ^{2a}	<input type="radio"/> ^{2b}	<input type="radio"/> ^{2c}
c) Investigating and solving crime?	<input type="radio"/> ^{3a}	<input type="radio"/> ^{3b}	<input type="radio"/> ^{3c}
d) Being approachable and easy to talk to?	<input type="radio"/> ^{4a}	<input type="radio"/> ^{4b}	<input type="radio"/> ^{4c}
e) Supplying information to the public on ways to prevent or reduce crime?	<input type="radio"/> ^{5a}	<input type="radio"/> ^{5b}	<input type="radio"/> ^{5c}
f) Ensuring the safety of the citizens of your area?	<input type="radio"/> ^{6a}	<input type="radio"/> ^{6b}	<input type="radio"/> ^{6c}
f) Helping people with neighbourhood problems?	<input type="radio"/> ^{7a}	<input type="radio"/> ^{7b}	<input type="radio"/> ^{7c}
g) Being careful not to arrest innocent people?	<input type="radio"/> ^{8a}	<input type="radio"/> ^{8b}	<input type="radio"/> ^{8c}

75. Do you think our Criminal Courts do a good job, an average job, or a poor job of:

Questions	Good job	Average Job	Poor Job
a) Providing justice quickly?	<input type="radio"/> ^{1a}	<input type="radio"/> ^{1b}	<input type="radio"/> ^{1c}
b) Helping the victims of crime?	<input type="radio"/> ^{2a}	<input type="radio"/> ^{2b}	<input type="radio"/> ^{2c}
c) Determining whether the accused, or person charged, is guilty or not?	<input type="radio"/> ^{3a}	<input type="radio"/> ^{3b}	<input type="radio"/> ^{3c}
d) Ensuring a fair trial for the accused?	<input type="radio"/> ^{4a}	<input type="radio"/> ^{4b}	<input type="radio"/> ^{4c}

76. Do you think the Prison System does a good job, an average job, or a poor job of:

Questions	Good job	Average Job	Poor Job
a) Supervising and controlling prisoners while in prison?	<input type="radio"/> ^{1a}	<input type="radio"/> ^{1b}	<input type="radio"/> ^{1c}
b) Helping prisoners become law-abiding citizens?	<input type="radio"/> ^{2a}	<input type="radio"/> ^{2b}	<input type="radio"/> ^{2c}

77. The responsibility of the parole system is to decide which prison inmates can serve part of their sentence in the community under supervision and to make sure the conditions of parole are being met. If offenders don't meet parole conditions they can be returned to prison.

Do you think that the Parole System does a good job, an average job or a poor job of :

Questions	Good job	Average Job	Poor Job
a) Releasing offenders who are not likely to commit another crime?	<input type="radio"/> ^{1a}	<input type="radio"/> ^{1b}	<input type="radio"/> ^{1c}
b) Supervising offenders on parole?	<input type="radio"/> ^{2a}	<input type="radio"/> ^{2b}	<input type="radio"/> ^{2c}

78. Do you think the Legal Aid system does a good job, an average job or a poor job of:

Questions	Good Job	Average Job	Poor Job
a) Ensuring that everyone who needs legal assistance can get it?	<input type="radio"/> ^{1a}	<input type="radio"/> ^{1b}	<input type="radio"/> ^{1c}
b) Ensuring that everyone can get fair treatment before the law?	<input type="radio"/> ^{2a}	<input type="radio"/> ^{2b}	<input type="radio"/> ^{2c}

79. The most important role of the justice system is:

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
a) To punish criminals.	<input type="radio"/> ^{1a}	<input type="radio"/> ^{1b}	<input type="radio"/> ^{1c}	<input type="radio"/> ^{1d}	<input type="radio"/> ^{1e}
b) To see that victims of crime also receive justice.	<input type="radio"/> ^{2a}	<input type="radio"/> ^{2b}	<input type="radio"/> ^{2c}	<input type="radio"/> ^{2d}	<input type="radio"/> ^{2e}
c) To prevent crime.	<input type="radio"/> ^{3a}	<input type="radio"/> ^{3b}	<input type="radio"/> ^{3c}	<input type="radio"/> ^{3d}	<input type="radio"/> ^{3e}

80. The following are big problems in Glace Bay:

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
a) Homes or other places being broken into.	<input type="radio"/> ^{1a}	<input type="radio"/> ^{1b}	<input type="radio"/> ^{1c}	<input type="radio"/> ^{1d}	<input type="radio"/> ^{1e}
b) Vandalism or property destruction.	<input type="radio"/> ^{2a}	<input type="radio"/> ^{2b}	<input type="radio"/> ^{2c}	<input type="radio"/> ^{2d}	<input type="radio"/> ^{2e}
c) Fighting among different groups in the area.	<input type="radio"/> ^{3a}	<input type="radio"/> ^{3b}	<input type="radio"/> ^{3c}	<input type="radio"/> ^{3d}	<input type="radio"/> ^{3e}
d) People hanging around on streets, in buildings, parks, etc.	<input type="radio"/> ^{4a}	<input type="radio"/> ^{4b}	<input type="radio"/> ^{4c}	<input type="radio"/> ^{4d}	<input type="radio"/> ^{4e}
e) Noisy parties, quarrels, loud music.	<input type="radio"/> ^{5a}	<input type="radio"/> ^{5b}	<input type="radio"/> ^{5c}	<input type="radio"/> ^{5d}	<input type="radio"/> ^{5e}
f) Increasing number of crimes involving young offenders.	<input type="radio"/> ^{6a}	<input type="radio"/> ^{6b}	<input type="radio"/> ^{6c}	<input type="radio"/> ^{6d}	<input type="radio"/> ^{6e}
g) Drug use and / or trafficking.	<input type="radio"/> ^{7a}	<input type="radio"/> ^{7b}	<input type="radio"/> ^{7c}	<input type="radio"/> ^{7d}	<input type="radio"/> ^{7e}
h) Violence against spouses.	<input type="radio"/> ^{8a}	<input type="radio"/> ^{8b}	<input type="radio"/> ^{8c}	<input type="radio"/> ^{8d}	<input type="radio"/> ^{8e}
i) Child abuse.	<input type="radio"/> ^{9a}	<input type="radio"/> ^{9b}	<input type="radio"/> ^{9c}	<input type="radio"/> ^{9d}	<input type="radio"/> ^{9e}
j) Bullying.	<input type="radio"/> ^{10a}	<input type="radio"/> ^{10b}	<input type="radio"/> ^{10c}	<input type="radio"/> ^{10d}	<input type="radio"/> ^{10e}
k) Under-age drinking.	<input type="radio"/> ^{11a}	<input type="radio"/> ^{11b}	<input type="radio"/> ^{11c}	<input type="radio"/> ^{11d}	<input type="radio"/> ^{11e}
l) Drinking and driving.	<input type="radio"/> ^{12a}	<input type="radio"/> ^{12b}	<input type="radio"/> ^{12c}	<input type="radio"/> ^{12d}	<input type="radio"/> ^{12e}
m) Other (please specify) _____	<input type="radio"/> ^{13a}	<input type="radio"/> ^{13b}	<input type="radio"/> ^{13c}	<input type="radio"/> ^{13d}	<input type="radio"/> ^{13e}

81. I believe that:

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
a) The justice system is fair to everyone, regardless of income, age and race.	<input type="radio"/> ^{1a}	<input type="radio"/> ^{1b}	<input type="radio"/> ^{1c}	<input type="radio"/> ^{1d}	<input type="radio"/> ^{1e}
b) Young offenders are treated too harshly.	<input type="radio"/> ^{2a}	<input type="radio"/> ^{2b}	<input type="radio"/> ^{2c}	<input type="radio"/> ^{2d}	<input type="radio"/> ^{2e}
c) There is a lot of crime because sentences are not severe enough.	<input type="radio"/> ^{3a}	<input type="radio"/> ^{3b}	<input type="radio"/> ^{3c}	<input type="radio"/> ^{3d}	<input type="radio"/> ^{3e}
d) Community service should be used more as an alternative to prison.	<input type="radio"/> ^{4a}	<input type="radio"/> ^{4b}	<input type="radio"/> ^{4c}	<input type="radio"/> ^{4d}	<input type="radio"/> ^{4e}
e) The death penalty should be reintroduced for convictions of murder.	<input type="radio"/> ^{5a}	<input type="radio"/> ^{5b}	<input type="radio"/> ^{5c}	<input type="radio"/> ^{5d}	<input type="radio"/> ^{5e}
f) More and better youth programs would help reduce crime.	<input type="radio"/> ^{6a}	<input type="radio"/> ^{6b}	<input type="radio"/> ^{6c}	<input type="radio"/> ^{6d}	<input type="radio"/> ^{6e}
g) Friends and neighbours should settle their disputes out of court.	<input type="radio"/> ^{7a}	<input type="radio"/> ^{7b}	<input type="radio"/> ^{7c}	<input type="radio"/> ^{7d}	<input type="radio"/> ^{7e}
h) Gun control laws need to be tougher.	<input type="radio"/> ^{8a}	<input type="radio"/> ^{8b}	<input type="radio"/> ^{8c}	<input type="radio"/> ^{8d}	<input type="radio"/> ^{8e}
i) Police should more often press charges for spouse battering.	<input type="radio"/> ^{9a}	<input type="radio"/> ^{9b}	<input type="radio"/> ^{9c}	<input type="radio"/> ^{9d}	<input type="radio"/> ^{9e}
j) Marijuana should be legalized.	<input type="radio"/> ^{10a}	<input type="radio"/> ^{10b}	<input type="radio"/> ^{10c}	<input type="radio"/> ^{10d}	<input type="radio"/> ^{10e}
k) More resources should be put into fighting "white collar crime" (fraud, embezzlement, corporate crime etc.)	<input type="radio"/> ^{11a}	<input type="radio"/> ^{11b}	<input type="radio"/> ^{11c}	<input type="radio"/> ^{11d}	<input type="radio"/> ^{11e}

Please give us any other opinion or comment on the justice system and on security and crime in your community not covered in the previous questions:

Ecological Footprint Questionnaire

The way we eat, travel, use energy and water, and dispose of our waste affects the quality of our environment. The results of this questionnaire will show us, as a community, how we can care for our environment better and reduce our impact on nature.

On separate sheets, please fill out the food diary on the same two days that you fill out your time use survey.

Your answers represent 10 other Glace Bay residents. So please take the time to answer carefully all questions that apply to you.

Important Note: *This is the only section of the GPI survey that we are asking you to answer for your whole household. Please ask the help of other household members in answering any questions about which you are uncertain.*

Remember that all your answers are strictly confidential and are not linked with your name in any way. If you need help with any question, please call 842-9194 or stop by our office at Town House, 150 Commercial Street, Glace Bay.

Thank you very much for the generous and valuable contribution of your time and energy.

Note: Ignore the small numbers next to the check boxes. They are just for data entry purposes.

Household Transportation

- 1. Please indicate what type of vehicle(s) your household has, the total number of kilometers each vehicle is driven per year, and the fuel type of the vehicle.**
(If there is more than one vehicle per category, please fill out the kilometres per year for each vehicle. If your household doesn't have a vehicle, go to question 2.)

Vehicle Type	Vehicle 1	Vehicle 2	Vehicle 3	Kilometres / year	Fuel Type (gas/diesel)
a) Sub-Compact	<input type="radio"/> ^{1a}	<input type="radio"/> ^{2a}	<input type="radio"/> ^{3a}		
b) Compact	<input type="radio"/> ^{1b}	<input type="radio"/> ^{2b}	<input type="radio"/> ^{3b}		
c) Mid Size	<input type="radio"/> ^{1c}	<input type="radio"/> ^{2c}	<input type="radio"/> ^{3c}		
d) Full Size	<input type="radio"/> ^{1d}	<input type="radio"/> ^{2d}	<input type="radio"/> ^{3d}		
e) Minivan	<input type="radio"/> ^{1e}	<input type="radio"/> ^{2e}	<input type="radio"/> ^{3e}		
f) Sport Utility Vehicle	<input type="radio"/> ^{1f}	<input type="radio"/> ^{2f}	<input type="radio"/> ^{3f}		
g) Light Truck	<input type="radio"/> ^{1g}	<input type="radio"/> ^{2g}	<input type="radio"/> ^{3g}		
h) Other (specify) _____	<input type="radio"/> ^{1h}	<input type="radio"/> ^{2h}	<input type="radio"/> ^{3h}		

- 2. What form of transportation do the members of your household usually take from your Glace Bay home to their place of employment / school?** *(If no one in your household commutes to work or school, go to question 5)*

Vehicle Type	Member 1	Member 2	Member 3	Member 4	Member 5	Member 6
a) Car / van / truck (1)	<input type="radio"/> ^{1a}	<input type="radio"/> ^{2a}	<input type="radio"/> ^{3a}	<input type="radio"/> ^{4a}	<input type="radio"/> ^{5a}	<input type="radio"/> ^{6a}
b) Car / van / truck (2)	<input type="radio"/> ^{1b}	<input type="radio"/> ^{2b}	<input type="radio"/> ^{3b}	<input type="radio"/> ^{4b}	<input type="radio"/> ^{5b}	<input type="radio"/> ^{6b}
c) School bus	<input type="radio"/> ^{1c}	<input type="radio"/> ^{2c}	<input type="radio"/> ^{3c}	<input type="radio"/> ^{4c}	<input type="radio"/> ^{5c}	<input type="radio"/> ^{6c}
d) Public Transit	<input type="radio"/> ^{1d}	<input type="radio"/> ^{2d}	<input type="radio"/> ^{3d}	<input type="radio"/> ^{4d}	<input type="radio"/> ^{5d}	<input type="radio"/> ^{6d}
e) Taxi	<input type="radio"/> ^{1e}	<input type="radio"/> ^{2e}	<input type="radio"/> ^{3e}	<input type="radio"/> ^{4e}	<input type="radio"/> ^{5e}	<input type="radio"/> ^{6e}
f) Motorcycle	<input type="radio"/> ^{1f}	<input type="radio"/> ^{2f}	<input type="radio"/> ^{3f}	<input type="radio"/> ^{4f}	<input type="radio"/> ^{5f}	<input type="radio"/> ^{6f}
g) Bicycle	<input type="radio"/> ^{1g}	<input type="radio"/> ^{2g}	<input type="radio"/> ^{3g}	<input type="radio"/> ^{4g}	<input type="radio"/> ^{5g}	<input type="radio"/> ^{6g}
h) Walk	<input type="radio"/> ^{1h}	<input type="radio"/> ^{2h}	<input type="radio"/> ^{3h}	<input type="radio"/> ^{4h}	<input type="radio"/> ^{5h}	<input type="radio"/> ^{6h}
i) Other (specify) _____	<input type="radio"/> ¹ⁱ	<input type="radio"/> ²ⁱ	<input type="radio"/> ³ⁱ	<input type="radio"/> ⁴ⁱ	<input type="radio"/> ⁵ⁱ	<input type="radio"/> ⁶ⁱ

3. If a personal vehicle is used *to commute to work or school* from your Glace Bay home, how many riders, including the driver, are there in each car?

Number of people per vehicle:	1	2	3	4	5
Member 1 commute	<input type="radio"/> ^{1a}	<input type="radio"/> ^{2a}	<input type="radio"/> ^{3a}	<input type="radio"/> ^{4a}	<input type="radio"/> ^{5a}
Member 2 commute	<input type="radio"/> ^{1b}	<input type="radio"/> ^{2b}	<input type="radio"/> ^{3b}	<input type="radio"/> ^{4b}	<input type="radio"/> ^{5b}
Member 3 commute	<input type="radio"/> ^{1c}	<input type="radio"/> ^{2c}	<input type="radio"/> ^{3c}	<input type="radio"/> ^{4c}	<input type="radio"/> ^{5c}
Member 4 commute	<input type="radio"/> ^{1d}	<input type="radio"/> ^{2d}	<input type="radio"/> ^{3d}	<input type="radio"/> ^{4d}	<input type="radio"/> ^{5d}
Member 5 commute	<input type="radio"/> ^{1e}	<input type="radio"/> ^{2e}	<input type="radio"/> ^{3e}	<input type="radio"/> ^{4e}	<input type="radio"/> ^{5e}
Member 6 commute	<input type="radio"/> ^{1f}	<input type="radio"/> ^{2f}	<input type="radio"/> ^{3f}	<input type="radio"/> ^{4f}	<input type="radio"/> ^{5f}

4. How far does each household member travel to get from home to their workplace or school? (List kilometres). (If using miles, cross out "km" and write "miles".)

Member 1	Member 2	Member 3	Member 4	Member 5	Member 6
km	km	km	km	km	km

5. Please estimate the total number of hours usually spent per week using each mode of transportation for each family member. (List hours).

Vehicle Type	Member 1	Member 2	Member 3	Member 4	Member 5	Member 6
a) Car / van / truck (1)						
b) Car / van / truck (2)						
c) School bus						
d) Public Transit						
e) Taxi						
f) Motorcycle						
g) Bicycle						
h) Walk						
i) Other (specify)						

6. Please estimate the total number of hours spent per year traveling by aircraft for each family member. (List hours).

Member 1	Member 2	Member 3	Member 4	Member 5	Member 6

Housing and Energy Use by Household

7. Please indicate your dwelling type.

- ☐¹ Detached (single family dwelling)
☐² Duplex
☐³ Row Housing (3 or more units attached side by side)
☐⁴ Apartment
☐⁵ Other (*please specify*) _____

8. Please indicate the number of floors in your dwelling. (*Include basement only if finished*).

- ☐¹ 1
☐² 1.5 (split level)
☐³ 2
☐⁴ 3
☐⁵ 4 or more

9. What is the square footage of your dwelling? (*Include basement only if finished*).

_____ square feet OR _____ square metres

10. What is the square footage of your lot? _____ square feet

OR _____ square metres

11. Do you own a vacation property?

- ☐¹ Yes
☐² No → Go to question 13

12. If yes, please indicate where your vacation property is located.

- ☐¹ Cape Breton
☐² Nova Scotia
☐³ Elsewhere in Canada
☐⁴ United States
☐⁵ Elsewhere in the world

13. If you apply compost, or chemical fertilizers, pesticides or herbicides to your garden yourself, how many bags, pounds, kilograms, or litres do you use for the whole year. If professionally applied, please state how many applications were done in the past year.

	Self Administered (Specify bags, lb., kg., or litres used per year)			Professionally Applied (number of applications per year)	
	Compost	Chemical Fertilizer	Chemical Pesticide/Herbicide	Chemical Fertilizer	Chemical Pesticide/Herbicide
Lawn					
Garden					

14. What percentage of your household cleaners are ecologically friendly? (contain only natural ingredients that bio-degrade).

0	1 – 10%	11 – 24%	25 – 49%	50 – 74%	75+%
<input type="radio"/> ¹	<input type="radio"/> ²	<input type="radio"/> ³	<input type="radio"/> ⁴	<input type="radio"/> ⁵	<input type="radio"/> ⁶

15. Please give brand names of your usual household cleaners: _____

16. Please estimate how much energy your household consumes annually. (If you have your utility bills handy, please check them; otherwise please give us an estimate.)

Energy Source	Quantity Consumed	Approximate Cost (\$)	Did you consult bills?
Electricity	KWH		Yes <input type="radio"/> ^{1a} No <input type="radio"/> ^{2a}
Oil	Litres		Yes <input type="radio"/> ^{1b} No <input type="radio"/> ^{2b}
Propane	Pounds / Litres		Yes <input type="radio"/> ^{1c} No <input type="radio"/> ^{2c}
Wood (cord)	Cords		Yes <input type="radio"/> ^{1d} No <input type="radio"/> ^{2d}
Wood (pellet)	Kilos		Yes <input type="radio"/> ^{1e} No <input type="radio"/> ^{2e}
Coal	Tonnes		Yes <input type="radio"/> ^{1f} No <input type="radio"/> ^{2f}
Other (specify) _____			Yes <input type="radio"/> ^{1g} No <input type="radio"/> ^{2g}

17. Please indicate the average temperature of your dwelling during the winter heating season. Please indicate whether it is degrees Celsius or Farenheit.

Daytime: _____ °C/F

Evening: _____ °C/F

Night: _____ °C/F

Water Use by Household

18. If you are metered, what is your annual water consumption? _____

19. If you have a dishwasher, how many loads does your household run per week? _____

20. How many loads of laundry does your household do per week? _____

21. Approximately how many times do you flush your toilet per day? _____

22. How many baths does your household take per week? _____

23. How many showers does your household take per week? _____

24. Does your shower have a water-efficient head? ☐¹ Yes ☐² No

25. How many times do you wash your car per month? (either at home or at a car wash) _____

26. How many times do you water your lawn/garden between June 1 and Sept. 30? _____

27. On average, how long do you water your lawn/garden each time? _____

28. How would you rate the quality of Glace Bay's drinking water?

- | | |
|------------------------------------|---------------|
| <input type="radio"/> ¹ | Excellent |
| <input type="radio"/> ² | Good |
| <input type="radio"/> ³ | Fair |
| <input type="radio"/> ⁴ | Not very good |
| <input type="radio"/> ⁵ | Poor |

Household Waste

29. Does your household compost or recycle any of its household or yard waste?

- ☐¹ Yes
☐² No → Go to question 31

30. Please indicate what types of waste you compost or recycle, and how much of the time you do so. (Example: If you recycle your soda pop cans half the time, and you throw them in the trash the rest of the time, you would check the 50% circle in the "aluminum cans" row).

Items	Never	25 % of the time	50 % of the time	75 % of the time	all of the time
Food waste	<input type="radio"/> ^{1a}	<input type="radio"/> ^{1b}	<input type="radio"/> ^{1c}	<input type="radio"/> ^{1d}	<input type="radio"/> ^{1e}
Yard waste	<input type="radio"/> ^{2a}	<input type="radio"/> ^{2b}	<input type="radio"/> ^{2c}	<input type="radio"/> ^{2d}	<input type="radio"/> ^{2e}
Newspaper/ other paper products	<input type="radio"/> ^{3a}	<input type="radio"/> ^{3b}	<input type="radio"/> ^{3c}	<input type="radio"/> ^{3d}	<input type="radio"/> ^{3e}
Plastic	<input type="radio"/> ^{4a}	<input type="radio"/> ^{4b}	<input type="radio"/> ^{4c}	<input type="radio"/> ^{4d}	<input type="radio"/> ^{4e}
Aluminum cans	<input type="radio"/> ^{5a}	<input type="radio"/> ^{5b}	<input type="radio"/> ^{5c}	<input type="radio"/> ^{5d}	<input type="radio"/> ^{5e}
Steel cans	<input type="radio"/> ^{6a}	<input type="radio"/> ^{6b}	<input type="radio"/> ^{6c}	<input type="radio"/> ^{6d}	<input type="radio"/> ^{6e}
Glass	<input type="radio"/> ^{7a}	<input type="radio"/> ^{7b}	<input type="radio"/> ^{7c}	<input type="radio"/> ^{7d}	<input type="radio"/> ^{7e}

31. When you dispose of your household's garbage, how many garbage bags per week are there? (Please give weekly average).

Grocery bag size? _____

Large garbage bag size? _____

Glace Bay Waterfront

32. How would you rate the cleanliness of the Atlantic shoreline in the town of Glace Bay?

- ☐¹ Excellent
☐² Good
☐³ Fair
☐⁴ Not very good
☐⁵ Poor

Household Food Consumption

Instructions for Food Diary

Please read carefully before completing diary

- This diary covers the same two days as your time use survey
- For each day, record all of your **household's** consumption of food and beverages.
- "Household" includes all those who were living in the same home with you on the two days you kept this food diary.
- If you are unsure about answers, it is fine to ask other members of your household to help you fill out this diary.
- 250 gm is about half a pound, or the equivalent of two chicken breasts.
- 1 cup = 8 oz or 250 ml.
- "Organic" here means produced without chemical fertilizers, pesticides, herbicides or artificial feed additives. These products are usually certified and labelled "organic".
- Fill out the "produced in NS" column if you are fairly certain that the food was grown in the province.
- In the first column, fill out the total number of portions your household consumed on that day. In the other columns, enter the number of portions that apply to each question.

For example, if, on Day 1, you and your family ate a pound of locally raised organic beef that you bought direct from the farmer, and your teenage son ate a half-pound burger at a fast-food restaurant, you would write "3" under "total number of portions", and then write "2" in the "organic", "produced in NS", and "bought from farmer" columns, and "1" in the "restaurant" column.

- This diary does not cover *all* foods you eat in a day. So don't worry about things like mayonnaise, mustard, etc. Just keep track of the items listed in the diary. You can list other major food items in the "Other" row.

After you have completed the diary, please list how many household members were present during the two days you kept the diary, and how much money your household spent on food during the last week:

1. How many adults (18+) were in your household on days 1 and 2 of the diary?

_____ (adults)

2. How many children (under 18) were in your household on days 1 and 2 of the diary?

_____ (children)

3. Approximately how much money, **in total**, did your **household as a whole** spend on food during the last 7 days?

(This is your total household food budget for the last week, including meals prepared at home, snack food, candy, and food bought from restaurants and fast food places.)

\$ _____

4. Approximately how much money did your **household as a whole** spend on food **bought at stores** during the last 7 days?

\$ _____

5. Approximately how much money did your **household as a whole** spend on food bought at **farmers' markets** or directly from **farmers** during the last 7 days?

\$ _____

6. Approximately how much money did your **household as a whole** spend eating out at **restaurants** and **fast food** establishments?

a) On day 1 of the diary? \$ _____

b) On day 2 of the diary? \$ _____

c) During the last 7 days? \$ _____

Day 1: _____ Date: _____ (day) _____ (month), 2000

Food	Portion size	Total number of portions	List number of portions:					
			Bought at store	Bought from farmer	Bought at Restaurant	Home-grown	Organically grown	Produced in Nova Scotia
Beef: incl. steaks, roasts, stews, ground beef	250g (½ lb)							
Poultry: incl. chicken, turkey	250g							
Pork and Ham: roasts, chops, bacon, hotdogs, sausages	250g							
Fish and marine products:	250g							
Dairy Products: milk, yogurt, cheese, ice cream ...	1 cup or 50g							
Eggs:	1 egg							
Bread Includes bagel, pita, etc.	1 slice							
Grain Products: pasta, rice, cereal...	½ cup							
French Fries:	½ cup							
Potato Chips, and similar products	100 gm bag							
Vegetables: fresh	½ cup							
Vegetables: canned, frozen, juice	½ cup							
Fruit: fresh	½ cup							
Fruit: canned, frozen, juice	½ cup							
Tea/Coffee:	8 oz (cup)							
Sugar preparations: candy, chocolate, gum, etc. (small bar = 100 gm)	bar, or pack of gum							
Carbonated drinks (soda pop) (1 litre bottle = 3 portions)	350 ml. can							
Other (Please Specify) _____								

Day 2: _____ Date: _____ (day) _____ (month), 2000

Food	Portion size	Total number of portions	List number of portions:					
			Bought at store	Bought from farmer	Bought at Restaurant	Home-grown	Organic-ally grown	Produced in Nova Scotia
Beef: incl. steaks, roasts, stews, ground beef	250g (½ lb)							
Poultry: incl. chicken, turkey	250g							
Pork and Ham: roasts, chops, bacon, hotdogs, sausages	250g							
Fish and marine products:	250g							
Dairy Products: milk, yogurt, cheese, ice cream ...	1 cup or 50g							
Eggs:	1 egg							
Bread Includes bagel, pita, etc.	1 slice							
Grain Products: pasta, rice, cereal...	½ cup							
French Fries:	½ cup							
Potato Chips, and similar products	100 gm bag							
Vegetables: fresh	½ cup							
Vegetables: canned, frozen, juice	½ cup							
Fruit: fresh	½ cup							
Fruit: canned, frozen, juice	½ cup							
Tea/Coffee:	8 oz (cup)							
Sugar preparations Candy, chocolate, gum, etc. (small bar = 100 gm)	bar or pack of gum							
Carbonated drinks (soda pop) (1 litre bottle = 3 portions)	350 ml. can							
Other (Please Specify) _____								

Time Use Survey

Looking at how we spend our time can tell us a tremendous amount about our quality of life in Glace Bay and the way we live in our community.

Time use surveys show us:

- *the balance we have between work, family and personal time;*
- *how we spend our leisure time;*
- *how we care for our children, and for elderly or sick parents;*
- *how we contribute to the community;*
- *time stresses on families;*
- *the way men and women divide up work;*

And much more.

Please take the time to fill out this survey carefully. Your response is very important if we want to work together to improve our quality of life in Glace Bay.

Your response is completely confidential. Do not hesitate to call us at 842-9194 or drop by our office at Town House, 150 Commercial Street, if you have any difficulties filling this in.

It will take you just a few minutes a day for two days to do this. Here's the instructions on how to do it:

GPI Glace Bay

Town House, 150 Commercial St., Glace Bay, N.S. B1A 3C1 849-9194

TIME USE SURVEY INSTRUCTIONS

Please indicate the time you actually spent on various activities during the day, by drawing a line from the time you began each activity to the time you finished it. Try to fill out this survey *at least* three times a day, so that you don't forget what you were doing.

Except for the five rows at the bottom of the diary page, your lines should NOT overlap. That is, you should choose only ONE activity for any period of the day to represent your MAIN activity at that time.

Each hour is broken into 15 minute blocks. Please don't draw a line for activities that lasted only a few minutes.

If you were doing more than one thing at a time, enter *only* your *main* activity at that time. For example, if you were washing dishes while having a conversation, and while your child was playing in the next room, draw a line *only* in the row that says "cooking, washing up."

If you were doing several "main activities" during the same time period, then divide up the time period between those activities:

Let's suppose it took you an hour to finish cooking and washing dishes, but *during* that time you spent 15 minutes attending to your child's needs, and 15 minutes changing loads of laundry. Then allocate only half an hour to "cooking, washing up," and 15 minutes each to "housekeeping, laundry" and to "primary child care."

Please see the attached sample day for an example of how to fill out the time diary.

Also please see below for definitions of activities and read these definitions carefully before filling out the survey. (Please note that "*primary* child care" refers to time spent exclusively with a child, while not engaged in any other activity.)

There are three rows that ask you to "specify" what the activity is: "Other leisure" (e.g. painting, playing music); "Other travel" (e.g. motor-bike, plane); and "Other activities" (like gardening, pet care, or anything else that is not listed in the time use survey). Please write the activity right in that row, next to where you draw the line.

Let's say you spent from 6pm to 6.30pm feeding the cat, changing the litter box, and washing the dog, you would write "pet care" right next to where you draw that 1/2 hour line. On the other hand, if you walk the dog and regard that as your daily exercise, draw the line in the row marked "active sport or exercise."

The only lines that can *overlap* others are those in the five rows at the bottom of the page. *Paid child care* and *"secondary" child and adult care* all occur *while* you are doing other activities.

"Secondary" care refers to times you are mainly engaged in other activities (e.g. cooking, reading, working) even though you are still responsible for a dependent child or adult. For example, the child or sick adult may be in another room, and you are not paying direct attention to them at the time, but you are available to them when they need you. The times you are paying *exclusive* attention to them are called *"primary care."*

In the bottom two rows, indicate *where* each activity took place -- at home or away from home. One of those two rows should be marked for *every* hour of the day.

ALSO, please be sure to fill out, at the end of each afternoon/evening page, the amount you paid that day for child care (if nothing, just write 0).

Thank you for your assistance and cooperation.

Do not hesitate to call us at 842-9194 if any questions, doubts and confusions arise as you are filling this in.

On the next page are some definitions of activities listed in the time use survey. Please read these carefully before completing the survey.

DEFINITIONS

- ***“Personal services”*** includes visits to doctors, dentists, hairdressers, and other services for your personal care outside the home.
- ***“Shopping”*** includes buying groceries, clothes, appliances, home furnishings, going to repair shops, post office, etc.
- ***“Housekeeping”*** includes cleaning house, laundry, mending, ironing, arranging and straightening things, taking out garbage, etc.
- ***“Maintenance and repair”*** includes work on house, yard and car.
- ***“Other Household Work”*** includes household managing, -- like planning, household accounts, paying bills, problem-solving, making transportation and other arrangements, etc.
- ***“Education”*** includes attending classes or lectures, training and correspondence courses, homework, etc.
- ***“Movies and other entertainment”*** includes movies, theatre, sports events, fairs, concerts, museums, and other entertainment outside the home.
- ***“Non-work Computer Games/Internet”*** includes video games, surfing the Net, “chat” sessions, and other leisure uses. If you use the computer for your job or school, please include that time in “paid work” or “education.”
- ***“Spiritual/Religious practice”*** refers to actual prayer, meditation, church services or other spiritual practices. Include organizational church work, like fund-raising or running a church camp, under *“Formal civic and voluntary work”*.
- ***“Active Sport/Exercise”*** includes both group sports and also individual jogging, hiking, yoga, etc.
- ***“Other Leisure”*** includes pleasure trips, hobbies, painting, playing music, etc. Please write the activity right in the row, next to where you draw the line.
- ***“Socializing”*** includes time spent enjoyably chatting with family and friends, as well as social phone conversations, visiting or dinner with friends, neighbours or relatives, parties, dances, visits to nightclubs or bars, etc.
- The four ***Volunteer or Care Giving*** rows refer only to ***unpaid*** work. If you took care of children or adults for pay, please include that under "paid work."
- ***“Primary child care”*** refers to time spent directly and exclusively relating to a child, while ***not*** engaged in any other activity (e.g. housework, TV). Includes changing diapers, washing, dressing, teaching, reading to and playing with children, etc.
- ***“Primary adult care”*** refers to time spent directly helping and caring (dressing, bathing, grooming, etc.) for a sick, elderly or disabled relative or other adult. Also include here, not under "housekeeping," help given directly to these dependent adults with housekeeping tasks such as cleaning, laundry, shopping, and meal preparation.

- **"Other formal civic & volunteer work"** refers to unpaid activity for social, youth, religious, professional, political, sporting, non-profit and other organizations like unions and service clubs. If you offer volunteer adult care through a non-profit organization, count it under "adult care." Formal volunteer work here, therefore, includes all **other** types of voluntary work offered through formal organizations.
- **"Other informal volunteer work"** refers to unpaid activity that is not given through a formal organization (for example, unpaid babysitting, helping a neighbour put on a roof, etc.) Do *not* count voluntary work you provide for sick, elderly or disabled relatives or neighbours that you have already included in the "adult care" category.
- **"Other travel"** includes motor-cycle, truck, plane, train, etc. Please specify mode of transport directly in that row next to where you draw the line.
- **"Other"** includes pet care, gardening, and other activities that may not fit into any of the above categories. On the other hand, if you regard gardening as "leisure," then include it in the "other leisure" row. If you regard walking the dog as "active exercise," include it there. These are subjective choices. In a word or two, please specify each activity that you include under "other" directly in that row, next to where you draw the line.

Note: All the above activities do not overlap -- That is, you should choose only one activity for any period of the day to represent your main activity at that time.

However, the bottom five rows on the time use survey do overlap with the other activities, because they occur at the same time as the other activities:

- **"Paid Child Care":** Please include here the time for which you paid others to baby sit or care for your children. Do not count formal school time, but do include day care, extra-curricular (before or after school) classes, day camps, and other activities for which you paid. This overlaps other activities listed in the time use survey that you were presumably doing while paying someone to care for your child.
- **"Secondary child care" and "secondary adult care"** means that you are responsible for the well-being of children or adults, and are available to them if they need you; ***but*** you are engaged in other primary activities. For example, your child may be doing homework or watching TV, and a disabled or sick parent may be reading in the next room while you are doing dishes. Secondary child or adult care therefore also overlaps other activities.
- **"Location"** simply refers to whether each activity happened at home or away from home. So one of those two lines should be filled in for ***every*** activity during the 24 hours.

TIME USE SURVEY EXAMPLE

Background

Carol is a single mother of three children, Bobby is four years old, Kate is 14, and Thomas, her other son, is a 22-year-old, high-functioning autistic. This is how she filled out her time use diary (*see sample completed form attached*).

The Scenario on Day 1 in Carol's World

Carol reads a little before bedtime, goes to sleep, wakes at 8 a.m., takes only a few minutes to dress, then takes care of and plays with Bobby. She then walks Bobby to child care a few blocks away, checks in, socializing with Mandy the child care worker. Carol walks back, fixes breakfast and eats it, then works at her home-based business for two hours.

At noon, she fixes lunch for herself, Kate, and Thomas, eats lunch with them, and washes up afterwards, putting a load of laundry in the washer. At 1 p.m., she pays bills for 15 minutes, then drives to the store to shop for food; drives back and works for half an hour, and at 2:45 p.m. takes a break for 15 minutes to play Free Cell on her computer. From 3 to 3:30, she plays cards with Thomas, then works another hour before walking over to the child care to get Bobby. She spends 15 minutes admiring the crafts he made, and then walks him back home. From 5:30 to 6 she prepares the evening dinner with Thomas. The family eats together for half an hour.

From 6:30 to 7 p.m., she takes a shower and gets dressed. Kate has agreed to watch Bobby while she goes to teach an evening class at her church, so she doesn't have to pay for child care. She takes the bus at 7 and gets there at 7:20, where she socializes for a few minutes, before going into meditate until class starts at 8 p.m. She teaches class until 9:30, then gets a ride home with a friend, arriving at 9:45 p.m. She checks in with Kate and then watches a video with Thomas until midnight, when she goes to bed.

Note how the bottom two categories (***Child and Adult Care Occurring at the Same Time as Your Main Activity*** and ***Location of Main Activity***) change as the day progresses.

See sample completed Day One time use diary attached.

Day 1, July 10, 2000

Time	Activity	Activity Box Marked
12-12:30 a.m.	read from a book before going to bed	Leisure/Reading
12:30 -8 a.m.	Slept	Personal/Sleep
8 -8:30	Got up; then dressed, fed, and played with Bobby	Care Giving/Primary child care
8:30-9:00	Walked Bobby to the child care a few blocks away	Travel/walking
9:00-9:15	Socialized with child care provider	Free Time/Socializing
9:15-9:30	Walked back home	Travel/Walking
9:30-9:45	Prepared breakfast	Household/Cooking
9:45-10:00	Ate breakfast	Personal/Home meals
10-noon	Worked at home business	Work/Paid work
Noon-12:15	Prepared lunch	Household/Cooking
12:15-12:45	Ate lunch with Kate and Thomas	Personal/Home meals
12:45-1 p.m.	Cleans up from lunch, put laundry in washer	Household/Cooking and washing up
1-1:15	Paid bills	Other household work
1:15-1:30 p.m.	Drove to the store	Travel/By car
1:30-2 p.m.	Shopped	Household/Shopping
2-2:15 p.m.	Drove home	Travel/By car
2:15-2:45 p.m.	Worked at home business	Work/Paid work
2:45-3 p.m.	Played Freecell on her computer	Free Time/non-work computer games
3-3:30 p.m.	Played cards with Thomas	Volunteer or Care Giving/Primary Adult care
3:30-4:30 p.m.	Worked at home business	Work/paid work
4:30-4:45 p.m.	Walked to Mandy's to pick up Bobby	Travel/Walking
4:45-5 p.m.	Admired Bobby's crafts at day care	Volunteer or Care Giving/Primary child care

5-5:30 p.m.	Walked Bobby home from child care	Travel/Walking
5:30-6 p.m.	Prepared dinner with Thomas	Household/Cooking
6-6:30 p.m.	Ate dinner with the family	Personal/Home meals
6:30-7 p.m.	Takes a shower and gets dressed	Personal/Bathing, dressing
7-7:30 p.m.	Takes the bus to class at church, socializes a little on arriving	Travel/By public transport
7:30-8 p.m.	Meditates at church	Free Time/Spiritual practice
8-9:30 p.m.	Teaches class at church	Volunteer/Other formal volunteer work
9:30-9:45 p.m.	Gets a ride home with a friend	Travel/by car
9:45-10 p.m.	Checks in with Kate about Bobby	Volunteer or Care Giving/Primary child care
10 p.m-12 am	Watches video with Thomas	Free time/Watching VCR

TIME USE DIARY

DAY 1 Morning: _____ Date: _____ (day) _____ (month), 2001

MAIN ACTIVITY	12 am	1 am	2 am	3 am	4 am	5 am	6 am	7 am	8 am	9 am	10 am	11 am
Personal												
Sleep, rest												
Bathing, dressing												
Home meals												
Personal services												
Household												
Cooking and washing up												
Shopping												
Housekeeping and laundry												
Maintenance and repair												
Other household work												
Work/Education												
Paid work												
Education												
Looking for work												
Free Time/Leisure												
Eating out												
Movies & other entertainment												
Watching TV/VCR												
Reading												
Non-work computer games/Net												
Spiritual/religious practice												
Active sport or exercise												
Socializing												
Other leisure (specify)												
Volunteer or Care Giving												
Primary child care												
Primary adult care												
Other formal volunteer work												
Other informal volunteer work												
Travel												
By car												
By public transport												
By walking or bicycling												
Other (specify)												
Other Activities (specify)												
CHILD AND ADULT CARE OCCURRING AT THE SAME TIME AS YOUR MAIN ACTIVITY												
Paid another for child care												
Secondary child care by you												
Secondary adult care by you												
LOCATION OF MAIN ACTIVITY (Each 15-minute time period should be marked)												
At home												
Away from home												

TIME USE DIARY

DAY 1 Afternoon/evening: _____ Date: _____ (day) _____ (month), 2001

MAIN ACTIVITY	12 pm	1 pm	2 pm	3 pm	4 pm	5 pm	6 pm	7 pm	8 pm	9 pm	10 pm	11 pm
Personal												
Sleep, rest												
Bathing, dressing												
Home meals												
Personal services												
Household												
Cooking and washing up												
Shopping												
Housekeeping and laundry												
Maintenance and repair												
Other household work												
Work/Education												
Paid work												
Education												
Looking for work												
Free Time/Leisure												
Eating out												
Movies & other entertainment												
Watching TV/VCR												
Reading												
Non-work computer games/Net												
Spiritual/religious practice												
Active sport or exercise												
Socializing												
Other leisure (specify)												
Volunteer or Care Giving												
Primary child care												
Primary adult care												
Other formal volunteer work												
Other informal volunteer work												
Travel												
By car												
By public transport												
By walking or bicycling												
Other (specify)												
Other Activities (specify)												
CHILD AND ADULT CARE OCCURRING AT THE SAME TIME AS YOUR MAIN ACTIVITY												
Paid another for child care												
Secondary child care by you												
Secondary adult care by you												
LOCATION OF MAIN ACTIVITY (Each 15-minute time period should be marked)												
At home												
Away from home												

TOTAL AMOUNT PAID FOR CHILD CARE TODAY: \$ _____

TIME USE DIARY

DAY 2 Morning: _____ Date: _____ (day) _____ (month), 2001

MAIN ACTIVITY	12 am	1 am	2 am	3 am	4 am	5 am	6 am	7 am	8 am	9 am	10 am	11 am
Personal												
Sleep, rest												
Bathing, dressing												
Home meals												
Personal services												
Household												
Cooking and washing up												
Shopping												
Housekeeping and laundry												
Maintenance and repair												
Other household work												
Work/Education												
Paid work												
Education												
Looking for work												
Free Time/Leisure												
Eating out												
Movies & other entertainment												
Watching TV/VCR												
Reading												
Non-work computer games/Net												
Spiritual/religious practice												
Active sport or exercise												
Socializing												
Other leisure (specify)												
Volunteer or Care Giving												
Primary child care												
Primary adult care												
Other formal volunteer work												
Other informal volunteer work												
Travel												
By car												
By public transport												
By walking or bicycling												
Other (specify)												
Other Activities (specify)												
CHILD AND ADULT CARE OCCURRING AT THE SAME TIME AS YOUR MAIN ACTIVITY												
Paid another for child care												
Secondary child care by you												
Secondary adult care by you												
LOCATION OF MAIN ACTIVITY (Each 15-minute time period should be marked)												
At home												
Away from home												

TIME USE DIARY

DAY 2 Afternoon/evening: _____ Date: _____ (day) _____ (month), 2001

MAIN ACTIVITY	12 pm	1 pm	2 pm	3 pm	4 pm	5 pm	6 pm	7 pm	8 pm	9 pm	10 pm	11 pm
Personal												
Sleep, rest												
Bathing, dressing												
Home meals												
Personal services												
Household												
Cooking and washing up												
Shopping												
Housekeeping and laundry												
Maintenance and repair												
Other household work												
Work/Education												
Paid work												
Education												
Looking for work												
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Primary adult care												
Other formal volunteer work												
Other informal volunteer work												
Travel												
By car												
By public transport												
By walking or bicycling												
Other (specify)												
Other Activities (specify)												
CHILD AND ADULT CARE OCCURRING AT THE SAME TIME AS YOUR MAIN ACTIVITY												
Paid another for child care												
Secondary child care by you												
Secondary adult care by you												
LOCATION OF MAIN ACTIVITY (Each 15-minute time period should be marked)												
At home												
Away from home												

TOTAL AMOUNT PAID FOR CHILD CARE TODAY: \$ _____