



1986 Census of Canada

Please complete your questionnaire on Tuesday, June 3, 1986

FOR INFORMATION ONLY

2B

Prov.	FED No.	EA No.	VN	1.
Hhld. No.	Form type 3	No. of persons	Quest. No. of	2.
				<input type="checkbox"/> TD <input type="checkbox"/> M <input type="checkbox"/> TR <input type="checkbox"/> UD <input type="checkbox"/> DC <input type="checkbox"/> FR

CONFIDENTIAL WHEN COMPLETED

Only persons sworn to secrecy under the Statistics Act will have access to your completed questionnaire. Information derived from this questionnaire will be treated in accordance with the confidentiality provisions of the Act. Persons who have been sworn to secrecy under the Act are subject to prosecution if they violate these provisions.

Legal requirement

The information sought in this questionnaire is collected under the authority of the Statistics Act. Everyone is required to provide this information.

Please complete address or exact location:

Street and No. or lot and concession

City, town, village, municipality, Indian reserve

Province or territory Postal code

Telephone number:

To Temporary Residents

If all members of this household are **Temporary Residents** (that is, persons staying here temporarily who have a usual home elsewhere in Canada), enter the total number of temporary residents in this box..... and do not complete this questionnaire. Follow the return instructions indicated on the envelope which contained this questionnaire.

To Foreign Residents

If all members of this household are **Foreign Residents** (see below), mark here..... and do not complete this questionnaire. Follow the return instructions indicated on the envelope which contained this questionnaire.

Foreign Residents are persons in any one of the following categories:

- government representatives of another country attached to the legation, embassy or other diplomatic body of that country in Canada, and their families;
- members of the Armed Forces of another country, and their families;
- students from another country attending school in Canada, and their families;
- workers from another country in Canada on Employment Visas, and their families; and
- residents of another country visiting in Canada temporarily.

NOTE: The Guide includes reasons why questions are asked and should provide the answers to any problems that may arise. If not, do not hesitate to call our Telephone Assistance Service. The numbers to dial are listed on the back cover and long-distance calls are free of charge.

A message to all Canadians....

On June 3, 1986, something happens in Canada that is very important for you and your future. It's Census Day, the day on which Canada takes a look at its population and its social and economic life. Without your co-operation, we cannot have a successful census.

The census is important for you in many ways. With census results, better plans can be made for your health care, for improved day care facilities, for such things as roads, businesses and schools. The census means better planning for pensions, youth employment and for the needs of the disabled. Census results also help determine just what provincial grants should go to your community and what federal grants should come to your province.

The information you give is kept secret. It is used only to produce statistics. The Statistics Act ensures that no one will know the answers you give except for sworn employees of Statistics Canada. No other individual and no other government department is permitted access to your census form. At the same time, as defined by the Statistics Act, you have a legal responsibility to fill out this questionnaire.

For a census to work, all of us must count ourselves in. On June 3, 1986, a census happens in Canada. Do your part, by filling in this questionnaire, as accurately as possible, as of June 3.

Thank you for your co-operation.

In 1981, census statistics told us that:

- The population of Canada was 24,343,180, an increase of 5.9% since 1976.
- Canada's population is aging. From 1971 to 1981, the proportion of people aged 65 years and over went from 8.1% to 9.7%.
- Since 1971, the number of divorced persons in Canada has almost tripled, going from 175,000 in 1971 to 500,000 in 1981. In 1971, they represented 1.2% of the adult population (15 years and over) compared to 2.7% ten years later.
- More and more Canadians are living alone. In 1981, there were close to 1.7 million people on their own. That was twice as many as in 1971.
- In 1980, the average family income in Canada was \$26,748 a year. That was an increase of about 28% from 1970, price changes considered.

How to Fill Out This Questionnaire

Please mark or print all your answers clearly with a dark pencil or pen.

Answer the questions on pages 2 through 5. Then, starting with page 6, fill three pages for each person in your household, using the same order as you used in Question 1. For example, information for Person 2 will be entered on pages 9, 10, 11; information for Person 3 on pages 12, 13, and 14, etc.

INSTRUCTIONS FOR QUESTION 1

WHOM TO INCLUDE

Include all persons who **usually live here**, even if they are temporarily away (such as on business, at school, or on vacation).

Also include any persons staying or visiting here who have **no usual home elsewhere**.

As a further guide, include

- a husband, wife or common-law partner who stays elsewhere while working but who returns to this home periodically;
- **unmarried sons or daughters who are postsecondary students, unless they are financially independent and living elsewhere;**
- **unmarried persons** who live here while working, even if they return to another home periodically;
- persons who usually live here but are now in an **institution** (such as a hospital or correctional centre), if they have been there **less than six months**;
- infants born on or before June 2, 1986;
- persons now deceased who were still alive at midnight between June 2 and 3, 1986.

Do not include

- **unmarried sons or daughters who live elsewhere** most of the time while working, even if they return to this home on weekends or holidays;
- persons who are now in an **institution** and have been there for the **past six months or longer**;
- **foreign residents** (see front cover).

ORDER OF LISTING OF HOUSEHOLD MEMBERS

To ensure that all persons in the same family group are listed together, the following order should be used when printing the names of all members of the household in Question 1:

(a) Person 1;

Choose one of the following as Person 1:

- either the husband or the wife of a married couple living here
- either partner in a common-law relationship
- the parent, where one parent only lives with his or her never-married son(s) or daughter(s) of any age.

If none of the above applies, choose any adult member of this household.

(b) husband or wife (or common-law partner) of Person 1;

(c) never-married children or stepchildren of Person 1;

(d) other children of Person 1, and their families;

(e) other relatives of Person 1 (whether related by blood, marriage, adoption or common-law), and their families;

(f) persons not related to Person 1, and their families.

HOUSEHOLDS WITH MORE THAN SIX PERSONS

If there are more than six persons in this household, enter the first six on one questionnaire and continue with the seventh person on a second questionnaire, starting in the row marked "Person 2".

If you need additional questionnaires, see the instructions for Question 1 (second paragraph) in the Guide.

1. NAME

Using the instructions given on the left, **print below** the names of all persons usually living here as of Tuesday, June 3, 1986.

01 39 A

Person 1

Last name

Given name and initial

02 39 A

Person 2

Last name

Given name and initial

03 39 A

Person 3

Last name

Given name and initial

04 39 A

Person 4

Last name

Given name and initial

05 39 A

Person 5

Last name

Given name and initial

06 39 A

Person 6

Last name

Given name and initial

2. RELATIONSHIP TO PERSON 1

For each person in this household, mark **one box only** to describe his or her relationship to Person 1. If you mark the box "Other relative" or "Other non-relative", print in the relationship to Person 1.

Some examples of the "Other" relationships are:

grandmother

room-mate's daughter

common-law partner of son or daughter

uncle

employee's husband

(See Guide)

01 Person 102 Husband or wife of Person 103 Common-law partner of Person 104 Son or daughter of Person 105 Father or mother of Person 106 Brother or sister of Person 107 Son-in-law or daughter-in-law of Person 108 Father-in-law or mother-in-law of Person 109 Brother-in-law or sister-in-law of Person 110 Grandchild of Person 111 Nephew or niece of Person 112 Other relative of Person 1 (print below)13 Lodger14 Lodger's husband or wife15 Lodger's son or daughter16 Room-mate17 Employee18 Other non-relative (print below)04 Son or daughter of Person 105 Father or mother of Person 106 Brother or sister of Person 107 Son-in-law or daughter-in-law of Person 108 Father-in-law or mother-in-law of Person 109 Brother-in-law or sister-in-law of Person 110 Grandchild of Person 111 Nephew or niece of Person 112 Other relative of Person 1 (print below)13 Lodger14 Lodger's husband or wife15 Lodger's son or daughter16 Room-mate17 Employee18 Other non-relative (print below)04 Son or daughter of Person 105 Father or mother of Person 106 Brother or sister of Person 107 Son-in-law or daughter-in-law of Person 108 Father-in-law or mother-in-law of Person 109 Brother-in-law or sister-in-law of Person 110 Grandchild of Person 111 Nephew or niece of Person 112 Other relative of Person 1 (print below)13 Lodger14 Lodger's husband or wife15 Lodger's son or daughter16 Room-mate17 Employee18 Other non-relative (print below)04 Son or daughter of Person 105 Father or mother of Person 106 Brother or sister of Person 107 Son-in-law or daughter-in-law of Person 108 Father-in-law or mother-in-law of Person 109 Brother-in-law or sister-in-law of Person 110 Grandchild of Person 111 Nephew or niece of Person 112 Other relative of Person 1 (print below)13 Lodger14 Lodger's husband or wife15 Lodger's son or daughter16 Room-mate17 Employee18 Other non-relative (print below)04 Son or daughter of Person 105 Father or mother of Person 106 Brother or sister of Person 107 Son-in-law or daughter-in-law of Person 108 Father-in-law or mother-in-law of Person 109 Brother-in-law or sister-in-law of Person 110 Grandchild of Person 111 Nephew or niece of Person 112 Other relative of Person 1 (print below)13 Lodger14 Lodger's husband or wife15 Lodger's son or daughter16 Room-mate17 Employee18 Other non-relative (print below)

<p>3. DATE OF BIRTH Print day, month and year. Example: If you were born on the 10th of February, 1945, you would enter</p> <p>10 Day</p> <p>02 1945 Month Year</p> <p>If exact date is not known, enter best estimate.</p>	<p>4. SEX</p>	<p>5. MARITAL STATUS What is your marital status? (See Guide)</p> <p>Mark one box only</p>	<p>6. What is the language you first learned in childhood and still understand? (See Guide)</p>	<p>7. Do you consider yourself an aboriginal person or a native Indian of North America, that is, Inuit, North American Indian or Métis? (See Guide)</p>
<p>Day</p> <p>18 Month Year</p> <p>19 <input type="checkbox"/> D</p>	<p>20 <input type="checkbox"/> Male</p> <p>21 <input type="checkbox"/> Female</p>	<p>22 <input type="checkbox"/> Now married (excluding separated)</p> <p>23 <input type="checkbox"/> Separated</p> <p>24 <input type="checkbox"/> Divorced</p> <p>25 <input type="checkbox"/> Widowed</p> <p>26 <input type="checkbox"/> Never married (single)</p>	<p>27 <input type="checkbox"/> English</p> <p>28 <input type="checkbox"/> French</p> <p>29 <input type="checkbox"/> Italian</p> <p>30 <input type="checkbox"/> German</p> <p>31 <input type="checkbox"/> Ukrainian</p> <p>32 <input type="checkbox"/> Other (specify)</p>	<p>33 <input type="checkbox"/> No, I do not consider myself Inuit, North American Indian or Métis</p> <p>34 <input type="checkbox"/> Yes, Inuit</p> <p>35 <input type="checkbox"/> Yes, status or registered Indian</p> <p>36 <input type="checkbox"/> Yes, non-status Indian</p> <p>37 <input type="checkbox"/> Yes, Métis</p> <p>38 <input type="checkbox"/></p>
<p>Day</p> <p>18 Month Year</p> <p>19 <input type="checkbox"/> D</p>	<p>20 <input type="checkbox"/> Male</p> <p>21 <input type="checkbox"/> Female</p>	<p>22 <input type="checkbox"/> Now married (excluding separated)</p> <p>23 <input type="checkbox"/> Separated</p> <p>24 <input type="checkbox"/> Divorced</p> <p>25 <input type="checkbox"/> Widowed</p> <p>26 <input type="checkbox"/> Never married (single)</p>	<p>27 <input type="checkbox"/> English</p> <p>28 <input type="checkbox"/> French</p> <p>29 <input type="checkbox"/> Italian</p> <p>30 <input type="checkbox"/> German</p> <p>31 <input type="checkbox"/> Ukrainian</p> <p>32 <input type="checkbox"/> Other (specify)</p>	<p>33 <input type="checkbox"/> No, I do not consider myself Inuit, North American Indian or Métis</p> <p>34 <input type="checkbox"/> Yes, Inuit</p> <p>35 <input type="checkbox"/> Yes, status or registered Indian</p> <p>36 <input type="checkbox"/> Yes, non-status Indian</p> <p>37 <input type="checkbox"/> Yes, Métis</p> <p>38 <input type="checkbox"/></p>
<p>Day</p> <p>18 Month Year</p> <p>19 <input type="checkbox"/> D</p>	<p>20 <input type="checkbox"/> Male</p> <p>21 <input type="checkbox"/> Female</p>	<p>22 <input type="checkbox"/> Now married (excluding separated)</p> <p>23 <input type="checkbox"/> Separated</p> <p>24 <input type="checkbox"/> Divorced</p> <p>25 <input type="checkbox"/> Widowed</p> <p>26 <input type="checkbox"/> Never married (single)</p>	<p>27 <input type="checkbox"/> English</p> <p>28 <input type="checkbox"/> French</p> <p>29 <input type="checkbox"/> Italian</p> <p>30 <input type="checkbox"/> German</p> <p>31 <input type="checkbox"/> Ukrainian</p> <p>32 <input type="checkbox"/> Other (specify)</p>	<p>33 <input type="checkbox"/> No, I do not consider myself Inuit, North American Indian or Métis</p> <p>34 <input type="checkbox"/> Yes, Inuit</p> <p>35 <input type="checkbox"/> Yes, status or registered Indian</p> <p>36 <input type="checkbox"/> Yes, non-status Indian</p> <p>37 <input type="checkbox"/> Yes, Métis</p> <p>38 <input type="checkbox"/></p>
<p>Day</p> <p>18 Month Year</p> <p>19 <input type="checkbox"/> D</p>	<p>20 <input type="checkbox"/> Male</p> <p>21 <input type="checkbox"/> Female</p>	<p>22 <input type="checkbox"/> Now married (excluding separated)</p> <p>23 <input type="checkbox"/> Separated</p> <p>24 <input type="checkbox"/> Divorced</p> <p>25 <input type="checkbox"/> Widowed</p> <p>26 <input type="checkbox"/> Never married (single)</p>	<p>27 <input type="checkbox"/> English</p> <p>28 <input type="checkbox"/> French</p> <p>29 <input type="checkbox"/> Italian</p> <p>30 <input type="checkbox"/> German</p> <p>31 <input type="checkbox"/> Ukrainian</p> <p>32 <input type="checkbox"/> Other (specify)</p>	<p>33 <input type="checkbox"/> No, I do not consider myself Inuit, North American Indian or Métis</p> <p>34 <input type="checkbox"/> Yes, Inuit</p> <p>35 <input type="checkbox"/> Yes, status or registered Indian</p> <p>36 <input type="checkbox"/> Yes, non-status Indian</p> <p>37 <input type="checkbox"/> Yes, Métis</p> <p>38 <input type="checkbox"/></p>
<p>Day</p> <p>18 Month Year</p> <p>19 <input type="checkbox"/> D</p>	<p>20 <input type="checkbox"/> Male</p> <p>21 <input type="checkbox"/> Female</p>	<p>22 <input type="checkbox"/> Now married (excluding separated)</p> <p>23 <input type="checkbox"/> Separated</p> <p>24 <input type="checkbox"/> Divorced</p> <p>25 <input type="checkbox"/> Widowed</p> <p>26 <input type="checkbox"/> Never married (single)</p>	<p>27 <input type="checkbox"/> English</p> <p>28 <input type="checkbox"/> French</p> <p>29 <input type="checkbox"/> Italian</p> <p>30 <input type="checkbox"/> German</p> <p>31 <input type="checkbox"/> Ukrainian</p> <p>32 <input type="checkbox"/> Other (specify)</p>	<p>33 <input type="checkbox"/> No, I do not consider myself Inuit, North American Indian or Métis</p> <p>34 <input type="checkbox"/> Yes, Inuit</p> <p>35 <input type="checkbox"/> Yes, status or registered Indian</p> <p>36 <input type="checkbox"/> Yes, non-status Indian</p> <p>37 <input type="checkbox"/> Yes, Métis</p> <p>38 <input type="checkbox"/></p>
<p>Day</p> <p>18 Month Year</p> <p>19 <input type="checkbox"/> D</p>	<p>20 <input type="checkbox"/> Male</p> <p>21 <input type="checkbox"/> Female</p>	<p>22 <input type="checkbox"/> Now married (excluding separated)</p> <p>23 <input type="checkbox"/> Separated</p> <p>24 <input type="checkbox"/> Divorced</p> <p>25 <input type="checkbox"/> Widowed</p> <p>26 <input type="checkbox"/> Never married (single)</p>	<p>27 <input type="checkbox"/> English</p> <p>28 <input type="checkbox"/> French</p> <p>29 <input type="checkbox"/> Italian</p> <p>30 <input type="checkbox"/> German</p> <p>31 <input type="checkbox"/> Ukrainian</p> <p>32 <input type="checkbox"/> Other (specify)</p>	<p>33 <input type="checkbox"/> No, I do not consider myself Inuit, North American Indian or Métis</p> <p>34 <input type="checkbox"/> Yes, Inuit</p> <p>35 <input type="checkbox"/> Yes, status or registered Indian</p> <p>36 <input type="checkbox"/> Yes, non-status Indian</p> <p>37 <input type="checkbox"/> Yes, Métis</p> <p>38 <input type="checkbox"/></p>

A dwelling is a separate set of living quarters with a private entrance from the outside or from a common hallway or stairway inside the building. This entrance should not be through someone else's living quarters.

8. (a) Print the name of the person (or one of the persons) who lives here and is responsible for paying the rent, or mortgage, or taxes, electricity, etc., for this dwelling.

07 01 [] Last name Given name and initial

This person shall answer Questions 8 (b) to 13.

NOTE: If no one living here makes any such payments, mark here [] and answer Questions 8 (b) to 13 yourself.

(b) How many persons usually live here (according to the WHOM TO INCLUDE item in the INSTRUCTIONS FOR QUESTION 1)?

02 [] Number of persons

(c) Did you leave anyone out of Question 1 because you were not sure whether he or she should be listed? For example, a student, a lodger who also has another home, a new baby still in hospital, live-in help, or a member of this household who has become a patient in a hospital or nursing home within the past six months.

[] Yes [] No

If "Yes", print the name of each person left out and the reason.

Name [] Reason [] Name [] Reason []

If you require more space, please use the Comments section on the last page of this questionnaire.

(d) How many persons who have a usual home elsewhere in Canada are staying or visiting here temporarily (as of Census Day, June 3)?

[] None OR [] Number of persons

9. Do you (or does any other member of this household):

Mark one box only

03 [] own this dwelling (even if it is still being paid for)? 04 [] rent this dwelling (even if no cash rent is paid)?

CONTINUE WITH QUESTION 10

OFFICE USE ONLY

- 05 [] Trans. 06 [] Coll. 07 [] IR 08 [] ER 09 [] Ref. 10 [] Miss. 11 [] JIC - A 12 [] JIC - B

10. To the best of your knowledge, when was this dwelling or the building containing this dwelling originally built? (Mark the period in which the building was completed, not the time of any later remodelling, additions or conversions.)

Mark one box only

08 01 [] 1920 or before 02 [] 1921 - 1945 03 [] 1946 - 1960 04 [] 1961 - 1970 05 [] 1971 - 1975 06 [] 1976 - 1980 07 [] 1981 - 1985 08 [] 1986

11. How many rooms are there in this dwelling? (Include kitchen, bedrooms, finished rooms in attic or basement, etc. Do not count bathrooms, halls, vestibules and rooms used solely for business purposes.)

09 [] Number of rooms

12. (a) What is the main type of heating equipment for this dwelling?

Mark one box only

- 10 [] Steam or hot water furnace or boiler 11 [] Forced hot air furnace with heat pump 12 [] Forced hot air furnace without heat pump and using one type of fuel/energy only (e.g., natural gas, oil, or electricity) 13 [] Forced hot air furnace without heat pump and using more than one type of fuel/energy for heating (e.g., oil and wood, or oil and electricity) 14 [] Installed electric heating system, e.g., built-in baseboard 15 [] Other electric heating system (plug-in) 16 [] Heating stove, cooking stove, space heater 17 [] Other, e.g., fireplace

(b) Which fuel or energy is used most for heating this dwelling?

Mark one box only

- 18 [] Piped gas, e.g., natural gas 19 [] Bottled gas, e.g., propane 20 [] Electricity only 21 [] Electricity as the main source where more than one fuel/energy is used, e.g., electricity and oil 22 [] Oil or kerosene 23 [] Wood 24 [] Coal or coke 25 [] Other fuel or energy

Answer Question 13 for only the dwelling that you now occupy, even if you own or rent more than one dwelling. If exact amount is not known, please enter your best estimate.

NOTE: If you are a farm operator living on the farm you operate, mark here

26 [] and go to the questions concerning Person 1 on page 6.

13. For this dwelling, what are the yearly payments (last 12 months) for:

(a) electricity?

27 [] None, or included in rent or other payments, OR Dollars Cents 28 [] 00 per year

(b) oil, gas, coal, wood or other fuels?

29 [] None, or included in rent or other payments, OR Dollars Cents 30 [] 00 per year

(c) water and other municipal services?

31 [] None, or included in rent, municipal taxes or other payments, OR Dollars Cents 32 [] 00 per year

RENTERS, answer part (d); OWNERS, go to part (e).

(d) What is the monthly cash rent you pay for this dwelling?

33 [] Rented without payment of cash rent OR Dollars Cents 34 [] 00 per month

Go to the questions concerning Person 1 on page 6

OWNERS, answer parts (e) through (i).

(e) What are your total regular monthly mortgage (or debt) payments for this dwelling?

35 [] None OR Dollars Cents 36 [] 00 per month

(f) Are your property taxes (municipal and school) included in the amount shown in part (e)?

37 [] Yes OR Go to part (h) 38 [] No

(g) What are your estimated yearly property taxes (municipal and school) for this dwelling?

39 [] None OR Dollars Cents 40 [] 00 per year

(h) If you were to sell this dwelling now, for how much would you expect to sell it?

Dollars Cents 41 [] 00

(i) Is this dwelling part of a registered condominium?

42 [] Yes 43 [] No

NAME OF PERSON 1

Last name Given name and initial

14. Where were you born? (Mark or specify one only, according to present boundaries.)

IN CANADA

09 01 Nfld.
 02 P.E.I.
 03 N.S.
 04 N.B.
 05 Que.
 06 Ont.
 07 Man.
 08 Sask.
 09 Alta.
 10 B.C.
 11 Yukon
 12 N.W.T.

OUTSIDE CANADA

13 United Kingdom
 14 Italy
 15 U.S.A.
 16 West Germany
 17 East Germany
 18 Poland
 19 _____
 Other (specify)

15. Of what country are you a citizen?
 Mark more than one box, if applicable

20 Canada, by birth
 21 Canada, by naturalization
 22 Same as country of birth (other than Canada)
 23 Other

If you are a citizen of Canada by birth, go to Question 17.

16. In what year did you first immigrate to Canada?

24 Year
 If exact year is not known, please enter best estimate.

17. To which ethnic or cultural group(s) do you or did your ancestors belong? (See Guide)

Mark or specify as many as applicable

25 French
 26 English
 27 Irish
 28 Scottish
 29 German
 30 Italian
 31 Ukrainian
 32 Dutch (Netherlands)
 33 Chinese
 34 Jewish
 35 Polish
 36 Black
 37 Inuit
 38 North American Indian
 39 Métis

Other ethnic or cultural group(s). For example, Portuguese, Greek, Indian (India), Pakistani, Filipino, Japanese, Vietnamese. (specify below)

40 _____
 Other (specify)

41 _____
 Other (specify)

42 _____
 Other (specify)

18. What language do you yourself speak at home now?
 (If more than one language, which language do you speak most often?) (See Guide)

43 English
 44 French
 45 Italian
 46 Chinese
 47 German
 48 _____
 Other (specify)

19. Can you speak English or French well enough to conduct a conversation? (See Guide)

Mark one box only

49 English only
 50 French only
 51 Both English and French
 52 Neither English nor French

20. (a) Are you limited in the kind or amount of activity that you can do because of a long-term physical condition, mental condition or health problem? (See Guide)

At home?

53 No, I am not limited
 54 Yes, I am limited

At school or at work?

55 No, I am not limited
 56 Yes, I am limited
 57 Not applicable

In other activities, e.g., transportation to or from work, leisure time activities?

58 No, I am not limited
 59 Yes, I am limited

(b) Do you have any long-term disabilities or handicaps?

60 No
 61 Yes

If you were born on or after June 3, 1971, mark here and do not answer Questions 21 to 32... END HERE FOR THIS PERSON

If you were born before June 3, 1971, mark here and continue with Questions 21 to 32.

21. (a) What is the highest grade (or year) of secondary (high) or elementary school you ever attended? (See Guide)

62 Enter highest grade or year (1 to 13) of secondary or elementary school

OR

63 Never attended school or attended kindergarten only

(b) How many years of education have you ever completed at university?

64 None
 65 Less than 1 year (of completed courses)
 66 Enter number of completed years at university

QUESTIONS FOR PERSON 1 — CONTINUED

21. (c) How many years of schooling have you ever completed at an institution other than a university, secondary (high) or elementary school? Include years of schooling at community colleges, institutes of technology, CEGEPs (general and professional), private trade schools or private business colleges, diploma schools of nursing, etc. (See Guide)

10 01 None
 02 Less than 1 year (of completed courses)
 03 Enter number of completed years

22. What degrees, certificates or diplomas have you ever obtained? (See Guide)

Mark as many boxes as applicable

04 None
 05 Secondary (high) school graduation certificate
 06 Trades certificate or diploma
 07 Other non-university certificate or diploma (obtained at community college, CEGEP, institute of technology, etc.)
 08 University certificate or diploma below bachelor level
 09 Bachelor's degree(s) (e.g., B.A., B.Sc., B.A.Sc., LL.B.)
 10 University certificate or diploma above bachelor level
 11 Master's degree(s) (e.g., M.A., M.Sc., M.Ed.)
 12 Degree in medicine, dentistry, veterinary medicine or optometry (M.D., D.D.S., D.M.D., D.V.M., O.D.)
 13 Earned doctorate (e.g., Ph.D., D.Sc., D.Ed.)

23. What was the major field of study of your highest degree, certificate or diploma (excluding secondary or high school graduation certificates)? (See Guide)

(For example, accounting, civil engineering, history, legal secretary, welding.)

If you have no degree, certificate or diploma or have a secondary (high) school graduation certificate only, mark below.

14 Go to Question 24

15 _____

24. Where did you live 5 years ago, that is, on June 1, 1981?

Mark one box only

NOTE: If your place of residence 5 years ago was a municipality within a large urban area, be careful not to confuse suburban municipalities with the largest city. For example, distinguish between Montréal-Nord and Montréal, Scarborough and Toronto, West Vancouver and Vancouver.

16 This dwelling
 17 Different dwelling in this city, town, village, township, municipality or Indian reserve
 18 Outside Canada
 19 Different city, town, village, township, other municipality or Indian reserve in Canada (specify below)

City, town, village, township, other municipality or Indian reserve

County Province or territory

20 _____

25. (a) Last week, how many hours did you work (not including housework, maintenance or repairs for your own home)? Include as work:

- working without pay in a family farm or business (e.g., assisting in seeding, doing accounts);
- working in your own business, farm or professional practice, alone or in partnership;
- working for wages, salary, tips or commission.

21 Number of hours (to the nearest hour) Go to Question 27

OR

22 None Continue with Questions 25 (b) to 32

(b) Last week, were you on temporary lay-off or absent from your job or business? Mark one box only

23 No
 24 Yes, on temporary lay-off from a job to which I expect to return
 25 Yes, on vacation, ill, on strike or locked out, or absent for other reasons

(c) Last week, did you have definite arrangements to start a new job within the next four weeks?

26 No
 27 Yes

(d) Did you look for work during the past four weeks? For example, did you contact a Canada Employment Centre, check with employers, place or answer newspaper ads? Mark one box only

28 No Go to Question 26
 29 Yes, looked for full-time work
 30 Yes, looked for part-time work (less than 30 hours per week)

(e) Could you have started work last week had a job been available? Mark one box only

31 Yes, could have started work
 32 No, already had a job
 33 No, temporary illness or disability
 34 No, personal or family responsibilities
 35 No, going to school
 36 No, other reasons

26. When did you last work, even for a few days (not including housework, maintenance or repairs for your own home)? Mark one box only

37 In 1986 Answer Questions 27 to 32
 38 In 1985
 39 Before 1985 Go to Question 32
 40 Never worked in lifetime

27. **NOTE:** Questions 27 to 30 refer to your job or business last week. If you held no job last week, answer for your job of longest duration since January 1, 1985. If you held more than one job last week, answer for the job at which you worked the most hours.

(a) For whom did you work?

Name of firm, government agency, etc.

Department, branch, division, section or plant

(b) What kind of business, industry or service was this?

Give full description. For example, wheat farm, trapping, road maintenance, retail shoe store, secondary school, temporary help agency, municipal police.

41 _____

QUESTIONS FOR PERSON 1 — CONCLUDED

28. At what address did you work? If no usual place of work, see Guide.

Mark one box only

- (i) Worked at home (includes living and working on the same farm)
(ii) Worked outside Canada
(iii) Worked at the address below (please specify) - . . .

If street address is not known, give the building name, shopping centre or street intersection, etc.

Number Street

If you worked in a suburban municipality within a large urban area, specify that municipality, not the main city.

City, town, village, township, other municipality or Indian reserve

County Province or territory

29. (a) What kind of work were you doing?

For example, accounting clerk, door-to-door salesperson, civil engineer, secondary school teacher, chief electrician, food processing labourer, fishing guide. (If in the Armed Forces, give rank.)

(b) In this work, what were your most important activities or duties?

For example, verifying invoices, selling cosmetics, managing the research department, teaching mathematics, supervising construction electricians, cleaning vegetables, guiding fishing parties.

30. (a) In this job were you mainly:

- working for wages, salary, tips or commission?
working without pay for your spouse or another relative in a family farm or business?
self-employed without paid help (alone or in partnership)?
self-employed with paid help (alone or in partnership)?

Go to Question 31

Continue with Question 30 (b)

(b) If self-employed, was your farm or business incorporated?

- No
Yes

31. (a) In how many weeks did you work during 1985 (not including housework, maintenance or repairs for your own home)?

- Include those weeks in which you:
were on vacation or sick leave with pay;
were self-employed or an unpaid worker in a family farm or business;
worked full time or part time.

None -> Go to Question 32

OR

Number of weeks

(b) During most of those weeks, did you work full time or part time?

Mark one box only

- Full time
Part time

In. OFFICE USE ONLY

32. During the year ending December 31, 1985, did you receive any income or suffer any loss from the sources listed below?

- If yes, please mark the "Yes" box and enter the amount; in case of a loss, also mark the "Loss" box.
If no, please mark the "No" box and proceed to the next source.
Do not include family allowances and child tax credits.
Please consult the Guide for details.

AMOUNT

(a) Total wages and salaries including commissions, bonuses, tips, etc., before any deductions

19 Yes No Dollars Cents

(b) Net non-farm self-employment income (gross receipts minus expenses) from unincorporated business, professional practice, etc., on own account or in partnership

21 Yes No 22 Loss

(c) Net farm self-employment income (gross receipts minus expenses) from agricultural operations on own account or in partnership

23 Yes No 25 Loss

(d) Old age security pension and guaranteed income supplement from federal government only (provincial income supplements should be reported in (g))

27 Yes No

(e) Benefits from Canada or Quebec Pension Plan

29 Yes No

(f) Benefits from Unemployment Insurance (total benefits before tax deductions)

31 Yes No

(g) Other income from government sources including provincial income supplements and grants and social assistance, e.g., veterans' pensions, workers' compensation, welfare payments (do not include family allowances and child tax credits) (See Guide)

33 Yes No

(h) Dividends and interest on bonds, deposits and savings certificates, and other investment income, e.g., net rents from real estate, interest from mortgages

35 Yes No 36 Loss

(i) Retirement pensions, superannuation and annuities

38 Yes No

(j) Other money income, e.g., alimony, scholarships

40 Yes No

(k) Total income from all of the above sources

42 Yes No 43 Loss

END OF QUESTIONS FOR PERSON 1 PERSON 2 — CONTINUE

NAME OF PERSON 2

Last name Given name and initial

14. Where were you born? (Mark or specify one only, according to present boundaries.)

- IN CANADA: 01 Nfld., 02 P.E.I., 03 N.S., 04 N.B., 05 Que., 06 Ont., 07 Man., 08 Sask., 09 Alta., 10 B.C., 11 Yukon, 12 N.W.T.
OUTSIDE CANADA: 13 United Kingdom, 14 Italy, 15 U.S.A., 16 West Germany, 17 East Germany, 18 Poland, 19 Other (specify)

15. Of what country are you a citizen?

- Mark more than one box, if applicable: 20 Canada, by birth; 21 Canada, by naturalization; 22 Same as country of birth (other than Canada); 23 Other

If you are a citizen of Canada by birth, go to Question 17.

16. In what year did you first immigrate to Canada?

24 Year If exact year is not known, please enter best estimate.

17. To which ethnic or cultural group(s) do you or did your ancestors belong? (See Guide)

Mark or specify as many as applicable

- 25 French, 26 English, 27 Irish, 28 Scottish, 29 German, 30 Italian, 31 Ukrainian, 32 Dutch (Netherlands), 33 Chinese, 34 Jewish, 35 Polish, 36 Black, 37 Inuit, 38 North American Indian, 39 Métis

Other ethnic or cultural group(s). For example, Portuguese, Greek, Indian (India), Pakistani, Filipino, Japanese, Vietnamese. (specify below)

40 Other (specify)

41 Other (specify)

42 Other (specify)

18. What language do you yourself speak at home now? (If more than one language, which language do you speak most often?) (See Guide)

- 43 English, 44 French, 45 Italian, 46 Chinese, 47 German

48 Other (specify)

19. Can you speak English or French well enough to conduct a conversation? (See Guide)

Mark one box only

- 49 English only, 50 French only, 51 Both English and French, 52 Neither English nor French

20. (a) Are you limited in the kind or amount of activity that you can do because of a long-term physical condition, mental condition or health problem? (See Guide)

At home?

- 53 No, I am not limited; 54 Yes, I am limited

At school or at work?

- 55 No, I am not limited; 56 Yes, I am limited

57 Not applicable

In other activities, e.g., transportation to or from work, leisure time activities?

- 58 No, I am not limited; 59 Yes, I am limited

(b) Do you have any long-term disabilities or handicaps?

- 60 No; 61 Yes

If you were born on or after June 3, 1971, mark here and do not answer Questions 21 to 32. . . END HERE FOR THIS PERSON

If you were born before June 3, 1971, mark here and continue with Questions 21 to 32.

21. (a) What is the highest grade (or year) of secondary (high) or elementary school you ever attended? (See Guide)

62 Enter highest grade or year (1 to 13) of secondary or elementary school

OR

- 63 Never attended school or attended kindergarten only

(b) How many years of education have you ever completed at university?

- 64 None; 65 Less than 1 year (of completed courses)

66 Enter number of completed years at university

QUESTIONS FOR PERSON 2 — CONTINUED

21. (c) How many years of schooling have you ever completed at an institution other than a university, secondary (high) or elementary school? Include years of schooling at community colleges, institutes of technology, CEGEPs (general and professional), private trade schools or private business colleges, diploma schools of nursing, etc. (See Guide)

- 01 None
02 Less than 1 year (of completed courses)
03 Enter number of completed years

22. What degrees, certificates or diplomas have you ever obtained? (See Guide)

Mark as many boxes as applicable

- 04 None
05 Secondary (high) school graduation certificate
06 Trades certificate or diploma
07 Other non-university certificate or diploma (obtained at community college, CEGEP, institute of technology, etc.)
08 University certificate or diploma below bachelor level
09 Bachelor's degree(s) (e.g., B.A., B.Sc., B.A.Sc., LL.B.)
10 University certificate or diploma above bachelor level
11 Master's degree(s) (e.g., M.A., M.Sc., M.Ed.)
12 Degree in medicine, dentistry, veterinary medicine or optometry (M.D., D.D.S., D.M.D., D.V.M., O.D.)
13 Earned doctorate (e.g., Ph.D., D.Sc., D.Ed.)

23. What was the major field of study of your highest degree, certificate or diploma (excluding secondary or high school graduation certificates)? (See Guide)

Text input box for field of study

(For example, accounting, civil engineering, history, legal secretary, welding.)

If you have no degree, certificate or diploma or have a secondary (high) school graduation certificate only, mark below.

14 Go to Question 24

24. Where did you live 5 years ago, that is, on June 1, 1981?

Mark one box only

NOTE: If your place of residence 5 years ago was a municipality within a large urban area, be careful not to confuse suburban municipalities with the largest city. For example, distinguish between Montréal-Nord and Montréal, Scarborough and Toronto, West Vancouver and Vancouver.

- 16 This dwelling
17 Different dwelling in this city, town, village, township, municipality or Indian reserve
18 Outside Canada
19 Different city, town, village, township, other municipality or Indian reserve in Canada (specify below)

Text input box for city/town/village

City, town, village, township, other municipality or Indian reserve

Text input box for city/town/village

County Province or territory

Form boxes for county and province

25. (a) Last week, how many hours did you work (not including housework, maintenance or repairs for your own home)?

Include as work:

- working without pay in a family farm or business (e.g., assisting in seeding, doing accounts);
working in your own business, farm or professional practice, alone or in partnership;
working for wages, salary, tips or commission.

21 Number of hours (to the nearest hour) Go to Question 27

OR

22 None Continue with Questions 25 (b) to 32

(b) Last week, were you on temporary lay-off or absent from your job or business?

Mark one box only

- 23 No
24 Yes, on temporary lay-off from a job to which I expect to return
25 Yes, on vacation, ill, on strike or locked out, or absent for other reasons

(c) Last week, did you have definite arrangements to start a new job within the next four weeks?

- 26 No
27 Yes

(d) Did you look for work during the past four weeks? For example, did you contact a Canada Employment Centre, check with employers, place or answer newspaper ads?

Mark one box only

- 28 No Go to Question 26
29 Yes, looked for full-time work
30 Yes, looked for part-time work (less than 30 hours per week)

(e) Could you have started work last week had a job been available?

Mark one box only

- 31 Yes, could have started work
32 No, already had a job
33 No, temporary illness or disability
34 No, personal or family responsibilities
35 No, going to school
36 No, other reasons

26. When did you last work, even for a few days (not including housework, maintenance or repairs for your own home)?

Mark one box only

- 37 In 1986 Answer Questions 27 to 32
38 In 1985
39 Before 1985 Go to Question 32
40 Never worked in lifetime

27. NOTE: Questions 27 to 30 refer to your job or business last week. If you held no job last week, answer for your job of longest duration since January 1, 1985. If you held more than one job last week, answer for the job at which you worked the most hours.

(a) For whom did you work?

Text input box for employer name

Name of firm, government agency, etc.

Text input box for department

Department, branch, division, section or plant

(b) What kind of business, industry or service was this?

Text input box for business description

Give full description. For example, wheat farm, trapping, road maintenance, retail shoe store, secondary school, temporary help agency, municipal police.

QUESTIONS FOR PERSON 2 — CONCLUDED

28. At what address did you work? If no usual place of work, see Guide.

Mark one box only

- 14 (i) Worked at home (includes living and working on the same farm)
(ii) Worked outside Canada
(iii) Worked at the address below (please specify)

If street address is not known, give the building name, shopping centre or street intersection, etc.

Text input box for address

Number Street

If you worked in a suburban municipality within a large urban area, specify that municipality, not the main city.

Text input box for city/town/village

City, town, village, township, other municipality or Indian reserve

Text input box for city/town/village

County Province or territory

29. (a) What kind of work were you doing?

Text input box for work description

For example, accounting clerk, door-to-door salesperson, civil engineer, secondary school teacher, chief electrician, food processing labourer, fishing guide. (If in the Armed Forces, give rank.)

(b) In this work, what were your most important activities or duties?

Text input box for activities

For example, verifying invoices, selling cosmetics, managing the research department, teaching mathematics, supervising construction electricians, cleaning vegetables, guiding fishing parties.

30. (a) In this job were you mainly:

- 08 working for wages, salary, tips or commission?
09 working without pay for your spouse or another relative in a family farm or business?
10 self-employed without paid help (alone or in partnership)?
11 self-employed with paid help (alone or in partnership)?

Go to Question 31

Continue with Question 30 (b)

(b) If self-employed, was your farm or business incorporated?

- 12 No
13 Yes

31. (a) In how many weeks did you work during 1985 (not including housework, maintenance or repairs for your own home)?

Include those weeks in which you:

- were on vacation or sick leave with pay;
were self-employed or an unpaid worker in a family farm or business;
worked full time or part time.

14 None Go to Question 32

OR

15 Number of weeks

(b) During most of those weeks, did you work full time or part time?

Mark one box only

- 16 Full time
17 Part time

18 In. OFFICE USE ONLY

32. During the year ending December 31, 1985, did you receive any income or suffer any loss from the sources listed below?

- If yes, please mark the "Yes" box and enter the amount; in case of a loss, also mark the "Loss" box.
If no, please mark the "No" box and proceed to the next source.
Do not include family allowances and child tax credits.
Please consult the Guide for details.

AMOUNT

(a) Total wages and salaries including commissions, bonuses, tips, etc., before any deductions

Form boxes for wages and salaries

(b) Net non-farm self-employment income (gross receipts minus expenses) from unincorporated business, professional practice, etc., on own account or in partnership

Form boxes for net non-farm self-employment

(c) Net farm self-employment income (gross receipts minus expenses) from agricultural operations on own account or in partnership

Form boxes for net farm self-employment

(d) Old age security pension and guaranteed income supplement from federal government only (provincial income supplements should be reported in (g))

Form boxes for old age security pension

(e) Benefits from Canada or Quebec Pension Plan

Form boxes for Canada or Quebec Pension Plan

(f) Benefits from Unemployment Insurance (total benefits before tax deductions)

Form boxes for unemployment insurance

(g) Other income from government sources including provincial income supplements and grants and social assistance, e.g., veterans' pensions, workers' compensation, welfare payments (do not include family allowances and child tax credits) (See Guide)

Form boxes for other government income

(h) Dividends and interest on bonds, deposits and savings certificates, and other investment income, e.g., net rents from real estate, interest from mortgages

Form boxes for dividends and interest

(i) Retirement pensions, superannuation and annuities

Form boxes for retirement pensions

(j) Other money income, e.g., alimony, scholarships

Form boxes for other money income

(k) Total income from all of the above sources

Form boxes for total income

END OF QUESTIONS FOR PERSON 2 PERSON 3 — CONTINUE

NAME OF PERSON 3

Empty box for name

Last name Given name and initial

14. Where were you born? (Mark or specify one only, according to present boundaries.)

- 15. IN CANADA: 01 Nfld., 02 P.E.I., 03 N.S., 04 N.B., 05 Que., 06 Ont., 07 Man., 08 Sask., 09 Alta., 10 B.C., 11 Yukon, 12 N.W.T. OUTSIDE CANADA: 13 United Kingdom, 14 Italy, 15 U.S.A., 16 West Germany, 17 East Germany, 18 Poland, 19 Other (specify)

15. Of what country are you a citizen? Mark more than one box, if applicable

- 20 Canada, by birth; 21 Canada, by naturalization; 22 Same as country of birth (other than Canada); 23 Other

If you are a citizen of Canada by birth, go to Question 17.

16. In what year did you first immigrate to Canada?

24 Year If exact year is not known, please enter best estimate.

17. To which ethnic or cultural group(s) do you or did your ancestors belong? (See Guide)

Mark or specify as many as applicable

- 24 French, 25 English, 26 Irish, 27 Scottish, 28 German, 29 Italian, 30 Ukrainian, 31 Dutch (Netherlands), 32 Chinese, 33 Jewish, 34 Polish, 35 Black, 36 Inuit, 37 North American Indian, 38 Métis

Other ethnic or cultural group(s). For example, Portuguese, Greek, Indian (India), Pakistani, Filipino, Japanese, Vietnamese. (specify below)

40, 41, 42 Other (specify)

18. What language do you yourself speak at home now? (If more than one language, which language do you speak most often?) (See Guide)

- 43 English, 44 French, 45 Italian, 46 Chinese, 47 German, 48 Other (specify)

19. Can you speak English or French well enough to conduct a conversation? (See Guide)

Mark one box only

- 49 English only, 50 French only, 51 Both English and French, 52 Neither English nor French

20. (a) Are you limited in the kind or amount of activity that you can do because of a long-term physical condition, mental condition or health problem? (See Guide)

At home?

- 53 No, I am not limited; 54 Yes, I am limited

At school or at work?

- 55 No, I am not limited; 56 Yes, I am limited

57 Not applicable

In other activities, e.g., transportation to or from work, leisure time activities?

- 58 No, I am not limited; 59 Yes, I am limited

(b) Do you have any long-term disabilities or handicaps?

- 60 No; 61 Yes

If you were born on or after June 3, 1971, mark here and do not answer Questions 21 to 32. END HERE FOR THIS PERSON

If you were born before June 3, 1971, mark here and continue with Questions 21 to 32.

21. (a) What is the highest grade (or year) of secondary (high) or elementary school you ever attended? (See Guide)

62 Enter highest grade or year (1 to 13) of secondary or elementary school

OR

63 Never attended school or attended kindergarten only

(b) How many years of education have you ever completed at university?

- 64 None; 65 Less than 1 year (of completed courses)

66 Enter number of completed years at university

QUESTIONS FOR PERSON 3 - CONTINUED

21. (c) How many years of schooling have you ever completed at an institution other than a university, secondary (high) or elementary school? Include years of schooling at community colleges, institutes of technology, CEGEPs (general and professional), private trade schools or private business colleges, diploma schools of nursing, etc. (See Guide)

- 01 None; 02 Less than 1 year (of completed courses); 03 Enter number of completed years

22. What degrees, certificates or diplomas have you ever obtained? (See Guide)

Mark as many boxes as applicable

- 04 None; 05 Secondary (high) school graduation certificate; 06 Trades certificate or diploma; 07 Other non-university certificate or diploma (obtained at community college, CEGEP, institute of technology, etc.); 08 University certificate or diploma below bachelor level; 09 Bachelor's degree(s) (e.g., B.A., B.Sc., B.A.Sc., LL.B.); 10 University certificate or diploma above bachelor level; 11 Master's degree(s) (e.g., M.A., M.Sc., M.Ed.); 12 Degree in medicine, dentistry, veterinary medicine or optometry (M.D., D.D.S., D.M.D., D.V.M., O.D.); 13 Earned doctorate (e.g., Ph.D., D.Sc., D.Ed.)

23. What was the major field of study of your highest degree, certificate or diploma (excluding secondary or high school graduation certificates)? (See Guide)

Empty box for field of study

(For example, accounting, civil engineering, history, legal secretary, welding.)

If you have no degree, certificate or diploma or have a secondary (high) school graduation certificate only, mark below.

14 Go to Question 24

24. Where did you live 5 years ago, that is, on June 1, 1981?

Mark one box only

NOTE: If your place of residence 5 years ago was a municipality within a large urban area, be careful not to confuse suburban municipalities with the largest city. For example, distinguish between Montréal-Nord and Montréal, Scarborough and Toronto, West Vancouver and Vancouver.

- 16 This dwelling; 17 Different dwelling in this city, town, village, township, municipality or Indian reserve; 18 Outside Canada; 19 Different city, town, village, township, other municipality or Indian reserve in Canada (specify below)

Empty box for city/town/village/township/other municipality or Indian reserve

County Province or territory

Empty box for county/province/territory

25. (a) Last week, how many hours did you work (not including housework, maintenance or repairs for your own home)? Include as work:

- working without pay in a family farm or business (e.g., assisting in seeding, doing accounts); working in your own business, farm or professional practice, alone or in partnership; working for wages, salary, tips or commission.

21 Number of hours (to the nearest hour) Go to Question 27

OR

22 None Continue with Questions 25 (b) to 32

(b) Last week, were you on temporary lay-off or absent from your job or business? Mark one box only

- 23 No; 24 Yes, on temporary lay-off from a job to which I expect to return; 25 Yes, on vacation, ill, on strike or locked out, or absent for other reasons

(c) Last week, did you have definite arrangements to start a new job within the next four weeks?

- 26 No; 27 Yes

(d) Did you look for work during the past four weeks? For example, did you contact a Canada Employment Centre, check with employers, place or answer newspaper ads? Mark one box only

- 28 No Go to Question 26; 29 Yes, looked for full-time work; 30 Yes, looked for part-time work (less than 30 hours per week)

(e) Could you have started work last week had a job been available? Mark one box only

- 31 Yes, could have started work; 32 No, already had a job; 33 No, temporary illness or disability; 34 No, personal or family responsibilities; 35 No, going to school; 36 No, other reasons

26. When did you last work, even for a few days (not including housework, maintenance or repairs for your own home)? Mark one box only

- 37 In 1986 Answer Questions 27 to 32; 38 In 1985; 39 Before 1985; 40 Never worked in lifetime Go to Question 32

27. NOTE: Questions 27 to 30 refer to your job or business last week. If you held no job last week, answer for your job of longest duration since January 1, 1985. If you held more than one job last week, answer for the job at which you worked the most hours.

(a) For whom did you work?

Empty boxes for name of firm, government agency, etc. and department, branch, division, section or plant

(b) What kind of business, industry or service was this?

Empty box for description of business/industry/service

Empty box for description of business/industry/service

QUESTIONS FOR PERSON 3 — CONCLUDED

28. At what address did you work? If no usual place of work, see Guide.

Mark one box only

- 17 (i) Worked at home... (ii) Worked outside Canada... (iii) Worked at the address below...

If street address is not known, give the building name, shopping centre or street intersection, etc.

Number Street

If you worked in a suburban municipality within a large urban area, specify that municipality, not the main city.

City, town, village, township, other municipality or Indian reserve

County Province or territory

29. (a) What kind of work were you doing?

For example, accounting clerk, door-to-door salesperson, civil engineer, secondary school teacher, chief electrician, food processing labourer, fishing guide.

(b) In this work, what were your most important activities or duties?

For example, verifying invoices, selling cosmetics, managing the research department, teaching mathematics, supervising construction electricians, cleaning vegetables, guiding fishing parties.

30. (a) In this job were you mainly:

- 08 working for wages, salary, tips or commission?
09 working without pay for your spouse or another relative in a family farm or business?
10 self-employed without paid help (alone or in partnership)?
11 self-employed with paid help (alone or in partnership)?

Go to Question 31

Continue with Question 30 (b)

(b) If self-employed, was your farm or business incorporated?

- 12 No
13 Yes

31. (a) In how many weeks did you work during 1985 (not including housework, maintenance or repairs for your own home)?

Include those weeks in which you:

- were on vacation or sick leave with pay;
were self-employed or an unpaid worker in a family farm or business;
worked full time or part time.

14 None Go to Question 32

OR

15 Number of weeks

(b) During most of those weeks, did you work full time or part time?

Mark one box only

- 16 Full time
17 Part time

18 In. OFFICE USE ONLY

32. During the year ending December 31, 1985, did you receive any income or suffer any loss from the sources listed below?
- If yes, please mark the "Yes" box and enter the amount; in case of a loss, also mark the "Loss" box.
- If no, please mark the "No" box and proceed to the next source.
- Do not include family allowances and child tax credits.
- Please consult the Guide for details.

AMOUNT

(a) Total wages and salaries including commissions, bonuses, tips, etc., before any deductions
19 Yes
20 No

(b) Net non-farm self-employment income (gross receipts minus expenses) from unincorporated business, professional practice, etc., on own account or in partnership
21 Yes
22 Loss
23 No

(c) Net farm self-employment income (gross receipts minus expenses) from agricultural operations on own account or in partnership
24 Yes
25 Loss
26 No

(d) Old age security pension and guaranteed income supplement from federal government only (provincial income supplements should be reported in (g))
27 Yes
28 No

(e) Benefits from Canada or Quebec Pension Plan
29 Yes
30 No

(f) Benefits from Unemployment Insurance (total benefits before tax deductions)
31 Yes
32 No

(g) Other income from government sources including provincial income supplements and grants and social assistance, e.g., veterans' pensions, workers' compensation, welfare payments (do not include family allowances and child tax credits) (See Guide)
33 Yes
34 No

(h) Dividends and interest on bonds, deposits and savings certificates, and other investment income, e.g., net rents from real estate, interest from mortgages
35 Yes
36 Loss
37 No

(i) Retirement pensions, superannuation and annuities
38 Yes
39 No

(j) Other money income, e.g., alimony, scholarships
40 Yes
41 No

(k) Total income from all of the above sources
42 Yes
43 Loss
44 No

END OF QUESTIONS FOR PERSON 3
PERSON 4 — CONTINUE

NAME OF PERSON 4

Last name Given name and initial

14. Where were you born? (Mark or specify one only, according to present boundaries.)

- IN CANADA: 01 Nfld., 02 P.E.I., 03 N.S., 04 N.B., 05 Que., 06 Ont., 07 Man., 08 Sask., 09 Alta., 10 B.C., 11 Yukon, 12 N.W.T.
OUTSIDE CANADA: 13 United Kingdom, 14 Italy, 15 U.S.A., 16 West Germany, 17 East Germany, 18 Poland, 19 Other (specify)

15. Of what country are you a citizen?

- 20 Canada, by birth
21 Canada, by naturalization
22 Same as country of birth (other than Canada)
23 Other

If you are a citizen of Canada by birth, go to Question 17.

16. In what year did you first immigrate to Canada?

24 Year If exact year is not known, please enter best estimate.

17. To which ethnic or cultural group(s) do you or did your ancestors belong? (See Guide)

Mark or specify as many as applicable

- 25 French
26 English
27 Irish
28 Scottish
29 German
30 Italian
31 Ukrainian
32 Dutch (Netherlands)
33 Chinese
34 Jewish
35 Polish
36 Black
37 Inuit
38 North American Indian
39 Métis

Other ethnic or cultural group(s). For example, Portuguese, Greek, Indian (India), Pakistani, Filipino, Japanese, Vietnamese. (specify below)

40 Other (specify)

41 Other (specify)

42 Other (specify)

Other (specify)

18. What language do you yourself speak at home now? (If more than one language, which language do you speak most often?) (See Guide)

- 43 English
44 French
45 Italian
46 Chinese
47 German

48 Other (specify)

19. Can you speak English or French well enough to conduct a conversation? (See Guide)

Mark one box only

- 49 English only
50 French only
51 Both English and French
52 Neither English nor French

20. (a) Are you limited in the kind or amount of activity that you can do because of a long-term physical condition, mental condition or health problem? (See Guide)

At home?

- 53 No, I am not limited
54 Yes, I am limited

At school or at work?

- 55 No, I am not limited
56 Yes, I am limited
57 Not applicable

In other activities, e.g., transportation to or from work, leisure time activities?

- 58 No, I am not limited
59 Yes, I am limited

(b) Do you have any long-term disabilities or handicaps?

- 60 No
61 Yes

If you were born on or after June 3, 1971, mark here and do not answer Questions 21 to 32... END HERE FOR THIS PERSON

If you were born before June 3, 1971, mark here and continue with Questions 21 to 32.

21. (a) What is the highest grade (or year) of secondary (high) or elementary school you ever attended? (See Guide)

62 Enter highest grade or year (1 to 13) of secondary or elementary school

OR

63 Never attended school or attended kindergarten only

(b) How many years of education have you ever completed at university?

- 64 None
65 Less than 1 year (of completed courses)

66 Enter number of completed years at university

QUESTIONS FOR PERSON 4 — CONTINUED

21. (c) How many years of schooling have you ever completed at an institution other than a university, secondary (high) or elementary school? Include years of schooling at community colleges, institutes of technology, CEGEPs (general and professional), private trade schools or private business colleges, diploma schools of nursing, etc. (See Guide)

- 19 None
20 Less than 1 year (of completed courses)
21 Enter number of completed years

22. What degrees, certificates or diplomas have you ever obtained? (See Guide)

Mark as many boxes as applicable

- 22 None
23 Secondary (high) school graduation certificate
24 Trades certificate or diploma
25 Other non-university certificate or diploma (obtained at community college, CEGEP, institute of technology, etc.)
26 University certificate or diploma below bachelor level
27 Bachelor's degree(s) (e.g., B.A., B.Sc., B.A.Sc., LL.B.)
28 University certificate or diploma above bachelor level
29 Master's degree(s) (e.g., M.A., M.Sc., M.Ed.)
30 Degree in medicine, dentistry, veterinary medicine or optometry (M.D., D.D.S., D.M.D., D.V.M., O.D.)
31 Earned doctorate (e.g., Ph.D., D.Sc., D.Ed.)

23. What was the major field of study of your highest degree, certificate or diploma (excluding secondary or high school graduation certificates)? (See Guide)

Text input box for field of study

(For example, accounting, civil engineering, history, legal secretary, welding.)

If you have no degree, certificate or diploma or have a secondary (high) school graduation certificate only, mark below.

32 Go to Question 24

24. Where did you live 5 years ago, that is, on June 1, 1981?

Mark one box only

NOTE: If your place of residence 5 years ago was a municipality within a large urban area, be careful not to confuse suburban municipalities with the largest city. For example, distinguish between Montréal-Nord and Montréal, Scarborough and Toronto, West Vancouver and Vancouver.

- 33 This dwelling
34 Different dwelling in this city, town, village, township, municipality or Indian reserve
35 Outside Canada
36 Different city, town, village, township, other municipality or Indian reserve in Canada (specify below)

Text input box for location

City, town, village, township, other municipality or Indian reserve

County Province or territory

25. (a) Last week, how many hours did you work (not including housework, maintenance or repairs for your own home)? Include as work:

- working without pay in a family farm or business (e.g., assisting in seeding, doing accounts);
working in your own business, farm or professional practice, alone or in partnership;
working for wages, salary, tips or commission.

25 Number of hours (to the nearest hour) Go to Question 27

OR

26 None Continue with Questions 25 (b) to 32

(b) Last week, were you on temporary lay-off or absent from your job or business?

Mark one box only

- 27 No
28 Yes, on temporary lay-off from a job to which I expect to return
29 Yes, on vacation, ill, on strike or locked out, or absent for other reasons

(c) Last week, did you have definite arrangements to start a new job within the next four weeks?

- 30 No
31 Yes

(d) Did you look for work during the past four weeks? For example, did you contact a Canada Employment Centre, check with employers, place or answer newspaper ads?

Mark one box only

- 32 No Go to Question 26
33 Yes, looked for full-time work
34 Yes, looked for part-time work (less than 30 hours per week)

(e) Could you have started work last week had a job been available?

Mark one box only

- 35 Yes, could have started work
36 No, already had a job
37 No, temporary illness or disability
38 No, personal or family responsibilities
39 No, going to school
40 No, other reasons

26. When did you last work, even for a few days (not including housework, maintenance or repairs for your own home)?

Mark one box only

- 41 In 1986 Answer Questions 27 to 32
42 In 1985
43 Before 1985 Go to Question 32
44 Never worked in lifetime

27. NOTE: Questions 27 to 30 refer to your job or business last week. If you held no job last week, answer for your job of longest duration since January 1, 1985. If you held more than one job last week, answer for the job at which you worked the most hours.

(a) For whom did you work?

Name of firm, government agency, etc.

Department, branch, division, section or plant

(b) What kind of business, industry or service was this?

Give full description. For example, wheat farm, trapping, road maintenance, retail shoe store, secondary school, temporary help agency, municipal police.

Text input box for business description

QUESTIONS FOR PERSON 4 — CONCLUDED

28. At what address did you work? If no usual place of work, see Guide.

Mark one box only

- 20 (i) Worked at home (includes living and working on the same farm)
(ii) Worked outside Canada
(iii) Worked at the address below (please specify)

If street address is not known, give the building name, shopping centre or street intersection, etc.

Number Street

If you worked in a suburban municipality within a large urban area, specify that municipality, not the main city.

City, town, village, township, other municipality or Indian reserve

County Province or territory

29. (a) What kind of work were you doing?

Text input box for work description

For example, accounting clerk, door-to-door salesperson, civil engineer, secondary school teacher, chief electrician, food processing labourer, fishing guide. (If in the Armed Forces, give rank.)

(b) In this work, what were your most important activities or duties?

Text input box for activities

For example, verifying invoices, selling cosmetics, managing the research department, teaching mathematics, supervising construction electricians, cleaning vegetables, guiding fishing parties.

30. (a) In this job were you mainly:

- 30 working for wages, salary, tips or commission?
31 working without pay for your spouse or another relative in a family farm or business?
32 self-employed without paid help (alone or in partnership)?
33 self-employed with paid help (alone or in partnership)?

Go to Question 31

Continue with Question 30 (b)

(b) If self-employed, was your farm or business incorporated?

- 34 No
35 Yes

31. (a) In how many weeks did you work during 1985 (not including housework, maintenance or repairs for your own home)?

Include those weeks in which you:

- were on vacation or sick leave with pay;
were self-employed or an unpaid worker in a family farm or business;
worked full time or part time.

36 None Go to Question 32

OR

37 Number of weeks

(b) During most of those weeks, did you work full time or part time?

Mark one box only

- 38 Full time
39 Part time

40 In. OFFICE USE ONLY

32. During the year ending December 31, 1985, did you receive any income or suffer any loss from the sources listed below?

- If yes, please mark the "Yes" box and enter the amount; in case of a loss, also mark the "Loss" box.
If no, please mark the "No" box and proceed to the next source.
Do not include family allowances and child tax credits.
Please consult the Guide for details.

AMOUNT

(a) Total wages and salaries including commissions, bonuses, tips, etc., before any deductions

(b) Net non-farm self-employment income (gross receipts minus expenses) from unincorporated business, professional practice, etc., on own account or in partnership

(c) Net farm self-employment income (gross receipts minus expenses) from agricultural operations on own account or in partnership

(d) Old age security pension and guaranteed income supplement from federal government only (provincial income supplements should be reported in (g))

(e) Benefits from Canada or Quebec Pension Plan

(f) Benefits from Unemployment Insurance (total benefits before tax deductions)

(g) Other income from government sources including provincial income supplements and grants and social assistance, e.g., veterans' pensions, workers' compensation, welfare payments (do not include family allowances and child tax credits) (See Guide)

(h) Dividends and interest on bonds, deposits and savings certificates, and other investment income, e.g., net rents from real estate, interest from mortgages

(i) Retirement pensions, superannuation and annuities

(j) Other money income, e.g., alimony, scholarships

(k) Total income from all of the above sources

END OF QUESTIONS FOR PERSON 4 PERSON 5 — CONTINUE

NAME OF PERSON 5

Empty box for name

Last name Given name and initial

14. Where were you born? (Mark or specify one only, according to present boundaries.)

- IN CANADA: 01 Nfld., 02 P.E.I., 03 N.S., 04 N.B., 05 Que., 06 Ont., 07 Man., 08 Sask., 09 Alta., 10 B.C., 11 Yukon, 12 N.W.T.
OUTSIDE CANADA: 13 United Kingdom, 14 Italy, 15 U.S.A., 16 West Germany, 17 East Germany, 18 Poland, 19 Other (specify)

15. Of what country are you a citizen? Mark more than one box, if applicable

- 20 Canada, by birth
21 Canada, by naturalization
22 Same as country of birth (other than Canada)
23 Other

If you are a citizen of Canada by birth, go to Question 17.

16. In what year did you first immigrate to Canada?

24 Year box with instruction: If exact year is not known, please enter best estimate.

17. To which ethnic or cultural group(s) do you or did your ancestors belong? (See Guide)

Mark or specify as many as applicable

- 25 French, 26 English, 27 Irish, 28 Scottish, 29 German, 30 Italian, 31 Ukrainian, 32 Dutch (Netherlands), 33 Chinese, 34 Jewish, 35 Polish, 36 Black, 37 Inuit, 38 North American Indian, 39 Métais

Other ethnic or cultural group(s). For example, Portuguese, Greek, Indian (India), Pakistani, Filipino, Japanese, Vietnamese. (specify below)

40, 41, 42 Other (specify) boxes

18. What language do you yourself speak at home now? (If more than one language, which language do you speak most often?) (See Guide)

- 43 English, 44 French, 45 Italian, 46 Chinese, 47 German

48 Other (specify) box

19. Can you speak English or French well enough to conduct a conversation? (See Guide)

Mark one box only

- 49 English only, 50 French only, 51 Both English and French, 52 Neither English nor French

20. (a) Are you limited in the kind or amount of activity that you can do because of a long-term physical condition, mental condition or health problem: (See Guide)

- 53 At home? No, I am not limited; Yes, I am limited
54 At school or at work? No, I am not limited; Yes, I am limited; Not applicable

- 55 In other activities, e.g., transportation to or from work, leisure time activities? No, I am not limited; Yes, I am limited; Not applicable

(b) Do you have any long-term disabilities or handicaps? 60 No, 61 Yes

If you were born on or after June 3, 1971, mark here and do not answer Questions 21 to 32... END HERE FOR THIS PERSON

If you were born before June 3, 1971, mark here and continue with Questions 21 to 32.

21. (a) What is the highest grade (or year) of secondary (high) or elementary school you ever attended? (See Guide)

62 Enter highest grade or year (1 to 13) of secondary or elementary school

63 OR Never attended school or attended kindergarten only

(b) How many years of education have you ever completed at university?

- 64 None, 65 Less than 1 year (of completed courses)

66 Enter number of completed years at university

QUESTIONS FOR PERSON 5 - CONTINUED

21. (c) How many years of schooling have you ever completed at an institution other than a university, secondary (high) or elementary school? Include years of schooling at community colleges, institutes of technology, CEGEPs (general and professional), private trade schools or private business colleges, diploma schools of nursing, etc. (See Guide)

- 01 None, 02 Less than 1 year (of completed courses), 03 Enter number of completed years

22. What degrees, certificates or diplomas have you ever obtained? (See Guide)

Mark as many boxes as applicable

- 04 None, 05 Secondary (high) school graduation certificate, 06 Trades certificate or diploma, 07 Other non-university certificate or diploma (obtained at community college, CEGEP, institute of technology, etc.), 08 University certificate or diploma below bachelor level, 09 Bachelor's degree(s) (e.g., B.A., B.Sc., B.A.Sc., LL.B.), 10 University certificate or diploma above bachelor level, 11 Master's degree(s) (e.g., M.A., M.Sc., M.Ed.), 12 Degree in medicine, dentistry, veterinary medicine or optometry (M.D., D.D.S., D.M.D., D.V.M., O.D.), 13 Earned doctorate (e.g., Ph.D., D.Sc., D.Ed.)

23. What was the major field of study of your highest degree, certificate or diploma (excluding secondary or high school graduation certificates)? (See Guide)

Empty box for field of study

(For example, accounting, civil engineering, history, legal secretary, welding.)

If you have no degree, certificate or diploma or have a secondary (high) school graduation certificate only, mark below.

14 Go to Question 24

24. Where did you live 5 years ago, that is, on June 1, 1981?

Mark one box only

NOTE: If your place of residence 5 years ago was a municipality within a large urban area, be careful not to confuse suburban municipalities with the largest city. For example, distinguish between Montréal-Nord and Montréal, Scarborough and Toronto, West Vancouver and Vancouver.

- 16 This dwelling, 17 Different dwelling in this city, town, village, township, municipality or Indian reserve (Go to Question 25), 18 Outside Canada, 19 Different city, town, village, township, other municipality or Indian reserve in Canada (specify below)

Empty box for city, town, village, township, other municipality or Indian reserve

City, town, village, township, other municipality or Indian reserve

Empty box for county and province or territory

County Province or territory

20 Empty box

25. (a) Last week, how many hours did you work (not including housework, maintenance or repairs for your own home)? Include as work:

- working without pay in a family farm or business (e.g., assisting in seeding, doing accounts);
working in your own business, farm or professional practice, alone or in partnership;
working for wages, salary, tips or commission.

21 Number of hours (to the nearest hour) Go to Question 27

22 OR None Continue with Questions 25 (b) to 32

(b) Last week, were you on temporary lay-off or absent from your job or business? Mark one box only

- 23 No, 24 Yes, on temporary lay-off from a job to which I expect to return, 25 Yes, on vacation, ill, on strike or locked out, or absent for other reasons

(c) Last week, did you have definite arrangements to start a new job within the next four weeks?

- 26 No, 27 Yes

(d) Did you look for work during the past four weeks? For example, did you contact a Canada Employment Centre, check with employers, place or answer newspaper ads? Mark one box only

- 28 No Go to Question 26, 29 Yes, looked for full-time work, 30 Yes, looked for part-time work (less than 30 hours per week)

(e) Could you have started work last week had a job been available? Mark one box only

- 31 Yes, could have started work, 32 No, already had a job, 33 No, temporary illness or disability, 34 No, personal or family responsibilities, 35 No, going to school, 36 No, other reasons

26. When did you last work, even for a few days (not including housework, maintenance or repairs for your own home)? Mark one box only

- 37 In 1986 Answer Questions 27 to 32, 38 In 1985 Answer Questions 27 to 32

- 39 Before 1985 Go to Question 32, 40 Never worked in lifetime Go to Question 32

27. NOTE: Questions 27 to 30 refer to your job or business last week. If you held no job last week, answer for your job of longest duration since January 1, 1985. If you held more than one job last week, answer for the job at which you worked the most hours.

(a) For whom did you work?

Empty box for name of firm, government agency, etc.

Empty box for department, branch, division, section or plant

(b) What kind of business, industry or service was this?

Empty box for description of business, industry or service

Give full description. For example, wheat farm, trapping, road maintenance, retail shoe store, secondary school, temporary help agency, municipal police.

41 Empty box

QUESTIONS FOR PERSON 5 — CONCLUDED

28. At what address did you work? If no usual place of work, see Guide.

Mark one box only

- (i) Worked at home (includes living and working on the same farm)
(ii) Worked outside Canada
(iii) Worked at the address below (please specify)

If street address is not known, give the building name, shopping centre or street intersection, etc.

Number Street

If you worked in a suburban municipality within a large urban area, specify that municipality, not the main city.

City, town, village, township, other municipality or Indian reserve

County Province or territory

29. (a) What kind of work were you doing?

For example, accounting clerk, door-to-door salesperson, civil engineer, secondary school teacher, chief electrician, food processing labourer, fishing guide.

(b) In this work, what were your most important activities or duties?

For example, verifying invoices, selling cosmetics, managing the research department, teaching mathematics, supervising construction electricians, cleaning vegetables, guiding fishing parties.

30. (a) In this job were you mainly:

- working for wages, salary, tips or commission?
working without pay for your spouse or another relative in a family farm or business?
self-employed without paid help (alone or in partnership)?
self-employed with paid help (alone or in partnership)?

Go to Question 31

Continue with Question 30 (b)

(b) If self-employed, was your farm or business incorporated?

- No
Yes

31. (a) In how many weeks did you work during 1985 (not including housework, maintenance or repairs for your own home)?

Include those weeks in which you:

- were on vacation or sick leave with pay;
were self-employed or an unpaid worker in a family farm or business;
worked full time or part time.

None -> Go to Question 32

OR

Number of weeks

(b) During most of those weeks, did you work full time or part time?

Mark one box only

- Full time
Part time

18 In. OFFICE USE ONLY

32. During the year ending December 31, 1985, did you receive any income or suffer any loss from the sources listed below?

- If yes, please mark the "Yes" box and enter the amount; in case of a loss, also mark the "Loss" box.
If no, please mark the "No" box and proceed to the next source.
Do not include family allowances and child tax credits.
Please consult the Guide for details.

Table with columns for source (a-k), amount in Dollars and Cents, and Yes/No/Loss options.

END OF QUESTIONS FOR PERSON 5 PERSON 6 — CONTINUE

NAME OF PERSON 6

Last name Given name and initial

14. Where were you born? (Mark or specify one only, according to present boundaries.)

- IN CANADA: Nfld., P.E.I., N.S., N.B., Que., Ont., Man., Sask., Alta., B.C., Yukon, N.W.T.
OUTSIDE CANADA: United Kingdom, Italy, U.S.A., West Germany, East Germany, Poland, Other (specify)

15. Of what country are you a citizen?

- Canada, by birth
Canada, by naturalization
Same as country of birth (other than Canada)
Other

If you are a citizen of Canada by birth, go to Question 17.

16. In what year did you first immigrate to Canada?

Year If exact year is not known, please enter best estimate.

17. To which ethnic or cultural group(s) do you or did your ancestors belong? (See Guide)

Mark or specify as many as applicable

- French, English, Irish, Scottish, German, Italian, Ukrainian, Dutch (Netherlands), Chinese, Jewish, Polish, Black, Inuit, North American Indian, Métis

Other ethnic or cultural group(s). For example, Portuguese, Greek, Indian (India), Pakistani, Filipino, Japanese, Vietnamese. (specify below)

Other (specify)

Other (specify)

Other (specify)

Other (specify)

18. What language do you yourself speak at home now? (If more than one language, which language do you speak most often?) (See Guide)

- English
French
Italian
Chinese
German

Other (specify)

19. Can you speak English or French well enough to conduct a conversation? (See Guide)

Mark one box only

- English only
French only
Both English and French
Neither English nor French

20. (a) Are you limited in the kind or amount of activity that you can do because of a long-term physical condition, mental condition or health problem? (See Guide)

- At home?
No, I am not limited
Yes, I am limited

- At school or at work?
No, I am not limited
Yes, I am limited
Not applicable

In other activities, e.g., transportation to or from work, leisure time activities?

- No, I am not limited
Yes, I am limited

(b) Do you have any long-term disabilities or handicaps?

- No
Yes

If you were born on or after June 3, 1971, mark here and do not answer Questions 21 to 32... END HERE FOR THIS PERSON

If you were born before June 3, 1971, mark here and continue with Questions 21 to 32.

21. (a) What is the highest grade (or year) of secondary (high) or elementary school you ever attended? (See Guide)

Enter highest grade or year (1 to 13) of secondary or elementary school

- Never attended school or attended kindergarten only

(b) How many years of education have you ever completed at university?

- None
Less than 1 year (of completed courses)

Enter number of completed years at university

QUESTIONS FOR PERSON 6 — CONTINUED

21. (c) How many years of schooling have you ever completed at an institution other than a university, secondary (high) or elementary school? Include years of schooling at community colleges, institutes of technology, CEGEPs (general and professional), private trade schools or private business colleges, diploma schools of nursing, etc. (See Guide)

- 01 None
02 Less than 1 year (of completed courses)
03 Enter number of completed years

22. What degrees, certificates or diplomas have you ever obtained? (See Guide)

Mark as many boxes as applicable

- 04 None
05 Secondary (high) school graduation certificate
06 Trades certificate or diploma
07 Other non-university certificate or diploma (obtained at community college, CEGEP, institute of technology, etc.)
08 University certificate or diploma below bachelor level
09 Bachelor's degree(s) (e.g., B.A., B.Sc., B.A.Sc., LL.B.)
10 University certificate or diploma above bachelor level
11 Master's degree(s) (e.g., M.A., M.Sc., M.Ed.)
12 Degree in medicine, dentistry, veterinary medicine or optometry (M.D., D.D.S., D.M.D., D.V.M., O.D.)
13 Earned doctorate (e.g., Ph.D., D.Sc., D.Ed.)

23. What was the major field of study of your highest degree, certificate or diploma (excluding secondary or high school graduation certificates)? (See Guide)

Text box for field of study

(For example, accounting, civil engineering, history, legal secretary, welding.)

If you have no degree, certificate or diploma or have a secondary (high) school graduation certificate only, mark below.

14 Go to Question 24

24. Where did you live 5 years ago, that is, on June 1, 1981?

Mark one box only

NOTE: If your place of residence 5 years ago was a municipality within a large urban area, be careful not to confuse suburban municipalities with the largest city. For example, distinguish between Montréal-Nord and Montréal, Scarborough and Toronto, West Vancouver and Vancouver.

- 16 This dwelling
17 Different dwelling in this city, town, village, township, municipality or Indian reserve
18 Outside Canada
19 Different city, town, village, township, other municipality or Indian reserve in Canada (specify below)

Text box for location

City, town, village, township, other municipality or Indian reserve

County Province or territory

25. (a) Last week, how many hours did you work (not including housework, maintenance or repairs for your own home)? Include as work:

- working without pay in a family farm or business (e.g., assisting in seeding, doing accounts);
working in your own business, farm or professional practice, alone or in partnership;
working for wages, salary, tips or commission.

21 Number of hours (to the nearest hour) Go to Question 27

OR

22 None Continue with Questions 25 (b) to 32

(b) Last week, were you on temporary lay-off or absent from your job or business?

Mark one box only

- 23 No
24 Yes, on temporary lay-off from a job to which I expect to return
25 Yes, on vacation, ill, on strike or locked out, or absent for other reasons

(c) Last week, did you have definite arrangements to start a new job within the next four weeks?

- 26 No
27 Yes

(d) Did you look for work during the past four weeks? For example, did you contact a Canada Employment Centre, check with employers, place or answer newspaper ads?

Mark one box only

- 28 No Go to Question 26
29 Yes, looked for full-time work
30 Yes, looked for part-time work (less than 30 hours per week)

(e) Could you have started work last week had a job been available?

Mark one box only

- 31 Yes, could have started work
32 No, already had a job
33 No, temporary illness or disability
34 No, personal or family responsibilities
35 No, going to school
36 No, other reasons

26. When did you last work, even for a few days (not including housework, maintenance or repairs for your own home)?

Mark one box only

- 37 In 1986 Answer Questions 27 to 32
38 In 1985
39 Before 1985 Go to Question 32
40 Never worked in lifetime

27. NOTE: Questions 27 to 30 refer to your job or business last week. If you held no job last week, answer for your job of longest duration since January 1, 1985. If you held more than one job last week, answer for the job at which you worked the most hours.

(a) For whom did you work?

Name of firm, government agency, etc.

Department, branch, division, section or plant

(b) What kind of business, industry or service was this?

Give full description. For example, wheat farm, trapping, road maintenance, retail shoe store, secondary school, temporary help agency, municipal police.

QUESTIONS FOR PERSON 6 — CONCLUDED

28. At what address did you work? If no usual place of work, see Guide.

Mark one box only

- (i) Worked at home (includes living and working on the same farm)
(ii) Worked outside Canada
(iii) Worked at the address below (please specify)

If street address is not known, give the building name, shopping centre or street intersection, etc.

Text box for address

Number Street

If you worked in a suburban municipality within a large urban area, specify that municipality, not the main city.

Text box for municipality

City, town, village, township, other municipality or Indian reserve

Text box for location

County Province or territory

29. (a) What kind of work were you doing?

Text box for work description

For example, accounting clerk, door-to-door salesperson, civil engineer, secondary school teacher, chief electrician, food processing labourer, fishing guide. (If in the Armed Forces, give rank.)

(b) In this work, what were your most important activities or duties?

Text box for activities

For example, verifying invoices, selling cosmetics, managing the research department, teaching mathematics, supervising construction electricians, cleaning vegetables, guiding fishing parties.

30. (a) In this job were you mainly:

- 08 working for wages, salary, tips or commission?
09 working without pay for your spouse or another relative in a family farm or business?
10 self-employed without paid help (alone or in partnership)?
11 self-employed with paid help (alone or in partnership)?

Go to Question 31

Continue with Question 30 (b)

(b) If self-employed, was your farm or business incorporated?

- 12 No
13 Yes

31. (a) In how many weeks did you work during 1985 (not including housework, maintenance or repairs for your own home)?

Include those weeks in which you:

- were on vacation or sick leave with pay;
were self-employed or an unpaid worker in a family farm or business;
worked full time or part time.

14 None Go to Question 32

OR

15 Number of weeks

(b) During most of those weeks, did you work full time or part time?

Mark one box only

- 16 Full time
17 Part time

18 in. OFFICE USE ONLY

32. During the year ending December 31, 1985, did you receive any income or suffer any loss from the sources listed below?
- If yes, please mark the "Yes" box and enter the amount; in case of a loss, also mark the "Loss" box.
- If no, please mark the "No" box and proceed to the next source.
- Do not include family allowances and child tax credits.
- Please consult the Guide for details.

Table with columns for source (a-k), Yes/No, and Amount (Dollars/Cents). Sources include wages, self-employment, farm self-employment, old age security, benefits, dividends, retirement, and other income.

END OF QUESTIONS FOR PERSON 6

