



## INSTRUCTIONS

When you answer these questions you can mark your answers like this  or fill in the circle  , or write a number in the boxes, as in the examples below. When you write your answers, make sure you press hard with your pencil.

### EXAMPLE 1

**A1** These first questions are about your health.

In general, would you say your health is...

- 1  excellent?
- 2  very good?
- 3  good?
- 4  fair?
- 5  poor?

### EXAMPLE 2

**E4** How old were you the first time you owned or co-owned the place where you were living?

Years old → Go to question E9

All information you provide is **CONFIDENTIAL**.  
Statistics Canada will keep your answers **PRIVATE**.

**Thank you for your help!**

# Section A:

## About Your Health

### A1 The first questions are about your health.

In general, would you say your health is...

S3SF1

- 1  excellent?
- 2  very good?
- 3  good?
- 4  fair?
- 5  poor?

### A2 Compared to one year ago, how would you rate your health in general now?

Would you say it is...

S3SF2

- 6  much better?
- 7  somewhat better?
- 8  about the same?
- 9  somewhat worse?
- 10  much worse now than one year ago?

### A3 The following questions are about activities you might do during a typical day.

Does your health now limit you in these activities?  
If so, how much?

		Yes, limited a lot	Yes, limited a little	No, not limited at all
a) Vigorous activities, such as running, lifting heavy objects, participating in strenuous sports.	S3SF3A	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
b) Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf.	S3SF3B	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
c) Lifting or carrying groceries.	S3SF3C	7 <input type="radio"/>	8 <input type="radio"/>	9 <input type="radio"/>
d) Climbing several flights of stairs.	S3SF3D	10 <input type="radio"/>	11 <input type="radio"/>	12 <input type="radio"/>
e) Climbing one flight of stairs.	S3SF3E	13 <input type="radio"/>	14 <input type="radio"/>	15 <input type="radio"/>
f) Bending, kneeling or stooping.	S3SF3F	16 <input type="radio"/>	17 <input type="radio"/>	18 <input type="radio"/>
g) Walking more than a kilometre/mile.	S3SF3G	19 <input type="radio"/>	20 <input type="radio"/>	21 <input type="radio"/>
h) Walking several blocks.	S3SF3H	22 <input type="radio"/>	23 <input type="radio"/>	24 <input type="radio"/>
i) Walking one block.	S3SF3I	25 <input type="radio"/>	26 <input type="radio"/>	27 <input type="radio"/>
j) Bathing or dressing yourself.	S3SF3J	28 <input type="radio"/>	29 <input type="radio"/>	30 <input type="radio"/>

**A4** During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of your physical health?

		<b>Yes</b>	<b>No</b>
a) Had to cut down on the amount of time you spent on work or other activities.	<b>S3SF4A</b>	1 <input type="radio"/>	2 <input type="radio"/>
b) Accomplished less than you would like.	<b>S3SF4B</b>	3 <input type="radio"/>	4 <input type="radio"/>
c) Were limited in the kind of work or other activities that you were able to do.	<b>S3SF4C</b>	5 <input type="radio"/>	6 <input type="radio"/>
d) Had difficulty performing the work or other activities (for example, it took extra time).	<b>S3SF4D</b>	7 <input type="radio"/>	8 <input type="radio"/>

**A5** During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems (such as feeling depressed or anxious)?

		<b>Yes</b>	<b>No</b>
a) Had to cut down on the amount of time you spend on work or other activities.	<b>S3SF5A</b>	1 <input type="radio"/>	2 <input type="radio"/>
b) Accomplished less than you would like.	<b>S3SF5B</b>	3 <input type="radio"/>	4 <input type="radio"/>
c) Didn't do work or other activities as carefully as usual.	<b>S3SF5C</b>	5 <input type="radio"/>	6 <input type="radio"/>

**A6** During the past 4 weeks, to what extent has your physical health or emotional problems interfered with your normal social activities with family, friends, neighbours, or groups?

Would you say... **S3SF6**

1 <input type="radio"/>	not at all?
2 <input type="radio"/>	slightly?
3 <input type="radio"/>	moderately?
4 <input type="radio"/>	quite a bit?
5 <input type="radio"/>	extremely?

**A7** During the past 4 weeks, how much did pain interfere with your normal work (including both work outside the home and housework)?

Would you say... **S3SF7**

6 <input type="radio"/>	not at all?
7 <input type="radio"/>	a little bit?
8 <input type="radio"/>	moderately?
9 <input type="radio"/>	quite a bit?
10 <input type="radio"/>	extremely?

**A8** How much bodily pain have you had during the past 4 weeks?

Would you say... **S3SF8**

1 <input type="radio"/>	none?
2 <input type="radio"/>	very mild?
3 <input type="radio"/>	mild?
4 <input type="radio"/>	moderate?
5 <input type="radio"/>	severe?
6 <input type="radio"/>	very severe?

**A9** These questions are about how you feel and how things have been with you during the past 4 weeks. For each question, please give the one answer that comes closest to the way you have been feeling.

How much of the time during the past 4 weeks...

	All of the time	Most of the time	A good bit of the time	Some of the time	A little of the time	None of the time
a) did you feel full of pep? <b>S3SF9A</b>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
b) have you been a very nervous person? <b>S3SF9B</b>	7 <input type="radio"/>	8 <input type="radio"/>	9 <input type="radio"/>	10 <input type="radio"/>	11 <input type="radio"/>	12 <input type="radio"/>
c) have you felt so down in the dumps that nothing could cheer you up? <b>S3SF9C</b>	13 <input type="radio"/>	14 <input type="radio"/>	15 <input type="radio"/>	16 <input type="radio"/>	17 <input type="radio"/>	18 <input type="radio"/>
d) have you felt calm and peaceful? <b>S3SF9D</b>	19 <input type="radio"/>	20 <input type="radio"/>	21 <input type="radio"/>	22 <input type="radio"/>	23 <input type="radio"/>	24 <input type="radio"/>
e) did you have a lot of energy? <b>S3SF9E</b>	25 <input type="radio"/>	26 <input type="radio"/>	27 <input type="radio"/>	28 <input type="radio"/>	29 <input type="radio"/>	30 <input type="radio"/>
f) have you felt downhearted and blue? <b>S3SF9F</b>	31 <input type="radio"/>	32 <input type="radio"/>	33 <input type="radio"/>	34 <input type="radio"/>	35 <input type="radio"/>	36 <input type="radio"/>
g) did you feel worn out? <b>S3SF9G</b>	37 <input type="radio"/>	38 <input type="radio"/>	39 <input type="radio"/>	40 <input type="radio"/>	41 <input type="radio"/>	42 <input type="radio"/>
h) have you been a happy person? <b>S3SF9H</b>	43 <input type="radio"/>	44 <input type="radio"/>	45 <input type="radio"/>	46 <input type="radio"/>	47 <input type="radio"/>	48 <input type="radio"/>
i) did you feel tired? <b>S3SF9I</b>	49 <input type="radio"/>	50 <input type="radio"/>	51 <input type="radio"/>	52 <input type="radio"/>	53 <input type="radio"/>	54 <input type="radio"/>

**A10** During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting friends, relatives, etc.)?

Would you say... **S3SF10**

1  all the time?  
 2  most of the time?  
 3  some of the time?  
 4  a little of the time?  
 5  none of the time?

**A11** How TRUE or FALSE is each of the following statements for you?

Would you say...

	Definitely true	Mostly true	Don't know	Mostly false	Definitely false
a) you seem to get sick a little easier than other people? <b>S3SF11A</b>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
b) you are as healthy as anybody you know? <b>S3SF11B</b>	6 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>	9 <input type="radio"/>	10 <input type="radio"/>
c) you expect your health to get worse? <b>S3SF11C</b>	11 <input type="radio"/>	12 <input type="radio"/>	13 <input type="radio"/>	14 <input type="radio"/>	15 <input type="radio"/>
d) your health is excellent? <b>S3SF11D</b>	16 <input type="radio"/>	17 <input type="radio"/>	18 <input type="radio"/>	19 <input type="radio"/>	20 <input type="radio"/>

# Section B:

## About You and Your Partner

**B1** The following statements describe people's feelings about their partner. For each statement, please choose the response which you think most closely applies to you. The best answer is usually the one which comes to your mind first.

In general, how well does your partner meet your needs?

S3RAS1

- 1  Extremely well
- 2  Very well
- 3  Quite well
- 4  Fairly well
- 5  Not too well

**B2** How satisfied are you with your relationship?

S3RAS2

- 6  Extremely satisfied
- 7  Very satisfied
- 8  Quite satisfied
- 9  Fairly satisfied
- 10  Not too satisfied

**B3** How good is your relationship compared to most?

S3RAS3

- 1  A lot better
- 2  A little bit better
- 3  About the same
- 4  A little bit worse
- 5  A lot worse

**B4** How often do you wish you hadn't entered into this relationship?

S3RAS4

- 6  Almost always
- 7  Fairly often
- 8  Sometimes
- 9  Almost never
- 10  Never

**B5**

To what extent does your relationship meet your original expectations?

S3RAS5

- 1  To a very great extent
- 2  To a considerable extent
- 3  Somewhat
- 4  A little bit
- 5  Not at all

**B6**

How much do you love your partner?

S3RAS6

- 6  A very great deal
- 7  A great deal
- 8  Quite a bit
- 9  Somewhat
- 10  Very little

**B7**

How many problems are there in your relationship?

S3RAS7

- 1  None
- 2  Hardly any
- 3  Some
- 4  Quite a few
- 5  Quite a lot

# Section C:

# About Your Partner and Family

**C1** Some behaviours can cause difficulties in a relationship. Please check the response that best describes how often your (spouse/partner) behaves in the ways listed.

	Very Often	Often	Sometimes	Rarely	Never
a) (He/She) drinks or uses drugs too much. <b>S3BEVA</b>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
b) (He/She) wastes money we need for other things. <b>S3BEVB</b>	6 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>	9 <input type="radio"/>	10 <input type="radio"/>
c) (He/She) has affairs with other people. <b>S3BEVC</b>	11 <input type="radio"/>	12 <input type="radio"/>	13 <input type="radio"/>	14 <input type="radio"/>	15 <input type="radio"/>
d) (He/She) is so depressed at times that it interferes with (his/her) normal activities. <b>S3BEVD</b>	16 <input type="radio"/>	17 <input type="radio"/>	18 <input type="radio"/>	19 <input type="radio"/>	20 <input type="radio"/>
e) (He/She) is very moody and disagreeable. <b>S3BEVE</b>	21 <input type="radio"/>	22 <input type="radio"/>	23 <input type="radio"/>	24 <input type="radio"/>	25 <input type="radio"/>
f) (He/She) threatens to end our relationship. <b>S3BEVF</b>	26 <input type="radio"/>	27 <input type="radio"/>	28 <input type="radio"/>	29 <input type="radio"/>	30 <input type="radio"/>
g) (He/She) tries to control my life. <b>S3BEVG</b>	31 <input type="radio"/>	32 <input type="radio"/>	33 <input type="radio"/>	34 <input type="radio"/>	35 <input type="radio"/>
h) (He/She) avoids spending time with me. <b>S3BEVH</b>	36 <input type="radio"/>	37 <input type="radio"/>	38 <input type="radio"/>	39 <input type="radio"/>	40 <input type="radio"/>
i) (He/She) has fits of anger. <b>S3BEVI</b>	41 <input type="radio"/>	42 <input type="radio"/>	43 <input type="radio"/>	44 <input type="radio"/>	45 <input type="radio"/>



**C2**

Below are some statements about families and family relationships. The family includes any family members that you currently live with. For each one, please check the response that best describes your family.

		Strongly agree	Agree	Disagree	Strongly disagree
a) Planning family activities is difficult because we misunderstand each other.	<b>S3FADA</b>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
b) In times of crisis, we can turn to each other for support.	<b>S3FADB</b>	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
c) We cannot talk to each other about sadness we feel.	<b>S3FADC</b>	9 <input type="radio"/>	10 <input type="radio"/>	11 <input type="radio"/>	12 <input type="radio"/>
d) Individuals (in the family) are accepted for what they are.	<b>S3FADD</b>	13 <input type="radio"/>	14 <input type="radio"/>	15 <input type="radio"/>	16 <input type="radio"/>
e) We avoid discussing our fears or concerns.	<b>S3FADE</b>	17 <input type="radio"/>	18 <input type="radio"/>	19 <input type="radio"/>	20 <input type="radio"/>
f) We express feelings to each other.	<b>S3FADF</b>	21 <input type="radio"/>	22 <input type="radio"/>	23 <input type="radio"/>	24 <input type="radio"/>
g) There are lots of bad feelings in our family.	<b>S3FADG</b>	25 <input type="radio"/>	26 <input type="radio"/>	27 <input type="radio"/>	28 <input type="radio"/>
h) We feel accepted for what we are.	<b>S3FADH</b>	29 <input type="radio"/>	30 <input type="radio"/>	31 <input type="radio"/>	32 <input type="radio"/>
i) Making decisions is a problem for our family.	<b>S3FADI</b>	33 <input type="radio"/>	34 <input type="radio"/>	35 <input type="radio"/>	36 <input type="radio"/>
j) We are able to make decisions about how to solve problems.	<b>S3FADJ</b>	37 <input type="radio"/>	38 <input type="radio"/>	39 <input type="radio"/>	40 <input type="radio"/>
k) We don't get along well together.	<b>S3FADK</b>	41 <input type="radio"/>	42 <input type="radio"/>	43 <input type="radio"/>	44 <input type="radio"/>
l) We confide in each other.	<b>S3FADL</b>	45 <input type="radio"/>	46 <input type="radio"/>	47 <input type="radio"/>	48 <input type="radio"/>

# Section D: About Your Child

*If you do not have a (child/children) who live(s) with you full-time or at least in joint custody on an equal time basis, please go to Section E on page 18.*

**D1** In most families there are disagreements or arguments. How often do you and your (spouse/partner/other caregivers) disagree about...

- |  |          | Very Often               | Often                    | Sometimes                | Hardly Ever              | Never                    |
|--|----------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a) how your children are raised?                         | S3PRAGRA | 1 <input type="radio"/>  | 2 <input type="radio"/>  | 3 <input type="radio"/>  | 4 <input type="radio"/>  | 5 <input type="radio"/>  |
| b) disciplining children?                                | S3PRAGRB | 6 <input type="radio"/>  | 7 <input type="radio"/>  | 8 <input type="radio"/>  | 9 <input type="radio"/>  | 10 <input type="radio"/> |
| c) how you spend money on children?                      | S3PRAGRC | 11 <input type="radio"/> | 12 <input type="radio"/> | 13 <input type="radio"/> | 14 <input type="radio"/> | 15 <input type="radio"/> |
| d) how (he/she) spends money on children?                | S3PRAGRD | 16 <input type="radio"/> | 17 <input type="radio"/> | 18 <input type="radio"/> | 19 <input type="radio"/> | 20 <input type="radio"/> |
| e) the amount of time (he/she) spends with the children? | S3PRAGRE | 21 <input type="radio"/> | 22 <input type="radio"/> | 23 <input type="radio"/> | 24 <input type="radio"/> | 25 <input type="radio"/> |

*The remainder of the questions in this section refer to the "selected child" identified on the front cover of this questionnaire. Please think of this child when answering the following questions.*

**D2** For each one, please check the answer which best describes this child.

- |   |          | Definitely true          | More or less true        | Neither true nor false   | More or less false       | Definitely false         |
|---|----------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a) My child's health is excellent.                                    | S3CHEL1A | 1 <input type="radio"/>  | 2 <input type="radio"/>  | 3 <input type="radio"/>  | 4 <input type="radio"/>  | 5 <input type="radio"/>  |
| b) My child seems to resist illness.                                  | S3CHEL1B | 6 <input type="radio"/>  | 7 <input type="radio"/>  | 8 <input type="radio"/>  | 9 <input type="radio"/>  | 10 <input type="radio"/> |
| c) My child seems to be less healthy than other children I know.      | S3CHEL1C | 11 <input type="radio"/> | 12 <input type="radio"/> | 13 <input type="radio"/> | 14 <input type="radio"/> | 15 <input type="radio"/> |
| d) When there is something going around, my child usually catches it. | S3CHEL1D | 16 <input type="radio"/> | 17 <input type="radio"/> | 18 <input type="radio"/> | 19 <input type="radio"/> | 20 <input type="radio"/> |

**D3**

Over the past few months, how often has this child been in good health?

S3CHEL2

- 1  Almost all the time
- 2  Often
- 3  About half of the time
- 4  Sometimes
- 5  Almost never

**D4**

Does this child have any long-term conditions or health problems which prevent or limit (his/her) participation in school, at play or any other normal activity for a child (his/her) age?

S3CHEL3

- 6  Yes
- 7  No

**D5**

The next few questions are about you and how you act and feel as a parent. Please check the answer that best describes how often you act in this way with your child.

How often do you praise this child, by saying something like "Good for you!" or "What a nice thing you did!" or "That's good going"?

S3PRST1

- 1  Never
- 2  About once a week or less
- 3  A few times a week
- 4  One or two times a day
- 5  Many times each day

**D6**

How often do you and your child talk or play with each other, focussing attention on each other for five minutes or more, just for fun?

S3PRST2

- 6  Never
- 7  About once a week or less
- 8  A few times a week
- 9  One or two times a day
- 10  Many times each day

**D7**

How often do you and your child laugh together?

S3PRST3

- 1  Never
- 2  About once a week or less
- 3  A few times a week
- 4  One or two times a day
- 5  Many times each day

**D8**

How often do you get annoyed with this child for saying or doing something (he/she) is not supposed to?

S3PRST4

- 6  Never
- 7  About once a week or less
- 8  A few times a week
- 9  One or two times a day
- 10  Many times each day

**D9**

How often do you tell your child that (he/she) is bad or not as good as others?

S3PRST5

- 1  Never
- 2  About once a week or less
- 3  A few times a week
- 4  One or two times a day
- 5  Many times each day

**D10**

How often do you do something special with this child that (he/she) enjoys?

S3PRST6

- 6  Never
- 7  About once a week or less
- 8  A few times a week
- 9  One or two times a day
- 10  Many times each day

**If your child is less than 3 years old, please go to question D12.  
Otherwise, go to next question.**

**D11** How often do you play sports, hobbies or games with this child?

S3PRST7

- 1  Never
- 2  About once a week or less
- 3  A few times a week
- 4  One or two times a day
- 5  Many times each day

**Go to  
question  
D13**

**D12** How often do you play games with this child?

S3PRST8

- 6  Never
- 7  About once a week or less
- 8  A few times a week
- 9  One or two times a day
- 10  Many times each day

**If your child is less than 2 years old, please go to Section E on page 18. Otherwise, go to next question.**

**D13** We know that when parents spend time together with their children, some of the time things go well and some of the time they don't go well. For the following questions, please mark what proportion of the time things turn out in different ways when you and this child are together.

Of all the times that you talk to this child about (his/her) behaviour, what proportion is praise?

S3PRST9

- 1  Never
- 2  Less than half the time
- 3  About half the time
- 4  More than half the time
- 5  All the time

**D14** Of all the times that you talk to your child about (his/her) behaviour, what proportion is disapproval?

S3PRST10

- 6  Never
- 7  Less than half the time
- 8  About half the time
- 9  More than half the time
- 10  All the time

**D15**

When you give your child a command or order to do something, what proportion of the time do you make sure that (he/she) does it?

**S3PRST11**

- 1  Never
- 2  Less than half the time
- 3  About half the time
- 4  More than half the time
- 5  All the time

**D16**

If you tell your child that (he/she) will get punished if (he/she) doesn't stop doing something, and (he/she) keeps doing it, how often will you punish (him/her)?

**S3PRST12**

- 6  Never
- 7  Less than half the time
- 8  About half the time
- 9  More than half the time
- 10  All the time

**D17**

How often does (he/she) get away with things that you feel should have been punished?

**S3PRST13**

- 1  Never
- 2  Less than half the time
- 3  About half the time
- 4  More than half the time
- 5  All the time

**D18**

How often do you get angry when you punish this child?

**S3PRST14**

- 6  Never
- 7  Less than half the time
- 8  About half the time
- 9  More than half the time
- 10  All the time

**D19**

How often do you think that the kind of punishment you give this child depends on your mood?

**S3PRST15**

- 1  Never
- 2  Less than half the time
- 3  About half the time
- 4  More than half the time
- 5  All the time

**D20**

How often do you feel you are having problems managing your child in general?

**S3PRST16**

- 6  Never
- 7  Less than half the time
- 8  About half the time
- 9  More than half the time
- 10  All the time

**D21**

How often is this child able to get out of a punishment when (he/she) really sets (his/her) mind to it?

**S3PRST17**

- 1  Never
- 2  Less than half the time
- 3  About half the time
- 4  More than half the time
- 5  All the time

**D22**

How often when you discipline this child, does (he/she) ignore the punishment?

**S3PRST18**

- 6  Never
- 7  Less than half the time
- 8  About half the time
- 9  More than half the time
- 10  All the time

**D23**

How often do you have to discipline your child repeatedly for the same thing?

**S3PRST19**

- 1  Never
- 2  Less than half the time
- 3  About half the time
- 4  More than half the time
- 5  All the time

If your child is 6 years old or older, please go to next question. Otherwise, go to Section E on page 18.

**D24**

For each statement, please choose one answer that best describes your child now or within the past six months.

		Never or not true	Sometimes or somewhat true	Often or very true
a) Can't sit still, is restless or hyperactive.	S3CHKLA	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
b) Destroys (his/her) own things.	S3CHKLB	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
c) Steals at home.	S3CHKLC	7 <input type="radio"/>	8 <input type="radio"/>	9 <input type="radio"/>
d) Seems to be unhappy, sad or depressed.	S3CHKLD	10 <input type="radio"/>	11 <input type="radio"/>	12 <input type="radio"/>
e) Gets into many fights.	S3CHKLE	13 <input type="radio"/>	14 <input type="radio"/>	15 <input type="radio"/>
f) Is distractible, has trouble sticking to any activity.	S3CHKLF	16 <input type="radio"/>	17 <input type="radio"/>	18 <input type="radio"/>
g) Is not as happy as other children.	S3CHKLG	19 <input type="radio"/>	20 <input type="radio"/>	21 <input type="radio"/>
h) Destroys things belonging to (his/her) family, or other children.	S3CHKLH	22 <input type="radio"/>	23 <input type="radio"/>	24 <input type="radio"/>
i) Fidgets.	S3CHKLI	25 <input type="radio"/>	26 <input type="radio"/>	27 <input type="radio"/>
j) Is disobedient at school.	S3CHKLJ	28 <input type="radio"/>	29 <input type="radio"/>	30 <input type="radio"/>
k) Can't concentrate, can't pay attention for long.	S3CHKLK	31 <input type="radio"/>	32 <input type="radio"/>	33 <input type="radio"/>
l) Is impulsive, acts without thinking.	S3CHKLL	34 <input type="radio"/>	35 <input type="radio"/>	36 <input type="radio"/>
m) Is too fearful or anxious.	S3CHKLM	37 <input type="radio"/>	38 <input type="radio"/>	39 <input type="radio"/>
n) Tells lies or cheats.	S3CHKLN	40 <input type="radio"/>	41 <input type="radio"/>	42 <input type="radio"/>
o) Is worried.	S3CHKLO	43 <input type="radio"/>	44 <input type="radio"/>	45 <input type="radio"/>
p) Has difficulty awaiting turn in games or groups.	S3CHKLP	46 <input type="radio"/>	47 <input type="radio"/>	48 <input type="radio"/>
q) When somebody accidentally hurts (him/her), (he/she) reacts with anger and fighting.	S3CHKLQ	49 <input type="radio"/>	50 <input type="radio"/>	51 <input type="radio"/>
r) Physically attacks people.	S3CHKLR	52 <input type="radio"/>	53 <input type="radio"/>	54 <input type="radio"/>
s) Cries a lot.	S3CHKLS	55 <input type="radio"/>	56 <input type="radio"/>	57 <input type="radio"/>



**D24**

(CONTINUED.)

		Never or not true	Sometimes or somewhat true	Often or very true
t) Vandalizes.	S3CHKLT	58 <input type="radio"/>	59 <input type="radio"/>	60 <input type="radio"/>
u) Threatens people.	S3CHKLU	61 <input type="radio"/>	62 <input type="radio"/>	63 <input type="radio"/>
v) Is cruel, bullies or is mean to others.	S3CHKLV	64 <input type="radio"/>	65 <input type="radio"/>	66 <input type="radio"/>
w) Is nervous, high strung or tense.	S3CHKLW	67 <input type="radio"/>	68 <input type="radio"/>	69 <input type="radio"/>
x) Kicks, bites or hits other children.	S3CHKLX	70 <input type="radio"/>	71 <input type="radio"/>	72 <input type="radio"/>
y) Steals outside the home.	S3CHKLY	73 <input type="radio"/>	74 <input type="radio"/>	75 <input type="radio"/>
z) Has trouble enjoying (himself/herself).	S3CHKLZ	76 <input type="radio"/>	77 <input type="radio"/>	78 <input type="radio"/>

**D25**

Please think about your child, and choose the statement which applies to (him/her).

		Not at all like	A little bit like	Somewhat like	A lot like	Totally like
a) Is cheerful, happy.	S3CHSOCA	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
b) Waits (his/her) turn in games and other activities.	S3CHSOCB	6 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>	9 <input type="radio"/>	10 <input type="radio"/>
c) Does neat, careful work.	S3CHSOCC	11 <input type="radio"/>	12 <input type="radio"/>	13 <input type="radio"/>	14 <input type="radio"/>	15 <input type="radio"/>
d) Is curious and exploring, likes new experiences.	S3CHSOCD	16 <input type="radio"/>	17 <input type="radio"/>	18 <input type="radio"/>	19 <input type="radio"/>	20 <input type="radio"/>
e) Thinks before (he/she) acts, is not impulsive.	S3CHSOCE	21 <input type="radio"/>	22 <input type="radio"/>	23 <input type="radio"/>	24 <input type="radio"/>	25 <input type="radio"/>
f) Gets along well with other children.	S3CHSOCF	26 <input type="radio"/>	27 <input type="radio"/>	28 <input type="radio"/>	29 <input type="radio"/>	30 <input type="radio"/>
g) Usually does what you tell (him/her) to do.	S3CHSOCG	31 <input type="radio"/>	32 <input type="radio"/>	33 <input type="radio"/>	34 <input type="radio"/>	35 <input type="radio"/>
h) Can get over being upset quickly.	S3CHSOCH	36 <input type="radio"/>	37 <input type="radio"/>	38 <input type="radio"/>	39 <input type="radio"/>	40 <input type="radio"/>
i) Is admired and well-liked by other children.	S3CHSOCI	41 <input type="radio"/>	42 <input type="radio"/>	43 <input type="radio"/>	44 <input type="radio"/>	45 <input type="radio"/>
j) Tries to do things for (himself/herself), is self-reliant.	S3CHSO CJ	46 <input type="radio"/>	47 <input type="radio"/>	48 <input type="radio"/>	49 <input type="radio"/>	50 <input type="radio"/>

# Section E:

## About You

**E1**

The final questions are about you.

Where were you born?

S3CBIRTH

- 1  Canada
- 2  United Kingdom
- 3  Italy
- 4  United States
- 5  Portugal
- 6  Poland
- 7  Germany
- 8  Holland
- 9  Greece
- 10  Jamaica
- 11  India
- 12  Sri Lanka
- 13  Hong Kong
- 14  Vietnam
- 15  Philippines
- 16  Hungary
- 17  Yugoslavia
- 18  El Salvador
- 19  Other

**E2**

Which of the following best describes your main activity?

MARK ONE ONLY.

S3SJOB1

1) Full-time paid employee (30 or more hours a week)

1

2) Part-time paid employee (under 30 hours a week)

2

3) Full-time self-employed

3

4) Part-time self-employed

4

5) Unemployed and seeking work

5

6) Temporarily sick/disabled (up to 6 months)

6

7) Permanently sick/disabled

7

8) Looking after home/family

8

9) Going to school full or part-time

9

10) Other

10

Specify: \_\_\_\_\_

Go to question E4

Go to next question

**E3**

At any time during the past 12 months, did you work as either a paid employee or self-employed?

1  Yes

S3SJOB2

2  No → Go to question E8

**E4**

How many weeks during the past 12 months did you work for pay or profit?

S3SJOB3

□□□ weeks

**E5**

When you were working during the past 12 months, about how many hours on average did you work per week?

S3SJOB4

□□□ Hours

**E6**

At your (current/most recent) job(s), including tips, commissions, bonuses and paid overtime, what (is/was) your usual wage or salary before taxes and other deductions?

S3SINCP1

\$					,					.	0	0
----	--	--	--	--	---	--	--	--	--	---	---	---

**E7**

(Is/Was) this...

S3SINCP2

- 1  per hour?
- 2  per day?
- 3  per week?
- 4  every two weeks?
- 5  twice a month?
- 6  per month?
- 7  per year?

**E8**

The following questions relate to **YOUR** personal income from all sources.

During the last tax year, what was your personal income from the following sources:

Wages and salaries (before deductions)?

S3SINCP3

\$					,					.	0	0
----	--	--	--	--	---	--	--	--	--	---	---	---

0  No income

**E9**

Self-employment net income (including business, professional, commission, childcare, etc.)?

S3SINCP4

\$					,					.	0	0
----	--	--	--	--	---	--	--	--	--	---	---	---

0  No income

**E10**

Employment Insurance Benefit (before deductions and repayments)?

S3SINCP5

\$    ,    .

No income

**E11**

Child Tax Benefit/National Child Benefit and provincial child benefits?

S3SINCP6

\$    ,    .

No income

**E12**

Social assistance (welfare) and provincial income supplements such as Ontario Works or Ontario Child Care Supplement for Working families?

S3SINCP7

\$    ,    .

No income

**E13**

Child and/or spousal support?

S3SINCP8

\$    ,    .

No income

**E14**

All other sources, including dividends, interest, capital gains, tips, etc.?

S3SINCP9

\$    ,    .

No income

**E15**

Take a moment and consider each of the main areas in your life. Think about those things that are important to you and then check, in general, how satisfied you are with each of the following...

		Very satisfied	Somewhat satisfied	Neither satisfied nor dissatisfied	Somewhat dissatisfied	Very dissatisfied
a) your health?	<b>S3SATISA</b>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
b) your education?	<b>S3SATISB</b>	6 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>	9 <input type="radio"/>	10 <input type="radio"/>
c) your job or main activity?	<b>S3SATISC</b>	11 <input type="radio"/>	12 <input type="radio"/>	13 <input type="radio"/>	14 <input type="radio"/>	15 <input type="radio"/>
d) your finances?	<b>S3SATISD</b>	16 <input type="radio"/>	17 <input type="radio"/>	18 <input type="radio"/>	19 <input type="radio"/>	20 <input type="radio"/>
e) your housing?	<b>S3SATISE</b>	21 <input type="radio"/>	22 <input type="radio"/>	23 <input type="radio"/>	24 <input type="radio"/>	25 <input type="radio"/>
f) your neighbourhood?	<b>S3SATISF</b>	26 <input type="radio"/>	27 <input type="radio"/>	28 <input type="radio"/>	29 <input type="radio"/>	30 <input type="radio"/>
g) your spouse, living partner or single status?	<b>S3SATISG</b>	31 <input type="radio"/>	32 <input type="radio"/>	33 <input type="radio"/>	34 <input type="radio"/>	35 <input type="radio"/>
h) your relationship with friends and family members?	<b>S3SATISH</b>	36 <input type="radio"/>	37 <input type="radio"/>	38 <input type="radio"/>	39 <input type="radio"/>	40 <input type="radio"/>
i) your life in general?	<b>S3SATISI</b>	41 <input type="radio"/>	42 <input type="radio"/>	43 <input type="radio"/>	44 <input type="radio"/>	45 <input type="radio"/>

# Section F:

## Data Sharing Agreement

**F1** Statistics Canada conducts this survey in conjunction with McMaster University. The data will be kept strictly confidential and used only for statistical purposes. Do you agree to share the data with McMaster University?

1  Yes

2  No

**COMMENTS:**

---

---

---

---

---

---

---

---

***Thank you for your co-operation in answering these questions for us.***

***Please let the interviewer know that you have finished and return your questionnaire to the interview in the envelope provided.***

