

1. Print the NAMES of usual residents of this dwelling on June 1, 1971 (a) present in this dwelling (b) temporarily away Include persons with no other home For definitions and order of listing see Instruction Booklet		2. RELATIONSHIP TO HEAD OF HOUSEHOLD The HEAD of household is the husband rather than the wife, the parent where there is one parent only with unmarried children, or any member of a group sharing a dwelling equally. FILL ONE CIRCLE ONLY					3. SEX FILL ONE CIRCLE ONLY	4. MARITAL STATUS FILL ONE CIRCLE ONLY	5. MOTHER TONGUE Language FIRST spoken and STILL UNDERSTOOD FILL ONE CIRCLE ONLY	6. DATE OF BIRTH				OFFICE USE ONLY									
										MONTH AND YEAR OF BIRTH	MONTH OF BIRTH FILL ONE CIRCLE ONLY	YEAR OF BIRTH											
												DECADE FILL ONE CIRCLE ONLY	ACTUAL YEAR FILL ONE CIRCLE ONLY	Family	LP	C	MT						
Person 1	Last name	Head of household	Father or mother	Father in law Mother in law	Lodger	Nephew or niece Other (specify) →	Male	Single (never married)	English French German Italian Other (specify) →	Jan to May	186-187	192-193	0	5	H	Par							
		Brother or sister	Brother in law Sister in law	Lodger's wife							Now married	188-189	194-195	1	6	W	Emp						
		Son or daughter of head	Son in law Daughter in law	Grandchild	Lodger's child	as uncle, aunt, employee, employee's wife, employee's child partner					Widowed Divorced Separated	190-191	196-197	2	7	Ch	Inm						
First name	Initial									June to Dec			3	8	NF	Ret							
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First name	Initial									June to Dec			3	8	NF	Ret							

<p>7. Are there more than 7 persons in this household?</p> <p style="text-align: center;">Yes No <input checked="" type="checkbox"/></p> <p>List 7 persons only on this form. Use the additional form provided to list other household members.</p>	<p>H1 to H9 should preferably be answered by the HEAD of the household.</p> <p>Note that the DWELLING refers to the living quarters occupied by this household. See definition in INSTRUCTION BOOKLET.</p>	<p>H6. How many rooms are there in this dwelling?</p> <p><i>Include kitchen, bedrooms, finished rooms in attic or basement. Do not count bathrooms, halls, vestibules, and rooms used solely for business purposes.</i></p> <table style="width:100%; text-align: center;"> <tr> <td>1</td> <td>5</td> <td>9</td> </tr> <tr> <td>2 <input checked="" type="checkbox"/></td> <td>6</td> <td>10</td> </tr> <tr> <td>3</td> <td>7</td> <td>11</td> </tr> <tr> <td>4</td> <td>8</td> <td>12 or more</td> </tr> </table>	1	5	9	2 <input checked="" type="checkbox"/>	6	10	3	7	11	4	8	12 or more
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2 <input checked="" type="checkbox"/>	6	10												
3	7	11												
4	8	12 or more												
<p>8. Is there anyone left out of QUESTION 1 because you were not sure whether he should be listed?</p> <p style="text-align: center;">Yes No <input checked="" type="checkbox"/></p> <p><i>For example, a lodger who also has another home, a new baby still in the hospital, or a former occupant of this household who has become a patient in a hospital or sanatorium within the past six months.</i></p> <p>If "Yes", write name(s) here and the reason.</p> <p>-----</p> <p>-----</p>	<p>H1. Is this dwelling:</p> <p>OWNED or being bought by you (or a member of this household)?</p> <p>RENTED (even if no cash rent is paid to the landlord)?</p>	<p>H5. Is there piped running water in this dwelling?</p> <p><input checked="" type="checkbox"/> Yes, both hot and cold</p> <p>Yes, cold only</p> <p>No</p>												
<p>9. Is there anyone listed in QUESTION 1 who is away from home now?</p> <p style="text-align: center;">• <input checked="" type="checkbox"/> Yes No <input checked="" type="checkbox"/> •</p> <p><i>For example, on a vacation, attending university, or in a hospital.</i></p> <p>If "Yes", write name(s) and reason this person is away</p> <p>-----</p> <p>-----</p>	<p>H2. How do you enter your living quarters?</p> <p>By a separate private entrance from outside</p> <p>Through a common hall or passageway</p> <p>Through someone else's living quarters</p>	<p>H7. Does this household have the use of an installed bath or shower in this building?</p> <p>Yes, for this household only</p> <p>Yes, but also used by another household</p> <p>No</p>												
<p>10. How many visitors or other persons who have a usual home elsewhere in Canada stayed here on June 1?</p> <table style="width:100%; text-align: center;"> <tr> <td>None</td> <td>3</td> <td>6</td> <td>9</td> </tr> <tr> <td>1</td> <td>4 <input checked="" type="checkbox"/></td> <td>7</td> <td>10 or more</td> </tr> <tr> <td>2</td> <td>5</td> <td>8</td> <td></td> </tr> </table>	None	3	6	9	1	4 <input checked="" type="checkbox"/>	7	10 or more	2	5	8		<p>H3. Is this dwelling a:</p> <p style="text-align: center;">SEE DRAWINGS OF TYPES OF DWELLINGS IN INSTRUCTION BOOKLET.</p> <p>SINGLE HOUSE (not attached to any other building and containing one dwelling only)?</p> <p>SINGLE HOUSE ATTACHED to another building at ground level (such as a store, etc.) but separated from it by a common wall running from ground to roof?</p> <p>SEMI-DETACHED or DOUBLE HOUSE (one of two dwellings joined side by side, not attached to any other building)?</p> <p>ROW HOUSE (one of three or more houses joined side by side, such as a town house, garden home, terrace house, etc.)?</p> <p>DUPLEX (one of two dwellings one above the other, not attached to any other building and each having a separate entrance)?</p> <p>APARTMENT (in an apartment building, in a house that has been converted into apartments or in a non-residential building)?</p> <p>MOBILE (such as a trailer or houseboat)?</p>	<p>H8. Does this household have the use of a flush toilet in this building?</p> <p><input checked="" type="checkbox"/> Yes, one for this household only</p> <p>Yes, two or more for this household only</p> <p>Yes, but also used by another household</p> <p>No</p>
None	3	6	9											
1	4 <input checked="" type="checkbox"/>	7	10 or more											
2	5	8												
	<p>H4. How many dwellings are there in this building?</p> <table style="width:100%; text-align: center;"> <tr> <td>1 <input checked="" type="checkbox"/></td> <td>5</td> <td>10-24 <input checked="" type="checkbox"/></td> </tr> <tr> <td>2</td> <td>6</td> <td>25-49</td> </tr> <tr> <td>3</td> <td>7</td> <td>50-99</td> </tr> <tr> <td>4</td> <td>8-9</td> <td>100 or more</td> </tr> </table>	1 <input checked="" type="checkbox"/>	5	10-24 <input checked="" type="checkbox"/>	2	6	25-49	3	7	50-99	4	8-9	100 or more	<p>H9. At what TELEPHONE NUMBER can this household be reached?</p> <p>No telephone</p>
1 <input checked="" type="checkbox"/>	5	10-24 <input checked="" type="checkbox"/>												
2	6	25-49												
3	7	50-99												
4	8-9	100 or more												

OFFICE USE ONLY				CENSUS REPRESENTATIVE'S USE ONLY			
A	B	C	Coll	HHLD. NO.	Occupied on June 1, 1971, but now vacant		
<div style="border: 1px solid black; width: 40px; height: 40px; margin: 0 auto; display: flex; align-items: center; justify-content: center;"> 1 </div>				VACANT			
				A. Length of time vacant:		C. Type of vacancy	
				Under 1 year	1 to 4 years inclusive	5 years or more	<input checked="" type="checkbox"/> For sale (or sold) For rent (or rented) Neither for rent nor for sale For demolition Unsuitable for human occupancy
				B. Was this dwelling ever occupied?		D. Type of dwelling	
				Yes No		FILL APPROPRIATE CIRCLES in H3 and H4.	
FR	TR	FP		ED	EA	Hhid	

REMEMBER THAT

A **HOUSEHOLD** is the person, or group of persons, occupying one **DWELLING**.

A **DWELLING** is a separate set of living quarters with a **PRIVATE ENTRANCE** from outside or from a common hallway or stairway inside the building

If you have to pass through anyone else's living quarters to reach your own, yours is not a separate dwelling

H10 TO H20 SHOULD PREFERABLY BE ANSWERED BY THE HEAD OF THE HOUSEHOLD.

H10. When was this building originally constructed?

Mark the period in which the building was constructed, not the time of any later remodeling, additions or conversions.

1971	1966-68	1946-50
1970	1961-65	1921-45
1969	1951-60	1920 or before

H15. What is the method of sewage disposal for this dwelling?

Connection to public sewer

Septic tank

Other (cesspool, pit, etc.)

H18. How many automobiles are available for personal use by members of this household?

(Include leased or company cars regularly kept at home for some personal use.)

None	2
1	3 or more

H11. How long have you lived in this dwelling?

Less than one year
1 to 2 years
3 to 5 years
6 to 10 years
More than 10 years

H16. What is the principal type of HEATING EQUIPMENT for this dwelling?

This question refers to the physical heating equipment regardless of the fuel used.

Steam or hot water furnace

Hot air furnace

Installed electric heating system

Heating stove, cook stove, space heater

Other (heating etc.)

H19. Does any member of this household own a vacation home?

(Include only those used mainly for personal use. Do not include trailers or any other mobile homes.)

No vacation home

One vacation home

Two or more vacation homes

H12. Did you own or rent your PREVIOUS dwelling in Canada?

Owned
Rented
Lived in no other dwelling in Canada
Not HEAD of household in previous dwelling

H17. Which FUEL is used most for:

(Fill one circle in EACH column)

	House heating	Cooking	Water heating
--	---------------	---------	---------------

Oil or other liquid fuel

Piped gas

Bottled gas

Electricity

Coal or coke

Wood

Other

No fuel used

H20. Do you have the following items in your living quarters?

(Mark "Yes" or "No" for each item.)

	Yes	No
(a) Refrigerator <i>(electric or gas)</i>		
(b) Home freezer <i>(separate from your refrigerator)</i>		
(c) Electric dishwasher		<input checked="" type="checkbox"/>
(d) Automatic clothes dryer		
(e) Television set(s)		
Black and white		
Colour		

H13. How many bedrooms are there in your PRESENT dwelling?

None	3
1	4
2	5 or more

H14. Is your source of water supply from

Municipal or private company system?
A well on your property?
Other source (i.e. spring, creek, river, etc.)

All household heads (owners or tenants) should answer the questions below which apply to this dwelling **UNLESS** the head is a farm operator living on the farm which he operates. Farm operators turn directly to page 6

H21. IS THIS DWELLING:

OWNED

H22. If you were selling this dwelling now, for how much would you expect to sell it?

Under \$3,000	\$27,500-32,499	<input type="checkbox"/>
\$ 3,000- 7,499	\$32,500-37,499	<input type="checkbox"/>
\$ 7,500-12,499	\$37,500-42,499	<input type="checkbox"/>
\$12,500-17,499	\$42,500-52,499	<input checked="" type="checkbox"/>
\$17,500-22,499	\$52,500-62,499	<input type="checkbox"/>
\$22,500-27,499	\$62,500 or more	<input type="checkbox"/>

H23. Is there a mortgage on this dwelling?

Yes, first only

Yes, more than one

No → SKIP TO H25

H24. Who holds the **FIRST** mortgage?

Bank or Insurance, Loan, Trust or Mortgage Company

Government (Federal, Provincial or Municipal)

Private individual

Other (Credit Union, etc.)

H25. Is there a garage on this property? (Do not include carports)

Yes No

• •

SKIP TO PAGE 6

RENTED

H26. Are any of the following included in your rent?

	Yes	No
<input checked="" type="checkbox"/> (a) Furniture or furnishings		<input type="checkbox"/>
<input type="checkbox"/> (b) Air conditioning		<input type="checkbox"/>
<input type="checkbox"/> (c) Refrigerator(s)		<input type="checkbox"/>
<input type="checkbox"/> (d) Stove(s)		<input type="checkbox"/>
<input type="checkbox"/> (e) Off-street parking (inside)		<input type="checkbox"/>
<input type="checkbox"/> (f) Off-street parking (outside)		<input type="checkbox"/>

H27. What total **CASH RENT** do you pay for this dwelling?

Deduct value of rent for rooms used exclusively for business, or professional purposes

FILL CIRCLE AND ENTER AMOUNT

\$ _____ or _____ per month

(Report dollars only) \$ _____ per week

No cash rent

H28. IN ADDITION to your rent, what is your average payment for

(a) water? (monthly)	\$	None
(b) electricity? (monthly)	\$	None
(c) gas? (monthly)	\$	None
(d) oil, coal, wood or kerosene? (yearly)	\$	None

(Report dollars only)

H29. Do you pay a reduced rent for one of the following reasons?

Government subsidized housing (include Federal, Provincial and Municipal projects as well as Department of National Defense and limited dividend projects)

Services to landlord

Other reasons (company housing, etc.)

No reduced rent

OFFICE USE ONLY

H27. H <input checked="" type="checkbox"/>	H28. W <input checked="" type="checkbox"/>	G <input checked="" type="checkbox"/>
T <input type="checkbox"/>	E <input type="checkbox"/>	Oil Coal etc <input type="checkbox"/>

2

Please turn to page 6 and continue.

<p>NAME OF PERSON 1</p> <p style="text-align: center;">Complete pages 6 and 7 for Person 1</p> <p>11. Where were you born? <i>If born IN Canada, mark the province then SKIP TO QUESTION 13.</i></p> <table style="width:100%; border: none;"> <tr> <td style="width:12.5%;">NTld</td> <td style="width:12.5%;">NS</td> <td style="width:12.5%;">Que</td> <td style="width:12.5%;">Man</td> <td style="width:12.5%;">Alta</td> <td style="width:12.5%;">Yukon</td> </tr> <tr> <td>PEI</td> <td>NB</td> <td>Ont</td> <td>Sask</td> <td>BC</td> <td>NWT</td> </tr> </table> <p><i>Otherwise, mark country according to present boundaries</i></p> <table style="width:100%; border: none;"> <tr> <td style="width:33%;">U.K.</td> <td style="width:33%;">Poland</td> <td style="width:33%;"></td> </tr> <tr> <td>Germany</td> <td>Rep. of Ireland</td> <td></td> </tr> <tr> <td>Italy</td> <td>U.S.A.</td> <td></td> </tr> </table> <p style="text-align: right;"><i>Other, write here</i></p>	NTld	NS	Que	Man	Alta	Yukon	PEI	NB	Ont	Sask	BC	NWT	U.K.	Poland		Germany	Rep. of Ireland		Italy	U.S.A.		<p>21. Are you 15 years of age or older (i.e. born before June 1, 1956)?</p> <p>No \rightarrow <i>End here for this person</i> Yes \rightarrow Continue below</p> <p>22. Where did you attend your HIGHEST grade of elementary or secondary school?</p> <p><input checked="" type="checkbox"/> This province <i>Other province (specify) \rightarrow</i> <input type="checkbox"/> Outside Canada <input type="checkbox"/> No schooling</p> <p>23. How many years of schooling have you had since secondary school?</p> <p>University \rightarrow None 1 2 3 4 5 6 Other (See Instruction Booklet) \rightarrow None 1 2 3</p> <p>24. Do you have a university degree, certificate or diploma? <i>Mark highest academic qualification</i></p> <p>No university degree, certificate or diploma Yes, a university certificate or diploma (below Bachelor level) Yes, Bachelor degree Yes, First Professional degree Yes, a Master's or equivalent, or earned Doctorate (e.g., Ph.D., Ed.D.)</p> <p>25. Have you EVER COMPLETED a full-time vocational course of three months or longer? <i>Do not include universities or high school courses</i></p> <p><input checked="" type="checkbox"/> Yes, apprenticeship course No \rightarrow GO TO QUESTION 26 <input type="checkbox"/> Yes, other full-time vocational</p> <p>(a) Describe course or apprenticeship of longest duration</p> <p>(e.g. auto, mechanical, electrical technology, drafting, commercial art, X-ray technician, accounting, barbering)</p> <p>(b) How long was this course or apprenticeship?</p> <table style="width:100%; border: none;"> <tr> <td style="width:33%;">3-5 months</td> <td style="width:33%;">1-2 years</td> <td style="width:33%;">More than 3 years</td> </tr> <tr> <td>6-12 months</td> <td>2-3 years</td> <td></td> </tr> </table> <p>(c) When did you complete this course or apprenticeship?</p> <table style="width:100%; border: none;"> <tr> <td style="width:33%;">Before 1946</td> <td style="width:33%;">1956-1960</td> <td style="width:33%;">1966-1968</td> </tr> <tr> <td>1946-1955</td> <td>1961-1965</td> <td>1969-1971</td> </tr> </table>	3-5 months	1-2 years	More than 3 years	6-12 months	2-3 years		Before 1946	1956-1960	1966-1968	1946-1955	1961-1965	1969-1971	<p>28. For PERSONS ever married</p> <p>What was the date of your first marriage? <i>Mark circles for month, decade and year</i></p> <table style="width:100%; border: none;"> <thead> <tr> <th style="width:15%;">Month</th> <th style="width:15%;">Decade</th> <th style="width:15%;">Year</th> </tr> </thead> <tbody> <tr><td>Jan</td><td>July</td><td>188- 0</td></tr> <tr><td>Feb</td><td>Aug</td><td>189- 1</td></tr> <tr><td>Mar</td><td>Sept</td><td>190- 2</td></tr> <tr><td>Apr</td><td>Oct</td><td>191- 3</td></tr> <tr><td>May</td><td>Nov</td><td>192- 4</td></tr> <tr><td>June</td><td>Dec</td><td>193- 5</td></tr> <tr><td></td><td></td><td>194- 6</td></tr> <tr><td></td><td></td><td>195- 7</td></tr> <tr><td></td><td></td><td>196- 8</td></tr> <tr><td></td><td></td><td>197- 9</td></tr> </tbody> </table> <p>29. For WOMEN ever married</p> <p>How many babies have you had, not counting stillbirths?</p> <table style="width:100%; border: none;"> <tr><td>None</td><td>5</td><td>10</td></tr> <tr><td>1</td><td>6</td><td>11</td></tr> <tr><td>2</td><td>7</td><td>12</td></tr> <tr><td>3</td><td>8</td><td>13</td></tr> <tr><td>4</td><td>9</td><td>14</td></tr> </table> <p>30. For MEN 35 years of age or over:</p> <p>Did you have any wartime service in the active military forces of Canada or allied countries? Yes, in World War I or earlier wars Yes, in World War II or in Korea No wartime service</p>	Month	Decade	Year	Jan	July	188- 0	Feb	Aug	189- 1	Mar	Sept	190- 2	Apr	Oct	191- 3	May	Nov	192- 4	June	Dec	193- 5			194- 6			195- 7			196- 8			197- 9	None	5	10	1	6	11	2	7	12	3	8	13	4	9	14															
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QUESTIONS 31 TO 40 ARE TO BE ANSWERED IF YOU ARE 15 OR OVER (BORN BEFORE JUNE 1, 1956)

31. (a) How many hours did you work for pay or profit last week?
Include all jobs and overtime

None 20 or more
 1-19

(b) Last week, how many hours did you help without pay in the operation of a family business or farm?
Do not include housework in own home

None 20 or more
 1-19

(c) Did you look for work last week?
For example, contact a Canada Manpower Centre, check with employers, place or answer newspaper ads, etc.

Yes No

(d) Last week did you have a job from which you were on temporary lay-off?

Yes No

(e) Last week did you have a job or business from which you were absent because of illness, vacation, strike, training courses, etc.?

Yes No

34. For whom did you work? **PLEASE PRINT:**

Name of firm, government agency, etc

Department, branch, division, or section

35. Industry
 What kind of business, industry or service was this?
Give a full description e.g., paper-box mfg., road construction, retail shoe store

36. Occupation
(a) What kind of work were you doing?
E.g., selling shoes, civil engineering, motor vehicle repairing, metal machining, clerical work.

(b) What were your most important activities or duties?
E.g., fitting shoes, designing bridges, auto body work, operating lathe, posting invoices.

(c) What was your job title?
E.g., manager of shoe department, civil engineer, auto body repairman, lathe operator, invoice clerk.

32. When did you last work at all, even for a few days?

In 1971
 In 1970
 Before 1970 **SKIP TO QUESTION 40**
 Never worked

37. In this occupation were you mainly working for wages, salary, tips or commission?
 working without pay in a family business or farm?
 self-employed without paid help? Was this farm or business incorporated? Yes No
 self-employed with paid help?

Questions 33-38 refer to your job or business last week. If none, answer for your job of longest duration since January 1, 1970.

38. Where do you usually work?
Give this information for job described above. If no usual place of work, see Instruction Booklet.

Number Street

City, town, village or municipality County Province

At home Outside Canada

33. How many hours do you usually work each week?

1-19 35-39 50 or more
 20-29 40-44
 30-34 45-49

39. (a) In how many weeks did you work during 1970?
Include weeks worked part-time leave with pay and weeks of self-employment.

Did not work during 1970 14-26 40-48
 1-13 27-39 49-52

(b) Was this work mainly full time or part-time?
 Full-time Part-time

40. INCOME FOR 1970 (State in dollars only)

(a) During 1970 what were your total wages and salaries, commissions, bonuses, tips, etc.?
(before any deductions)

Amount \$ /00 None

(b) During 1970 what was your net income from self-employment or operating your own non farm business or professional practice?
State total business income less expenses of operation. If lost money, give amount and write "Loss"

Amount \$ /00 None

(c) During 1970 what was your net income from operating a farm on your own account or in partnership?
State total farm income less expenses of operation. If lost money, give amount and write "Loss"

Amount \$ /00 None

(d) During 1970 how much income did you receive from:

1. Family and youth allowances?
 Amount \$ /00 None

2. Government old age pensions, Canada pensions, and Quebec pensions?
 Amount \$ /00 None

3. Other government income? (e.g., unemployment insurance, veterans' pensions and allowances, welfare)
 Amount \$ /00 None

4. Retirement pensions from previous employment?
 Amount \$ /00 None

5. Bond and deposit interest and dividends?
 Amount \$ /00 None

6. Other investment income? (e.g., net rents)
 Amount \$ /00 None

7. Other income? (e.g., alimony)
 Amount \$ /00 None

(e) During 1970 what was your total income? (a+b+c+d)

Amount \$ /00 None

35	36 S	38	40a) E C	b) E L	c) E L	d) 1	d) 2	d) 3	d) 4	d) 5 E	d) 6 E L	d) 7	a) E L
	<input checked="" type="checkbox"/>								<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	
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Please turn to the next page and answer questions for person 2 listed on page 2.

<p>NAME OF PERSON 2</p> <p style="text-align: center;">Complete pages 8 and 9 for Person 2</p> <p>11. Where were you born? <i>If born IN Canada mark the province then SKIP TO QUESTION 13.</i></p> <table style="width:100%; text-align: center;"> <tr> <td>Nfld</td><td>N.S.</td><td>Que</td><td>Man</td><td>Alta</td><td>Yukon</td></tr> <tr> <td>P.E.I.</td><td>N.B.</td><td>Ont</td><td>Sask</td><td>B.C.</td><td>N.W.T.</td></tr> </table> <p><i>Otherwise mark countries according to present boundaries.</i></p> <table style="width:100%; text-align: center;"> <tr> <td>U.K.</td><td>Poland</td></tr> <tr> <td>Germany</td><td>Rep of Ireland</td></tr> <tr> <td>Italy</td><td>U.S.A.</td></tr> </table> <p style="text-align: right;"><i>Other write here</i></p> <p>12. 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Where did you attend your HIGHEST grade of elementary or secondary school?</p> <p><input checked="" type="checkbox"/> This province</p> <p>Other province (specify) →</p> <p>Outside Canada</p> <p>No schooling</p> <p>23. How many years of schooling have you had since secondary school?</p> <p>University →</p> <p>Other (See Instruction Booklet) →</p> <p>None 1 2 3 4 5 6</p> <p>None 1 2 3</p> <p>24. Do you have a university degree, certificate or diploma?</p> <p><i>Mark highest academic qualification</i></p> <p>No university degree, certificate or diploma</p> <p>Yes, a university certificate or diploma (below Bachelor level)</p> <p>Yes, Bachelor degree</p> <p>Yes, First Professional degree</p> <p>Yes, a Master's or equivalent, or earned Doctorate (e.g. Ph.D., Ed.D.)</p> <p>25. Have you EVER COMPLETED a full time vocational course of three months or longer?</p> <p><i>Do not include universities or high school courses</i></p> <p><input checked="" type="checkbox"/> Yes, apprenticeship course</p> <p>Yes, other full time vocational</p> <p>No → GO TO QUESTION 26</p> <p>(a) Describe course or apprenticeship of longest duration</p> <p>(e.g. auto mechanic, electrical technology, drafting, commercial art, X-ray technician, accounting, barbering)</p> <p>(b) How long was this course or apprenticeship?</p> <table style="width:100%; text-align: center;"> <tr> <td>3-5 months</td><td>1-2 years</td><td>More than 3 years</td></tr> <tr> <td>6-12 months</td><td>2-3 years</td><td></td></tr> </table> <p>(c) When did you complete this course or apprenticeship?</p> <table style="width:100%; text-align: center;"> <tr> <td>Before 1946</td><td>1956-1960</td><td>1966-1968</td></tr> <tr> <td>1946-1955</td><td>1961-1965</td><td>1969-1971</td></tr> </table> <p>26. 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For WOMEN ever married</p> <p>How many babies have you had, not counting stillbirths?</p> <table style="width:100%; text-align: center;"> <tr> <td>None</td><td>5</td><td>10</td></tr> <tr> <td>1</td><td>6</td><td>11</td></tr> <tr> <td>2</td><td>7</td><td>12</td></tr> <tr> <td>3</td><td>8</td><td>13</td></tr> <tr> <td>4</td><td>9</td><td>14</td></tr> </table> <p>30. For MEN 35 years of age or over</p> <p>Did you have any wartime service in the active military forces of Canada or allied countries?</p> <p>Yes, in World War I or earlier wars</p> <p>Yes, in World War II or in Korea</p> <p>No wartime service</p> <p style="text-align: center;">OFFICE USE ONLY</p> <p>11.</p> <p>14.</p> <p>15.</p> <p>16.</p> <p>17.</p> <p>22.</p> <p>25.</p> <p>26.</p> <p>PN: ● C</p>	Month	Decade	Year	Jan	July	188- 0			189- 1	Feb	Aug	190- 2			191- 3	Mar	Sept	192- 4			193- 5	Apr	Oct	194- 6			195- 7	May	Nov	196- 8			197- 9	June	Dec		None	5	10	1	6	11	2	7	12	3	8	13	4	9	14
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QUESTIONS 31 TO 40 ARE TO BE ANSWERED IF YOU ARE 15 OR OVER (BORN BEFORE JUNE 1, 1966)

<p>31.(a) How many hours did you work for pay or profit last week?</p> <p><i>Include all jobs and overtime.</i></p> <p>None <input type="checkbox"/> 20 or more 1-19 <input checked="" type="checkbox"/></p> <p>(b) Last week, how many hours did you help without pay in the operation of a family business or farm? <i>Do not include housework in own home</i></p> <p>None <input type="checkbox"/> 20 or more 1-19 <input type="checkbox"/></p> <p>(c) Did you look for work last week? <i>For example, contact a Canada Manpower Centre, check with employers, place or answer newspaper ads, etc.</i></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>(d) Last week did you have a job from which you were on temporary lay-off?</p> <p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>(e) Last week did you have a job or business from which you were absent because of illness, vacation, strike, training courses, etc.?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>34. For whom did you work? PLEASE PRINT:</p> <p>Name of firm, government agency, etc.</p> <p>Department, branch, division, or section</p> <p>35. Industry What kind of business, industry or service was this? <i>Give a full description, e.g., paper-box mfg., road construction, retail shoe store.</i></p> <p>36. Occupation (a) What kind of work were you doing? <i>E.g., selling shoes, civil engineering, motor vehicle repairing, metal machining, clerical work.</i></p> <p>(b) What were your most important activities or duties? <i>E.g., fitting shoes, designing bridges, auto body work, operating lathe, posting invoices.</i></p> <p>(c) What was your job title? <i>E.g., manager of shoe department, civil engineer, auto body repairman, lathe operator, invoice clerk.</i></p>	<p>39.(a) In how many weeks did you work during 1970? <i>Include weeks worked part-time, leave with pay and weeks of self-employment.</i></p> <table style="width:100%; border: none;"> <tr> <td>Did not work during 1970</td> <td>14-26</td> <td>40-48</td> </tr> <tr> <td>1-13</td> <td>27-39</td> <td>49-52</td> </tr> </table> <p>(b) Was this work mainly full-time or part-time? Full-time <input checked="" type="checkbox"/> Part-time <input type="checkbox"/></p> <p>40. INCOME FOR 1970 (State in dollars only)</p> <p>(a) During 1970 what were your total wages and salaries, commissions, bonuses, tips, etc.? <i>(before any deduction:)</i></p> <p>Amount \$ /00 None</p> <p>(b) During 1970 what was your net income from self-employment or operating your own non-farm business or professional practice? <i>State total business income less expenses of operation. If lost money, give amount and write "Loss"</i></p> <p>Amount \$ /00 None</p> <p>(c) During 1970 what was your net income from operating a farm on your own account or in partnership? <i>State total farm income less expenses of operation. If lost money, give amount and write "Loss"</i></p> <p>Amount \$ /00 None</p> <p>(d) During 1970 how much income did you receive from</p> <ol style="list-style-type: none"> 1. Family and youth allowances? Amount \$ 00 None 2. Government old age pensions, Canada pensions and Quebec pensions? Amount \$ 00 3. Other government income? <i>(e.g., unemployment, veterans' pensions and allowances, etc.)</i> Amount \$ /00 None 4. Retirement pensions from previous employment? Amount \$.00 None 5. Bond and deposit interest and dividends? Amount \$ /00 None 6. Other investment income? <i>(e.g., net rents)</i> Amount \$ /00 None 7. Other income? <i>(e.g., alimony)</i> Amount \$ /00 None <p>(e) During 1970 what was your total income? <i>(a + b + c + d)</i> Amount \$ /00 None</p>	Did not work during 1970	14-26	40-48	1-13	27-39	49-52			
Did not work during 1970	14-26	40-48									
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<p>32. When did you last work at all, even for a few days?</p> <p>In 1971 <input checked="" type="checkbox"/> In 1970 <input type="checkbox"/> Before 1970 <input type="checkbox"/> SKIP TO QUESTION 40 Never worked <input type="checkbox"/></p>	<p>37. In this occupation were you mainly</p> <table style="width:100%; border: none;"> <tr> <td>working for wages, salary, tips or commission?</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>working without pay in a family business or farm?</td> <td><input type="checkbox"/></td> </tr> <tr> <td>self-employed without paid help?</td> <td rowspan="2">Was this farm or business incorporated? Yes No</td> </tr> <tr> <td>self-employed with paid help?</td> </tr> </table>	working for wages, salary, tips or commission?	<input checked="" type="checkbox"/>	working without pay in a family business or farm?	<input type="checkbox"/>	self-employed without paid help?	Was this farm or business incorporated? Yes No	self-employed with paid help?	<p>38. Where do you usually work? <i>Give this information for job described above. If no usual place of work, see Instruction Booklet.</i></p> <p>Number Street</p> <p>City, town, village or municipality County Province</p> <p>At home <input checked="" type="checkbox"/> Outside Canada <input type="checkbox"/></p>		
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<p>Questions 33-38 refer to your job or business last week. If none, answer for your job of longest duration since January 1, 1970.</p>											
<p>33. How many hours do you usually work each week?</p> <table style="width:100%; border: none;"> <tr> <td>1-19</td> <td>35-39</td> <td>50 or more</td> </tr> <tr> <td>20-29</td> <td>40-44</td> <td></td> </tr> <tr> <td>30-34</td> <td>45-49</td> <td><input checked="" type="checkbox"/></td> </tr> </table>	1-19	35-39	50 or more	20-29	40-44		30-34	45-49	<input checked="" type="checkbox"/>		
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35	36 S	38	40a) E C	b) E L	c) E L	d) 1	d) 2	d) 3	d) 4	d) 5 E	d) 6 E L	d) 7	e) E L
	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	
<div style="border: 1px solid black; padding: 5px; display: inline-block;">OFFICE USE ONLY</div> <div style="border: 1px solid black; padding: 10px; display: inline-block; font-size: 2em; font-weight: bold;">4</div>													

Please turn to the next page and answer questions for person 3 listed on page 2.

<p>NAME OF PERSON 3</p> <p style="text-align: center;">Complete pages 10 and 11 for Person 3</p> <p>11. Where were you born? If born IN Canada, mark the province then SKIP TO QUESTION 13.</p> <table style="width:100%; border: none;"> <tr> <td>Nfld</td><td>NS</td><td>Que</td><td>Man</td><td>Alta</td><td>Yukon</td></tr> <tr> <td>PEI</td><td>NB</td><td>Ont.</td><td>Sask</td><td>B.C.</td><td>N.W.T.</td></tr> </table> <p><i>Otherwise, mark country according to present boundaries:</i></p> <table style="width:100%; border: none;"> <tr> <td>U.K.</td><td>Poland</td></tr> <tr> <td>Germany</td><td>Rep. of Ireland</td></tr> <tr> <td>Italy</td><td>U.S.A.</td></tr> </table> <p style="text-align: right;">Other, write here _____</p>	Nfld	NS	Que	Man	Alta	Yukon	PEI	NB	Ont.	Sask	B.C.	N.W.T.	U.K.	Poland	Germany	Rep. of Ireland	Italy	U.S.A.	<p>21. Are you 15 years of age or older (i.e., born before June 1, 1956)?</p> <p>No → End here for this person</p> <p>Yes → Continue below</p> <p>22. Where did you attend your HIGHEST grade of elementary or secondary school?</p> <p><input checked="" type="checkbox"/> This province Other province (specify) → _____</p> <p><input type="checkbox"/> Outside Canada</p> <p><input type="checkbox"/> No schooling</p> <p>23. How many years of schooling have you had since secondary school?</p> <p>University → _____ None 1 2 3 4 5 6</p> <p>Other (See Instruction Booklet.) → _____ None 1 2 3</p>	<p>28. For PERSONS ever married: What was the date of your first marriage? Mark circles for month, decade and year.</p> <table style="width:100%; border: none;"> <thead> <tr> <th>Month</th><th>Decade</th><th>Year</th></tr> </thead> <tbody> <tr><td>Jan</td><td>July</td><td>188- 0</td></tr> <tr><td>Feb</td><td>Aug</td><td>189- 1</td></tr> <tr><td>Mar</td><td>Sept.</td><td>190- 2</td></tr> <tr><td>Apr.</td><td>Oct</td><td>191- 3</td></tr> <tr><td>May</td><td>Nov.</td><td>192- 4</td></tr> <tr><td>June</td><td>Dec.</td><td>193- 5</td></tr> <tr><td></td><td></td><td>194- 6</td></tr> <tr><td></td><td></td><td>195- 7</td></tr> <tr><td></td><td></td><td>196- 8</td></tr> <tr><td></td><td></td><td>197- 9</td></tr> </tbody> </table>	Month	Decade	Year	Jan	July	188- 0	Feb	Aug	189- 1	Mar	Sept.	190- 2	Apr.	Oct	191- 3	May	Nov.	192- 4	June	Dec.	193- 5			194- 6			195- 7			196- 8			197- 9
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<p>12. If born OUTSIDE Canada, in what period did you first immigrate to Canada?</p> <table style="width:100%; border: none;"> <tr> <td>Before 1931</td><td>1931-1945</td><td>1946-1950</td><td>1951-1955</td></tr> <tr> <td>1956-1960</td><td>1961-1964</td><td>1965</td><td>1966</td></tr> <tr> <td>1967-1968</td><td>1969</td><td>1970</td><td>1971</td></tr> </table>	Before 1931	1931-1945	1946-1950	1951-1955	1956-1960	1961-1964	1965	1966	1967-1968	1969	1970	1971	<p>24. Do you have a university degree, certificate or diploma?</p> <p>Mark highest academic qualification</p> <p>No university degree, certificate or diploma</p> <p>Yes, a university certificate or diploma (below Bachelor level)</p> <p>Yes, Bachelor degree</p> <p>Yes, First Professional degree</p> <p>Yes, a Master's or equivalent, or earned Doctorate (e.g. Ph.D., Ed.D.)</p>	<p>29. For WOMEN ever married: How many babies have you had, not counting stillbirths?</p> <table style="width:100%; border: none;"> <tr><td>None</td><td>5</td><td>10</td></tr> <tr><td>1</td><td>6</td><td>11</td></tr> <tr><td>2</td><td>7</td><td>12</td></tr> <tr><td>3</td><td>8</td><td>13</td></tr> <tr><td>4</td><td>9</td><td>14</td></tr> </table>	None	5	10	1	6	11	2	7	12	3	8	13	4	9	14																								
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<p>13. Were your PARENTS born IN Canada?</p> <p>Both Mother only</p> <p>Neither Father only</p>	<p>25. Have you EVER COMPLETED a full-time vocational course of three months or longer?</p> <p>Do not include universities or high school courses</p> <p><input checked="" type="checkbox"/> Yes, apprenticeship course</p> <p><input type="checkbox"/> Yes, other full-time vocational</p> <p>No → GO TO QUESTION 26</p> <p>(a) Describe course or apprenticeship of longest duration</p> <p>(e.g., auto mechanic, chemical technology, drafting, commercial art, X-ray technician, accounting, barbering)</p> <p>(b) How long was this course or apprenticeship?</p> <table style="width:100%; border: none;"> <tr> <td>3-5 months</td><td>6-12 months</td><td>1-2 years</td><td>2-3 years</td><td>More than 3 years</td></tr> </table> <p>(c) When did you complete this course or apprenticeship?</p> <table style="width:100%; border: none;"> <tr> <td>Before 1946</td><td>1946-1955</td><td>1956-1960</td><td>1961-1965</td><td>1966-1968</td><td>1969-1971</td></tr> </table>	3-5 months	6-12 months	1-2 years	2-3 years	More than 3 years	Before 1946	1946-1955	1956-1960	1961-1965	1966-1968	1969-1971	<p>30. For MEN 35 years of age or over: Did you have any wartime service in the active military forces of Canada or allied countries?</p> <p>Yes, in World War I or earlier wars</p> <p>Yes, in World War II or in Korea</p> <p>No wartime service</p>																																								
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Before 1946	1946-1955	1956-1960	1961-1965	1966-1968	1969-1971																																																
<p>14. Of what country are you a CITIZEN?</p> <p>Canada U.S.A.</p> <p>U.K.</p> <p style="text-align: right;">Other, write here _____</p>	<p>15. To what ethnic or cultural group did you or your ancestor (on the male side) belong on coming to this continent?</p> <table style="width:100%; border: none;"> <tr> <td>English</td><td>Native Indian</td><td>Polish</td></tr> <tr> <td>French</td><td>- Band</td><td>Scottish</td></tr> <tr> <td>German</td><td>Native Indian</td><td>Ukrainian</td></tr> <tr> <td>Irish</td><td>- Non band</td><td></td></tr> <tr> <td>Italian</td><td>Netherlands</td><td></td></tr> <tr> <td>Jewish</td><td>Norwegian</td><td></td></tr> </table> <p style="text-align: right;">Other, write here _____</p>	English	Native Indian	Polish	French	- Band	Scottish	German	Native Indian	Ukrainian	Irish	- Non band		Italian	Netherlands		Jewish	Norwegian		<p style="text-align: center;">OFFICE USE ONLY</p> <p>11. _____</p> <p>14. <input checked="" type="checkbox"/></p> <p>15. _____</p> <p>16. _____</p> <p>17. _____</p> <p>22. <input checked="" type="checkbox"/></p> <p>25. _____</p> <p>26. _____</p>																																	
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<p>16. What is your religion?</p> <table style="width:100%; border: none;"> <tr> <td>Anglican</td><td>Pentecostal</td><td>No religion</td></tr> <tr> <td>Baptist</td><td>Presbyterian</td><td></td></tr> <tr> <td>Greek Orthodox</td><td>Roman Catholic</td><td></td></tr> <tr> <td>Jewish</td><td>Salvation Army</td><td></td></tr> <tr> <td>Lutheran</td><td>Ukrainian Catholic</td><td></td></tr> <tr> <td>Mennonite</td><td>United Church</td><td></td></tr> </table> <p style="text-align: right;">Other, write here _____</p>	Anglican	Pentecostal	No religion	Baptist	Presbyterian		Greek Orthodox	Roman Catholic		Jewish	Salvation Army		Lutheran	Ukrainian Catholic		Mennonite	United Church		<p>26. Where did you live 5 years ago, on June 1, 1966?</p> <p>Same dwelling → SKIP TO QUESTION 28</p> <p>Same city, town, village or municipality (not same dwelling)</p> <p>Outside of Canada</p> <p>Different city, town, village or municipality in Canada, give its name → _____</p> <p style="text-align: center;">City, town, village, municipality, etc.</p> <p style="text-align: center;">County Province</p> <p>IMPORTANT: If outside city or town limit, specify name of suburban municipality and not of city or town</p>	<p>17. _____</p> <p>22. <input checked="" type="checkbox"/></p> <p>25. _____</p> <p>26. _____</p>																																	
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<p>17. What language do you MOST OFTEN speak at home now?</p> <table style="width:100%; border: none;"> <tr> <td>English</td><td>Magyar</td></tr> <tr> <td>French</td><td>Netherlands</td></tr> <tr> <td>German</td><td>Polish</td></tr> <tr> <td>Indian</td><td>Ukrainian</td></tr> <tr> <td>Italian</td><td>Yiddish</td></tr> </table> <p style="text-align: right;">Other, write here _____</p>	English	Magyar	French	Netherlands	German	Polish	Indian	Ukrainian	Italian	Yiddish	<p>27. How many times have you MOVED from one Canadian city, town, village or municipality to another since June 1, 1966?</p> <p>Count moving away and returning to the same place as 2 moves</p> <table style="width:100%; border: none;"> <tr> <td>None</td><td>2</td><td>4</td></tr> <tr> <td>1</td><td>3</td><td>5 or more</td></tr> </table>	None	2	4	1	3	5 or more	<p>PN ● C</p>																																			
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<p>18. Can you speak English or French well enough to conduct a conversation? (See Instruction Booklet)</p> <p>English only Both English and French</p> <p>French only Neither English nor French</p>	<p>19. Have you attended school or university since last September?</p> <p>Yes, full time Yes, part time, day or evening No</p>	<p>20. What is the HIGHEST grade or year of elementary or secondary school you ever attended? (See Instruction Booklet)</p> <p>No schooling Elementary or secondary (grade or year)</p> <p>Kindergarten 1 2 3 4 5 6 7 8 9 10 11 12, 13</p>																																																			

QUESTIONS 31 TO 40 ARE TO BE ANSWERED IF YOU ARE 15 OR OVER (BORN BEFORE JUNE 1, 1956)

31. (a) How many hours did you work for pay or profit last week?
Include all jobs and overtime

None 20 or more
 1-19

(b) Last week how many hours did you help without pay in the operation of a family business or farm?
Do not include housework in own home.

None 20 or more
 1-19

(c) Did you look for work last week?
For example, contact a Canada Manpower Centre, check with employers, place or answer newspaper ads, etc.

Yes No

(d) Last week did you have a job from which you were on temporary lay-off?

Yes No

(e) Last week did you have a job or business from which you were absent because of illness, vacation, strike, training courses etc.?

Yes No

32. When did you last work at all even for a few days?

In 1971
 In 1970
 Before 1970 SKIP TO
 Never worked QUESTION 40

Questions 33-38 refer to your job or business last week. If none, answer for your job of longest duration since January 1, 1970.

33. How many hours do you usually work each week?

1-19 35-39 50 or more
 20-29 40-44
 30-34 45-49

34. For whom did you work? **PLEASE PRINT:**

Name of firm, government agency, etc.

 Department, branch, division, or section

35. Industry
 What kind of business, industry or service was this?

Give a full description e.g., paper-box mfg., road construction, retail shoe store.

36. Occupation
(a) What kind of work were you doing?
E.g., selling shoes, civil engineering, motor vehicle repairing, metal machining, clerical work.

(b) What were your most important activities or duties?
E.g., fitting shoes, designing bridges, auto body work, operating lathe, posting invoices.

(c) What was your job title?
E.g., manager of shoe department, civil engineer, auto body repairman, lathe operator, invoice clerk.

37. In this occupation were you mainly:
 working for wages, salary, tips or commission?
 working without pay in a family business or farm?
 self-employed without paid help? Was this farm or business incorporated? Yes No
 self-employed with paid help?

38. Where do you usually work?
Give this information for job described above. If no usual place of work, see Instruction Booklet.

Number _____ Street _____
 City, town, village or municipality _____ County _____ Province _____
 At home Outside Canada

39. (a) In how many weeks did you work during 1970?
Include weeks worked part-time lease with pay and weeks of self-employment.

Did not work during 1970 14-26 40-48
 1-13 27-39 49-52

(b) Was this work mainly full-time or part-time?
 Full-time Part-time

40. INCOME FOR 1970 (State in dollars only)

(a) During 1970 what were your total wages and salaries, commissions, bonuses, tips, etc. (before any deductions)?

Amount \$ _____ /00 None

(b) During 1970 what was your net income from self-employment or operating your own non farm business or professional practice?
State total business income less expenses of operation. If lost money, give amount and write "Loss".

Amount \$ _____ /00 None

(c) During 1970 what was your net income from operating a farm on your own account or in partnership? *State total farm income less expenses of operation. If lost money, give amount and write "Loss".*

Amount \$ _____ /00 None

(d) During 1970 how much income did you receive from:

1. Family and youth allowances?
 Amount \$ _____ /00 None

2. Government old age pensions, Canada pensions, and Quebec pensions?
 Amount \$ _____ /00 None

3. Other government income? (e.g., unemployment insurance, veterans' pensions and allowances, welfare)
 Amount \$ _____ /00 None

4. Retirement pensions from previous employment?
 Amount \$ _____ /00 None

5. Bond and deposit interest and dividends?
 Amount \$ _____ /00 None

6. Other investment income? (e.g., net rents)
 Amount \$ _____ /00 None

7. Other income? (e.g., alimony)
 Amount \$ _____ /00 None

(e) During 1970 what was your total income? (a+b+c+d)
 Amount \$ _____ /00 None

35	36 S	38	40(a) E C	b) E L	c) E L	d) 1	OFFICE USE ONLY	d) 2	d) 3	d) 4	d) 5 E	d) 6 E L	d) 7	e) E L
	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		5			<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		

Please turn to the next page and answer questions for person 4 listed on page 2.

QUESTIONS 31 TO 40 ARE TO BE ANSWERED IF YOU ARE 15 OR OVER (BORN BEFORE JUNE 1, 1956)

<p>31. (a) How many hours did you work for pay or profit last week?</p> <p><i>Include all jobs and overtime.</i></p> <p>None <input type="checkbox"/> 20 or more 1-19 <input checked="" type="checkbox"/></p> <p>(b) Last week, how many hours did you help without pay in the operation of a family business or farm? <i>Do not include housework in own home.</i></p> <p>None <input type="checkbox"/> 20 or more 1-19 <input type="checkbox"/></p> <p>(c) Did you look for work last week? <i>For example, contact a Canada Manpower Centre, check with employers, place or answer newspaper ads, etc.</i></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>(d) Last week did you have a job from which you were on temporary lay-off?</p> <p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>(e) Last week did you have a job or business from which you were absent because of illness, vacation, strike, training courses, etc.?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>34. For whom did you work? PLEASE PRINT:</p> <p>Name of firm, government agency, etc.</p> <p>Department, branch, division, or section</p> <p>35. Industry What kind of business, industry or service was this? <i>Give a full description, e.g., paper-box mfg., road construction, retail shoe store</i></p> <p>36. Occupation (a) What kind of work were you doing? <i>E.g., selling shoes, civil engineering, motor vehicle repairing, metal machining, clerical work.</i></p> <p>-----</p> <p>(b) What were your most important activities or duties? <i>E.g., fitting shoes, designing bridges, auto body work, operating lathe, posting invoices.</i></p> <p>(c) What was your job title? <i>E.g., manager of shoe department, civil engineer, auto body repairman, lathe operator, invoice clerk.</i></p>	<p>39. (a) In how many weeks did you work during 1970? <i>Include weeks worked part-time, leave with pay and weeks of self-employment.</i></p> <table style="width:100%; border: none;"> <tr> <td style="width:33%;">Did not work during 1970</td> <td style="width:33%;">14-26</td> <td style="width:33%;">40-48</td> </tr> <tr> <td>1-13</td> <td>27-39</td> <td>49-52</td> </tr> </table> <p>(b) Was this work mainly full-time or part-time? Full-time <input checked="" type="checkbox"/> Part-time <input type="checkbox"/></p>	Did not work during 1970	14-26	40-48	1-13	27-39	49-52			
Did not work during 1970	14-26	40-48									
1-13	27-39	49-52									
<p>32. When did you last work at all, even for a few days?</p> <p>In 1971 <input checked="" type="checkbox"/> In 1970 <input type="checkbox"/> Before 1970 <input type="checkbox"/> SKIP TO QUESTION 40 Never worked <input type="checkbox"/></p> <p>Questions 33-38 refer to your job or business last week. If none, answer for your job of longest duration since January 1, 1970.</p>	<p>37. In this occupation were you mainly:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%;">working for wages, salary, tips or commission?</td> <td style="width:50%;"><input checked="" type="checkbox"/></td> </tr> <tr> <td>working without pay in a family business or farm?</td> <td><input type="checkbox"/></td> </tr> <tr> <td>self-employed without paid help?</td> <td rowspan="2">Was this farm or business incorporated? <input type="checkbox"/></td> </tr> <tr> <td>self-employed with paid help?</td> </tr> </table>	working for wages, salary, tips or commission?	<input checked="" type="checkbox"/>	working without pay in a family business or farm?	<input type="checkbox"/>	self-employed without paid help?	Was this farm or business incorporated? <input type="checkbox"/>	self-employed with paid help?	<p>40. INCOME FOR 1970 (State in dollars only)</p> <p>(a) During 1970 what were your total wages and salaries, commissions, bonuses, tips, etc.? (before any deductions)</p> <p>Amount \$ /00 None</p> <p>(b) During 1970 what was your net income from self-employment or operating your own non farm business or professional practice? <i>State total business income less expenses of operation. If lost money, give amount and write "Loss"</i></p> <p>Amount \$ /00 None</p> <p>(c) During 1970 what was your net income from operating a farm on your own account or in partnership? <i>State total farm income less expenses of operation. If lost money, give amount and write "Loss"</i></p> <p>Amount \$ /00 None</p> <p>(d) During 1970 how much income did you receive from:</p> <ol style="list-style-type: none"> 1. Family and youth allowances? Amount \$ /00 None 2. Government old age pensions, Canada pensions, and Quebec pensions? Amount \$ /00 None 3. Other government income? (e.g., unemployment insurance, veterans' pensions and allowances, welfare) Amount \$ /00 None 4. Retirement pensions from previous employment? Amount \$ /00 None 5. Bond and deposit interest and dividends? Amount \$ /00 None 6. Other investment income? (e.g., net rents) Amount \$ /00 None 7. Other income? (e.g., alimony) Amount \$ /00 None <p>(e) During 1970 what was your total income? (a + b + c + d)</p> <p>Amount \$ /00 None</p>		
working for wages, salary, tips or commission?	<input checked="" type="checkbox"/>										
working without pay in a family business or farm?	<input type="checkbox"/>										
self-employed without paid help?	Was this farm or business incorporated? <input type="checkbox"/>										
self-employed with paid help?											
<p>33. How many hours do you usually work each week?</p> <table style="width:100%; border: none;"> <tr> <td style="width:33%;">1-19</td> <td style="width:33%;">35-39</td> <td style="width:33%;">50 or more</td> </tr> <tr> <td>20-29</td> <td>40-44</td> <td></td> </tr> <tr> <td>30-34</td> <td>45-49</td> <td><input checked="" type="checkbox"/></td> </tr> </table>	1-19	35-39	50 or more	20-29	40-44		30-34	45-49	<input checked="" type="checkbox"/>	<p>38. Where do you usually work? <i>Give this information for job described above. If no usual place of work, see Instruction Booklet.</i></p> <p>Number _____ Street _____</p> <p>City, town, village or municipality _____ County _____ Province _____</p> <p>At home <input checked="" type="checkbox"/> Outside Canada <input type="checkbox"/></p>	
1-19	35-39	50 or more									
20-29	40-44										
30-34	45-49	<input checked="" type="checkbox"/>									

35	36 S	38	40a) E C	b) E L	c) E L	d) 1		d) 2	d) 3	d) 4	d) 5 E	d) 6 E L	d) 7	e) E L
	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		OFFICE USE ONLY			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	
							6							

Please turn to the next page and answer questions for person 5 listed on page 2.

NAME OF PERSON 5

Complete pages 14 and 15 for Person 5

11. Where were you born?
If born IN Canada mark the province then SKIP TO QUESTION 13.
 Nfld N S Que Man Alta Yukon
 P E I N B Ont Sask B C N W T
(Otherwise mark countries according to present boundaries.)
 U K Poland
 Germany Rep of Ireland
 Italy U S A
 Other, write here

12. If born OUTSIDE Canada, in what period did you first immigrate to Canada?
 Before 1931 1931-1945 1946-1950 1951-1955
 1956-1960 1961-1964 1965 1966
 1967-1968 1969 1970 1971

13. Were your PARENTS born IN Canada?
 Both Mother only Neither Father only

14. Of what country are you a CITIZEN?
 Canada U S A
 U K
 Other, write here

15. To what ethnic or cultural group did you or your ancestor (on the male side) belong on coming to this continent?
 English Native Indian Polish
 French - Band Scottish
 German Native Indian Ukrainian
 Irish - Non band
 Italian Netherlands
 Jewish Norwegian
 Other, write here

16. What is your religion?
 Anglican Pentecostal No religion
 Baptist Presbyterian
 Greek Orthodox Roman Catholic
 Jewish Salvation Army
 Lutheran Ukrainian Catholic
 Mennonite United Church
 Other, write here

17. What language do you MOST OFTEN speak at home now?
 English Magyar
 French Netherlands
 German Polish
 Indian Ukrainian
 Italian Yiddish
 Other, write here

18. Can you speak English or French well enough to conduct a conversation? (See Instruction Booklet.)
 English only Both English and French
 French only Neither English nor French

19. Have you attended school or university since last September?
 Yes, full time Yes, part time, day or evening No

20. What is the HIGHEST grade or year of elementary or secondary school you ever attended? (See Instruction Booklet.)
 No schooling Elementary or secondary (grade or year)
 Kindergarten 1 2 3 4 5 6 7 8 9 10 11 12 13

21. Are you 15 years of age or older (i.e. born before June 1, 1956)?
 No End here for this person
 Yes Continue below

22. Where did you attend your HIGHEST grade of elementary or secondary school?
 This province Other province (Specify)
 Outside Canada
 No schooling

23. How many years of schooling have you had since secondary school?
 University None 1 2 3 4 5 6
 Other (See Instruction Booklet) None 1 2 3

24. Do you have a university degree, certificate or diploma?
 Mark highest academic qualification
 No university degree, certificate or diploma
 Yes, a university certificate or diploma (below Bachelor level)
 Yes, Bachelor degree
 Yes, First Professional degree
 Yes, a Master's or equivalent, or earned Doctorate (e.g. Ph.D., Ed.D.)

25. Have you EVER COMPLETED a full-time vocational course of three months or longer?
 Do not include university or high school courses
 Yes, apprenticeship course
 Yes, other full-time vocational
 No GO TO QUESTION 26

(a) Describe course or apprenticeship of longest duration
 (e.g. auto mechanics, chemical technology, drafting, commercial art, X-ray technician, accounting, barbering)
 (b) How long was this course or apprenticeship?
 3-5 months 6-12 months 1-2 years 2-3 years More than 3 years
 (c) When did you complete this course or apprenticeship?
 Before 1946 1946-1955 1956-1960 1961-1965 1966-1968 1969-1971

26. Where did you live 5 years ago, on June 1, 1966?
 Same dwelling SKIP TO QUESTION 28
 Same city, town, village or municipality (not same dwelling)
 Outside of Canada
 Different city, town, village or municipality in Canada, give its name
 City, town, village, municipality, etc.
 County Province
 IMPORTANT: If outside city or town limits, specify name of suburban municipality and not of city or town.

27. How many times have you MOVED from one Canadian city, town, village or municipality to another since June 1, 1966?
 Count moving away and returning to the same place as 2 moves
 None 1 2 3 4 5 or more

28. For PERSONS ever married
 What was the date of your first marriage?
 Mark circles for month, decade and year

Month	Decade	Year
Jan	July 188-	0
Feb	Aug 189-	1
Mar	Sept 190-	2
Apr	Oct 191-	3
May	Nov 192-	4
June	Dec 193-	5
		6
		7
		8
		9

29. For WOMEN ever married
 How many babies have you had, not counting stillbirths?
 None 5 10
 1 6 11
 2 7 12
 3 8 13
 4 9 14

30. For MEN 35 years of age or over
 Did you have any wartime service in the active military forces of Canada or allied countries?
 Yes, in World War I or earlier wars
 Yes, in World War II or in Korea
 No wartime service

OFFICE USE ONLY

11.
 14.
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QUESTIONS 31 TO 40 ARE TO BE ANSWERED IF YOU ARE 15 OR OVER (BORN BEFORE JUNE 1, 1956)

<p>31. (a) How many hours did you work for pay or profit last week?</p> <p><i>Include all jobs and overtime</i></p> <p>None <input type="checkbox"/> 20 or more 1-19 <input checked="" type="checkbox"/></p> <p>(b) Last week, how many hours did you help without pay in the operation of a family business or farm?</p> <p><i>Do not include housework in own home</i></p> <p>None <input type="checkbox"/> 20 or more 1-19 <input type="checkbox"/></p> <p>(c) Did you look for work last week?</p> <p><i>For example, contact a Canada Manpower Centre, check with employers, place or answer newspaper ads, etc.</i></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>(d) Last week did you have a job from which you were on temporary lay-off?</p> <p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>(e) Last week did you have a job or business from which you were absent because of illness, vacation, strike, training courses, etc.?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>34. For whom did you work? PLEASE PRINT:</p> <p>Name of firm, government agency, etc.</p> <p>Department, branch, division, or section</p> <p>35. Industry</p> <p>What kind of business, industry or service was this?</p> <p><i>Give a full description e.g., paper-box mfg., road construction, retail shoe store.</i></p> <p>36. Occupation</p> <p>(a) What kind of work were you doing?</p> <p><i>E.g., selling shoes, civil engineering, motor vehicle repairing, metal machining, clerical work.</i></p> <p>(b) What were your most important activities or duties?</p> <p><i>E.g., fitting shoes, designing bridges, auto body work, operating lathe, posting invoices.</i></p> <p>(c) What was your job title?</p> <p><i>E.g., manager of shoe department, civil engineer auto body repairman, lathe operator, invoice clerk.</i></p>	<p>39. (a) In how many weeks did you work during 1970?</p> <p><i>Include weeks worked part-time leave with pay and weeks of self-employment.</i></p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">Did not work during 1970</td> <td style="width:20%;">14-26</td> <td style="width:20%;">40-48</td> </tr> <tr> <td>1-13</td> <td>27-39</td> <td>49-52</td> </tr> </table> <p>(b) Was this work mainly full-time or part-time?</p> <p>Full-time <input checked="" type="checkbox"/> Part-time <input type="checkbox"/></p> <p>40. INCOME FOR 1970 (State in dollars only)</p> <p>(a) During 1970 what were your total wages and salaries, commissions, bonuses, tips, etc.? (before any deductions)</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">Amount</td> <td style="width:10%;">\$</td> <td style="width:10%;">/00</td> <td style="width:20%;">None</td> </tr> <tr> <td colspan="4"> </td> </tr> </table> <p>(b) During 1970 what was your net income from self-employment or operating your own non-farm business or professional practice? State total business income less expenses of operation. If lost money, give amount and write "Loss".</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">Amount</td> <td style="width:10%;">\$</td> <td style="width:10%;">/00</td> <td style="width:20%;">None</td> </tr> <tr> <td colspan="4"> </td> </tr> </table> <p>(c) During 1970 what was your net income from operating a farm on your own account or in partnership? State total farm income less expenses of operation. If lost money, give amount and write "Loss".</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">Amount</td> <td style="width:10%;">\$</td> <td style="width:10%;">/00</td> <td style="width:20%;">None</td> </tr> <tr> <td colspan="4"> </td> </tr> </table> <p>(d) During 1970 how much income did you receive from:</p> <ol style="list-style-type: none"> 1. Family and youth allowances? 2. Government old age pensions, Canada pensions and Quebec pensions? 3. Other government income? (e.g., unemployment insurance, veterans' pensions and allowances, welfare) 4. Retirement pensions from previous employment? 5. Bond and deposit interest and dividends? 6. Other investment income? (e.g., net rents) 7. Other income? (e.g., alimony) <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">Amount</td> <td style="width:10%;">\$</td> <td style="width:10%;">/00</td> <td style="width:20%;">None</td> </tr> <tr> <td colspan="4"> </td> </tr> </table> <p>(e) During 1970 what was your total income? (a + b + c + d)</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">Amount</td> <td style="width:10%;">\$</td> <td style="width:10%;">/00</td> <td style="width:20%;">None</td> </tr> <tr> <td colspan="4"> </td> </tr> </table>	Did not work during 1970	14-26	40-48	1-13	27-39	49-52	Amount	\$	/00	None					Amount	\$	/00	None					Amount	\$	/00	None					Amount	\$	/00	None					Amount	\$	/00	None				
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<p>32. When did you last work at all, even for a few days?</p> <p>In 1971 <input checked="" type="checkbox"/> In 1970 <input type="checkbox"/> Before 1970 <input type="checkbox"/> SKIP TO Never worked <input type="checkbox"/> QUESTION 40</p>	<p>37. In this occupation were you mainly:</p> <p>working for wages, salary, tips or commission? <input type="checkbox"/></p> <p>working without pay in a family business or farm? <input checked="" type="checkbox"/></p> <p>self-employed without paid help? <input type="checkbox"/></p> <p>self-employed with paid help? <input type="checkbox"/></p> <p>Was this farm or business incorporated? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>																																															
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30-34	45-49	<input checked="" type="checkbox"/>																																														

35	36 S	38	40a)	b)	c)	d) 1		d) 2	d) 3	d) 4	d) 5 E	d) 6 E L	d) 7	e) L
	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>					<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		
OFFICE USE ONLY														
7														

Please turn to the next page and answer questions for person 6 listed on page 2.

NAME OF PERSON 6

Complete pages 16 and 17 for Person 6

11. Where were you born?
If born IN Canada mark the province then SKIP TO QUESTION 13.

Nfld	N.S.	Que.	Man.	Alta.	Yukon
P.E.I.	N.B.	Ont.	Sask.	B.C.	N.W.T.

Otherwise mark country according to present boundaries:

U.K.	Poland
Germany	Rep. of Ireland
Italy	U.S.A.

Other write here _____

12. If born OUTSIDE Canada, in what period did you first immigrate to Canada?

Before 1931	1956-1960	1967-1968
1931-1945	1961-1964	1969
1946-1950	1965	1970
1951-1955	1966	1971

13. Were your PARENTS born IN Canada?

Both	Mother only
Neither	Father only

14. Of what country are you a CITIZEN?

Canada	U.S.A.
U.K.	

Other write here _____

15. To what ethnic or cultural group did you or your ancestor (on the male side) belong on coming to this continent?

English	Native Indian	Polish
French	- Band	Scottish
German	Native Indian	Ukrainian
Irish	- Non-band	
Italian	Netherlands	
Jewish	Norwegian	

Other write here _____

16. What is your religion?

Anglican	Pentecostal	No religion
Baptist	Presbyterian	
Greek Orthodox	Roman Catholic	
Jewish	Salvation Army	
Lutheran	Ukrainian Catholic	
Mennonite	United Church	

Other write here _____

17. What language do you MOST OFTEN speak at home now?

English	Magyar
French	Netherlands
German	Polish
Indian	Ukrainian
Italian	Yiddish

Other write here _____

18. Can you speak English or French well enough to conduct a conversation? (See Instruction Booklet)

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

19. Have you attended school or university since last September?

Yes full time	Yes part time day or evening	No
---------------	------------------------------	----

20. What is the HIGHEST grade or year of elementary or secondary school you ever attended? (See Instruction Booklet)

No schooling	Elementary or secondary (grade or year)
Kindergarten	1 2 3 4 5 6 7 8 9 10 11 12 13

21. Are you 15 years of age or older (i.e. born before June 1, 1956)?

No → End here for this person

Yes → Continue below

22. Where did you attend your HIGHEST grade of elementary or secondary school?

<input checked="" type="checkbox"/> This province	Other province (specify) → _____
<input type="checkbox"/> Outside Canada	
<input type="checkbox"/> No schooling	

23. How many years of schooling have you had since secondary school?

University → _____	None	1	2	3	4	5	6
Other (See Instruction Booklet) → _____	None	1	2	3			

24. Do you have a university degree, certificate or diploma?

Mark highest academic qualification:

No university degree, certificate or diploma

Yes, a university certificate or diploma (below Bachelor level)

Yes, Bachelor degree

Yes, First Professional degree

Yes, a Master's or equivalent, or earned Doctorate (e.g. Ph.D., Ed.D.)

25. Have you EVER COMPLETED a full-time vocational course of three months or longer?

Do not include university or high school courses

Yes, apprenticeship course

Yes, other full-time vocational

No → GO TO QUESTION 26

(a) Describe course or apprenticeship of longest duration

(e.g. auto mechanic, electrical technology, drafting, commercial art, X-ray technician, accounting, barbering)

(b) How long was this course or apprenticeship?

3-5 months	1-2 years	More than 3 years
6-12 months	2-3 years	

(c) When did you complete this course or apprenticeship?

Before 1946	1956-1960	1966-1968
1946-1955	1961-1965	1969-1971

26. Where did you live 5 years ago on June 1, 1966?

Same dwelling → SKIP TO QUESTION 28

Same city, town, village or municipality (not same dwelling)

Outside of Canada

Different city, town, village or municipality in Canada give its name _____

City, town, village, municipality, etc.

County _____ Province _____

IMPORTANT: If outside city or town limit specify name of suburban municipality and not of city or town

27. How many times have you MOVED from one Canadian city, town, village or municipality to another since June 1, 1966?

Count moving away and returning to the same place as 2 moves.

None	2	4
1	3	5 or more

28. For PERSONS ever married

What was the date of your first marriage?

Mark circles for month, decade and year

Month	Decade	Year
Jan	July	188- 0
		189- 1
Feb	Aug	190- 2
		191- 3
Mar	Sept	192- 4
		193- 5
Apr	Oct	194- 6
		195- 7
May	Nov	196- 8
		197- 9
June	Dec	

29. For WOMEN ever married

How many babies have you had not counting stillbirths?

None	5	10
1	6	11
2	7	12
3	8	13
4	9	14

30. For MEN 35 years of age or over

Did you have any wartime service in the active military forces of Canada or allied countries?

Yes, in World War I or earlier wars

Yes, in World War II or in Korea

No wartime service

OFFICE USE ONLY

11. _____

14. _____

15. _____

16. _____

17. _____

22. _____

25. _____

26. _____

PN _____ C _____

QUESTIONS 31 TO 40 ARE TO BE ANSWERED IF YOU ARE 15 OR OVER (BORN BEFORE JUNE 1, 1956)

<p>31.(a) How many hours did you work for pay or profit last week?</p> <p><i>Include all jobs and overtime</i></p> <p>None 1-19 <input type="checkbox"/> 20 or more <input checked="" type="checkbox"/></p> <p>(b) Last week, how many hours did you help without pay in the operation of a family business or farm?</p> <p><i>Do not include housework in own home.</i></p> <p>None 1-19 <input type="checkbox"/> 20 or more <input type="checkbox"/></p> <p>(c) Did you look for work last week?</p> <p><i>For example, contact a Canada Manpower Centre, check with employers, place or answer newspaper ads, etc.</i></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>(d) Last week did you have a job from which you were on temporary lay-off?</p> <p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>(e) Last week did you have a job or business from which you were absent because of illness, vacation, strike, training courses, etc.?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>34. For whom did you work? PLEASE PRINT:</p> <p>Name of firm, government agency, etc.</p> <p>Department, branch, division, or section</p> <p>35. Industry What kind of business, industry or service was this?</p> <p><i>Give a full description, e.g., paper-box mfg., road construction, retail shoe store.</i></p> <p>36. Occupation (a) What kind of work were you doing? <i>E.g., selling shoes, civil engineering, motor vehicle repairing, metal machining, clerical work.</i></p> <p>(b) What were your most important activities or duties? <i>E.g., fitting shoes, designing bridges, auto body work, operating lathe, posting invoices.</i></p> <p>(c) What was your job title? <i>E.g., manager of shoe department, civil engineer, auto body repairman, lathe operator, invoice clerk.</i></p>	<p>39.(a) In how many weeks did you work during 1970? <i>Include weeks worked part-time, leave with pay and weeks of self-employment.</i></p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">Did not work during 1970</td> <td style="width:33%;">14-26</td> <td style="width:33%;">40-48</td> </tr> <tr> <td>1-13</td> <td>27-39</td> <td>49-52</td> </tr> </table> <p>(b) Was this work mainly full-time or part-time?</p> <p>Full-time <input checked="" type="checkbox"/> Part-time <input type="checkbox"/></p> <p>40. INCOME FOR 1970 (State in dollars only)</p> <p>(a) During 1970, what were your total wages and salaries, commissions, bonuses, tips, etc.? (before any deductions)</p> <p>Amount \$ /00 None</p> <p>(b) During 1970, what was your net income from self-employment or operating your own non-farm business or professional practice? State total business income less expenses of operation. If lost money, give amount and write "Loss".</p> <p>Amount \$ /00 None</p> <p>(c) During 1970, what was your net income from operating a farm on your own account or in partnership? State total farm income less expenses of operation. If lost money, give amount and write "Loss".</p> <p>Amount \$ /00 None</p> <p>(d) During 1970, how much income did you receive from:</p> <ol style="list-style-type: none"> Family and youth allowances? Government child age pensions, Canada pensions, and Quebec pensions? Other government income? (e.g., unemployment insurance, veterans' pensions and allowances, welfare) Retirement pensions from previous employment? Bond and deposit interest and dividends? Other investment income? (e.g., net rents) Other income? (e.g., alimony) <p>Amount \$ /00 None</p> <p>(e) During 1970, what was your total income? (a + b + c + d)</p> <p>Amount \$ /00 None</p>	Did not work during 1970	14-26	40-48	1-13	27-39	49-52										
Did not work during 1970	14-26	40-48																
1-13	27-39	49-52																
<p>32. When did you last work at all, even for a few days?</p> <p>In 1971 <input checked="" type="checkbox"/> In 1970 <input type="checkbox"/> Before 1970 <input type="checkbox"/> SKIP TO QUESTION 40 Never worked <input type="checkbox"/></p> <p>Questions 33-38 refer to your job or business last week. If none, answer for your job of longest duration since January 1, 1970.</p>	<p>37. In this occupation, were you mainly:</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">working for wages, salary, tips or commission?</td> <td style="width:50%;"></td> </tr> <tr> <td>working without pay in a family business or farm?</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>self-employed without paid help?</td> <td rowspan="2">Was this farm or business incorporated? Yes <input type="checkbox"/> No <input type="checkbox"/></td> </tr> <tr> <td>self-employed with paid help?</td> </tr> </table> <p>38. Where do you usually work? <i>Give this information for job described above. If no usual place of work, see Instruction Booklet.</i></p> <p>Number _____ Street _____</p> <p>City, town, village or municipality _____ County _____ Province _____</p> <p>At home <input checked="" type="checkbox"/> Outside Canada <input type="checkbox"/></p>	working for wages, salary, tips or commission?		working without pay in a family business or farm?	<input checked="" type="checkbox"/>	self-employed without paid help?	Was this farm or business incorporated? Yes <input type="checkbox"/> No <input type="checkbox"/>	self-employed with paid help?	<p>33. How many hours do you usually work each week?</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">1-19</td> <td style="width:33%;">35-39</td> <td style="width:33%;">50 or more</td> </tr> <tr> <td>20-29</td> <td>40-44</td> <td></td> </tr> <tr> <td>30-34</td> <td>45-49</td> <td><input checked="" type="checkbox"/></td> </tr> </table>	1-19	35-39	50 or more	20-29	40-44		30-34	45-49	<input checked="" type="checkbox"/>
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35	36 S	38	40a) E C	b) E L	c) E L	d) 1		d) 2	d) 3	d) 4	d) 5 E	d) 6 E L	d) 7	e) E L
	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		OFFICE USE ONLY			<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		
							8							

Please turn to the next page and answer questions for person 7 listed on page 2.

<p>NAME OF PERSON 7</p> <p style="text-align: center;">Complete pages 18 and 19 for Person 7</p> <p>11. Where were you born? <i>If born IN Canada, mark the province then SKIP TO QUESTION 13.</i></p> <table style="width:100%; border: none;"> <tr> <td>Nfld.</td> <td>N.S.</td> <td>Que.</td> <td>Man.</td> <td>Alta.</td> <td>Yukon</td> </tr> <tr> <td>P.E.I.</td> <td>N.B.</td> <td>Ont.</td> <td>Sask.</td> <td>B.C.</td> <td>N.W.T.</td> </tr> </table> <p><i>Otherwise, mark country according to present boundaries.</i></p> <table style="width:100%; border: none;"> <tr> <td>U.K.</td> <td>Poland</td> </tr> <tr> <td>Germany</td> <td>Rep. of Ireland</td> </tr> <tr> <td>Italy</td> <td>U.S.A.</td> </tr> </table> <p style="text-align: right;"><i>Other, write here</i></p> <p>12. If born OUTSIDE Canada, in what period did you first immigrate to Canada?</p> <table style="width:100%; border: none;"> <tr> <td>Before 1931</td> <td>1956-1960</td> <td>1967-1968</td> </tr> <tr> <td>1931-1945</td> <td>1961-1964</td> <td>1969</td> </tr> <tr> <td>1946-1950</td> <td>1965</td> <td>1970</td> </tr> <tr> <td>1951-1955</td> <td>1966</td> <td>1971</td> </tr> </table> <p>13. Were your PARENTS born IN Canada?</p> <table style="width:100%; border: none;"> <tr> <td>Both</td> <td>Mother only</td> </tr> <tr> <td>Neither</td> <td>Father only</td> </tr> </table> <p>14. Of what country are you a CITIZEN?</p> <table style="width:100%; border: none;"> <tr> <td>Canada</td> <td>U.S.A.</td> </tr> <tr> <td>U.K.</td> <td></td> </tr> </table> <p style="text-align: right;"><i>Other, write here</i></p> <p>15. To what ethnic or cultural group did you or your ancestor (on the male side) belong on coming to this continent?</p> <table style="width:100%; border: none;"> <tr> <td>English</td> <td>Native Indian</td> <td>Polish</td> </tr> <tr> <td>French</td> <td>— Band</td> <td>Scottish</td> </tr> <tr> <td>German</td> <td>Native Indian</td> <td>Ukrainian</td> </tr> <tr> <td>Irish</td> <td>— Non-band</td> <td></td> </tr> <tr> <td>Italian</td> <td>Netherlands</td> <td></td> </tr> <tr> <td>Jewish</td> <td>Norwegian</td> <td></td> </tr> </table> <p style="text-align: right;"><i>Other, write here</i></p> <p>16. What is your religion?</p> <table style="width:100%; border: none;"> <tr> <td>Anglican</td> <td>Pentecostal</td> <td>No religion</td> </tr> <tr> <td>Baptist</td> <td>Presbyterian</td> <td></td> </tr> <tr> <td>Greek Orthodox</td> <td>Roman Catholic</td> <td></td> </tr> <tr> <td>Jewish</td> <td>Salvation Army</td> <td></td> </tr> <tr> <td>Lutheran</td> <td>Ukrainian Catholic</td> <td></td> </tr> <tr> <td>Mennonite</td> <td>United Church</td> <td></td> </tr> </table> <p style="text-align: right;"><i>Other, write here</i></p> <p>17. What language do you MOST OFTEN speak at home now?</p> <table style="width:100%; border: none;"> <tr> <td>English</td> <td>Magyar</td> </tr> <tr> <td>French</td> <td>Netherlands</td> </tr> <tr> <td>German</td> <td>Polish</td> </tr> <tr> <td>Indian</td> <td>Ukrainian</td> </tr> <tr> <td>Italian</td> <td>Yiddish</td> </tr> </table> <p style="text-align: right;"><i>Other, write here</i></p> <p>18. Can you speak English or French well enough to conduct a conversation? (See Instruction Booklet.)</p> <table style="width:100%; border: none;"> <tr> <td>English only</td> <td>Both English and French</td> </tr> <tr> <td>French only</td> <td>Neither English nor French</td> </tr> </table> <p>19. Have you attended school or university since last September?</p> <table style="width:100%; border: none;"> <tr> <td>Yes, full time</td> <td>Yes, part time, day or evening</td> <td>No</td> </tr> </table> <p>20. What is the HIGHEST grade or year of elementary or secondary school you ever attended? (See Instruction Booklet.)</p> <table style="width:100%; border: none;"> <tr> <td>No schooling</td> <td>Elementary or secondary (grade or year)</td> </tr> <tr> <td>Kindergarten</td> <td>1 2 3 4 5 6 7 8 9 10 11 12 13</td> </tr> </table>	Nfld.	N.S.	Que.	Man.	Alta.	Yukon	P.E.I.	N.B.	Ont.	Sask.	B.C.	N.W.T.	U.K.	Poland	Germany	Rep. of Ireland	Italy	U.S.A.	Before 1931	1956-1960	1967-1968	1931-1945	1961-1964	1969	1946-1950	1965	1970	1951-1955	1966	1971	Both	Mother only	Neither	Father only	Canada	U.S.A.	U.K.		English	Native Indian	Polish	French	— Band	Scottish	German	Native Indian	Ukrainian	Irish	— Non-band		Italian	Netherlands		Jewish	Norwegian		Anglican	Pentecostal	No religion	Baptist	Presbyterian		Greek Orthodox	Roman Catholic		Jewish	Salvation Army		Lutheran	Ukrainian Catholic		Mennonite	United Church		English	Magyar	French	Netherlands	German	Polish	Indian	Ukrainian	Italian	Yiddish	English only	Both English and French	French only	Neither English nor French	Yes, full time	Yes, part time, day or evening	No	No schooling	Elementary or secondary (grade or year)	Kindergarten	1 2 3 4 5 6 7 8 9 10 11 12 13	<p>21. Are you 15 years of age or older (i.e., born before June 1, 1956)?</p> <p>No → End here for this person</p> <p>Yes → Continue below</p> <p>22. Where did you attend your HIGHEST grade of elementary or secondary school?</p> <p><input type="checkbox"/> This province <i>Other province (specify)</i> →</p> <p><input type="checkbox"/> Outside Canada</p> <p><input type="checkbox"/> No schooling</p> <p>23. How many years of schooling have you had since secondary school?</p> <table style="width:100%; border: none;"> <tr> <td>University →</td> <td>None</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> <td>6+</td> </tr> <tr> <td>Other (See Instruction Booklet.) →</td> <td>None</td> <td>1</td> <td>2</td> <td>3+</td> <td></td> <td></td> <td></td> </tr> </table> <p>24. Do you have a university degree, certificate or diploma?</p> <p><i>Mark highest academic qualification.</i></p> <p><input type="checkbox"/> No university degree, certificate or diploma</p> <p><input type="checkbox"/> Yes, a university certificate or diploma (below Bachelor level)</p> <p><input type="checkbox"/> Yes, Bachelor degree</p> <p><input type="checkbox"/> Yes, First Professional degree</p> <p><input type="checkbox"/> Yes, a Master's or equivalent, or earned Doctorate (e.g., Ph.D., Ed.D.)</p> <p>25. Have you EVER COMPLETED a full-time vocational course of three months or longer?</p> <p><i>Do not include university or high school courses.</i></p> <p><input type="checkbox"/> Yes, apprenticeship course</p> <p><input type="checkbox"/> Yes, other full-time vocational</p> <p>No → GO TO QUESTION 26</p> <p>(a) Describe course or apprenticeship of longest duration</p> <p>(e.g., auto mechanic, chemical technology, drafting, commercial art, X-ray technician, accounting, barbering)</p> <p>(b) How long was this course or apprenticeship?</p> <table style="width:100%; border: none;"> <tr> <td>3-5 months</td> <td>1-2 years</td> <td>More than 3 years</td> </tr> <tr> <td>6-12 months</td> <td>2-3 years</td> <td></td> </tr> </table> <p>(c) When did you complete this course or apprenticeship?</p> <table style="width:100%; border: none;"> <tr> <td>Before 1946</td> <td>1956-1960</td> <td>1966-1968</td> </tr> <tr> <td>1946-1955</td> <td>1961-1965</td> <td>1969-1971</td> </tr> </table> <p>26. Where did you live 5 years ago, on June 1, 1966?</p> <p>Same dwelling → SKIP TO QUESTION 28</p> <p>Same city, town, village or municipality (not same dwelling)</p> <p>Outside of Canada</p> <p>Different city, town, village or municipality in Canada. give its name →</p> <p style="text-align: center;">City, town, village, municipality, etc.</p> <p style="text-align: center;">County Province</p> <p>IMPORTANT: If outside city or town limits, specify name of suburban municipality and not of city or town</p> <p>27. How many times have you MOVED from one Canadian city, town, village or municipality to another since June 1, 1966?</p> <p><i>Count moving away and returning to the same place as 2 moves.</i></p> <table style="width:100%; border: none;"> <tr> <td>None</td> <td>2</td> <td>4</td> </tr> <tr> <td>1</td> <td>3</td> <td>5 or more</td> </tr> </table>	University →	None	1	2	3	4	5	6+	Other (See Instruction Booklet.) →	None	1	2	3+				3-5 months	1-2 years	More than 3 years	6-12 months	2-3 years		Before 1946	1956-1960	1966-1968	1946-1955	1961-1965	1969-1971	None	2	4	1	3	5 or more	<p>28. For PERSONS ever married:</p> <p>What was the date of your first marriage?</p> <p><i>Mark circles for month, decade and year.</i></p> <table style="width:100%; border: none;"> <thead> <tr> <th>Month</th> <th>Decade</th> <th>Year</th> </tr> </thead> <tbody> <tr> <td>Jan.</td> <td>July</td> <td>188- 0</td> </tr> <tr> <td></td> <td></td> <td>189- 1</td> </tr> <tr> <td>Feb.</td> <td>Aug.</td> <td>190- 2</td> </tr> <tr> <td></td> <td></td> <td>191- 3</td> </tr> <tr> <td>Mar.</td> <td>Sept.</td> <td>192- 4</td> </tr> <tr> <td></td> <td></td> <td>193- 5</td> </tr> <tr> <td>Apr.</td> <td>Oct.</td> <td>194- 6</td> </tr> <tr> <td></td> <td></td> <td>195- 7</td> </tr> <tr> <td>May</td> <td>Nov.</td> <td>196- 8</td> </tr> <tr> <td></td> <td></td> <td>197- 9</td> </tr> <tr> <td>June</td> <td>Dec.</td> <td></td> </tr> </tbody> </table> <p>29. For WOMEN ever married:</p> <p>How many babies have you had, not counting stillbirths?</p> <table style="width:100%; border: none;"> <tr> <td>None</td> <td>5</td> <td>10</td> </tr> <tr> <td>1</td> <td>6</td> <td>11</td> </tr> <tr> <td>2</td> <td>7</td> <td>12</td> </tr> <tr> <td>3</td> <td>8</td> <td>13</td> </tr> <tr> <td>4</td> <td>9</td> <td>14+</td> </tr> </table> <p>30. For MEN 35 years of age or over:</p> <p>Did you have any wartime service in the active military forces of Canada or allied countries?</p> <p>Yes, in World War I or earlier wars</p> <p>Yes, in World War II or in Korea</p> <p>No wartime service</p> <p style="text-align: center;">OFFICE USE ONLY</p> <p>11.</p> <p>14.</p> <p>15.</p> <p>16.</p> <p>17.</p> <p>22.</p> <p>25.</p> <p>26.</p> <p style="text-align: right;">PN • C</p>	Month	Decade	Year	Jan.	July	188- 0			189- 1	Feb.	Aug.	190- 2			191- 3	Mar.	Sept.	192- 4			193- 5	Apr.	Oct.	194- 6			195- 7	May	Nov.	196- 8			197- 9	June	Dec.		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QUESTIONS 31 TO 40 ARE TO BE ANSWERED IF YOU ARE 15 OR OVER (BORN BEFORE JUNE 1, 1966)

31. (a) How many hours did you work for pay or profit last week?
Include all jobs and overtime.
 None 20 or more
 1-19

(b) Last week, how many hours did you help without pay in the operation of a family business or farm?
Do not include housework in own home.
 None 20 or more
 1-19

(c) Did you look for work last week?
For example, contact a Canada Manpower Centre, check with employers, place or answer newspaper ads, etc.
 Yes No

(d) Last week did you have a job from which you were on temporary lay-off?
 Yes No

(e) Last week did you have a job or business from which you were absent because of illness, vacation, strike, training courses, etc.?
 Yes No

32. When did you last work at all, even for a few days?
 In 1971
 In 1970
 Before 1970 SKIP TO QUESTION 40
 Never worked

Questions 33-38 refer to your job or business last week. If none, answer for your job of longest duration since January 1, 1970.

33. How many hours do you usually work each week?
 1-19 35-39 50 or more
 20-29 40-44
 30-34 45-49

34. For whom did you work? PLEASE PRINT:
 Name of firm, government agency, etc.
 Department, branch, division, or section

35. Industry
 What kind of business, industry or service was this?
Give a full description, e.g., paper-box mfg., road construction, retail shoe store.

36. Occupation
(a) What kind of work were you doing?
E.g., selling shoes, civil engineering, motor vehicle repairing, metal machining, clerical work.

(b) What were your most important activities or duties?
E.g., fitting shoes, designing bridges, auto body work, operating lathe, posting invoices.

(c) What was your job title?
E.g., manager of shoe department, civil engineer, auto body repairman, lathe operator, invoice clerk.

37. In this occupation were you mainly:
 working for wages, salary, tips or commission?
 working without pay in a family business or farm?
 self-employed without paid help? Was this firm or business incorporated? Yes No
 self-employed with paid help?

38. Where do you usually work?
Give this information for job described above. If no usual place of work, see Instruction Booklet.
 Number _____ Street _____
 City, town, village or municipality _____ County _____ Province _____
 At home Outside Canada

39. (a) In how many weeks did you work during 1970?
Include weeks worked part-time, leave with pay and weeks of self-employment.
 Did not work during 1970 14-26 40-48
 1-13 27-39 49-52

(b) Was this work mainly full-time or part-time?
 Full-time Part-time

40. INCOME FOR 1970 (State in dollars only)

(a) During 1970 what were your total wages and salaries, commissions, bonuses, tips, etc.? (before any deductions)
 Amount \$ _____ /00 None

(b) During 1970 what was your net income from self-employment or operating your own non-farm business or professional practice?
State total business income less expenses of operation. If lost money, give amount and write "Loss"
 Amount \$ _____ /00 None

(c) During 1970 what was your net income from operating a farm on your own account or in partnership?
State total farm income less expenses of operation. If lost money, give amount and write "Loss"
 Amount \$ _____ /00 None

(d) During 1970 how much income did you receive from:

- Family and youth allowances?
 Amount \$ _____ /00 None
- Government old age pensions, Canada pensions, and Quebec pensions?
 Amount \$ _____ /00 None
- Other government income? (e.g., unemployment insurance, veterans' pensions and allowances, welfare)
 Amount \$ _____ /00 None
- Retirement pensions from previous employment?
 Amount \$ _____ /00 None
- Bond and deposit interest and dividends?
 Amount \$ _____ /00 None
- Other investment income? (e.g., net rents)
 Amount \$ _____ /00 None
- Other income? (e.g., alimony)
 Amount \$ _____ /00 None

(e) During 1970 what was your total income? (a+b+c+d)
 Amount \$ _____ /00 None

35	36 S	38	40a) E C	b) E L	c) E L	d) 1	d) 2	d) 3	d) 4	d) 5 E	d) 6 E L	d) 7	e) E L
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