



Ontario Basic Income Pilot Baseline Survey

Preliminary Analysis

July 6, 2018

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Introduction

Objective

This memo presents descriptive analysis of the results of the Ontario Basic Income Pilot (OBIP) baseline survey, which was administered as part of the Pilot enrollment process. Its purpose is to provide a description of the characteristics of participants in the pilot in the baseline, to inform ongoing evaluation activities and decision-making.

Background

BASELINE SURVEY VERSIONS

Two versions of the baseline survey were administered to OBIP applicants:

- The **original survey** was administered at the beginning of the Pilot, starting in June 2017.
- The **revised survey** was launched in December 2017, following the engagement of the OBIP evaluation team. This questionnaire preserved as much of the original survey as possible while aiming to achieve more complete coverage and more rigorous measurement of outcomes of interest and improve user experience.

In this memo, results of the two surveys are harmonized wherever possible. When no clear approach to harmonizing results is available, results are presented separately.

SAMPLE

The data presented in this memo represents baseline survey responses by participants who are enrolled in the Pilot. Since the questionnaire was administered as part of the OBIP application process, some respondents were later deemed ineligible or opted not to enroll – their responses are excluded from the present analysis. Table 1 shows the total number of surveys completed by participants enrolled at each Pilot site, and overall.

TABLE 1 | Baseline survey sample

	All sites	Lindsay	Hamilton	Thunder Bay
Original survey	1,423	331	582	510
Revised survey	5,077	1,513	2,166	1,398
Total	6,500	1,844	2,748	1,908

In this memo

This memo is organised following the section headers in the revised baseline survey. Data from the original survey is presented under the headers which most closely align with each question.

The revised survey includes several scales for which derived scores or metrics have been calculated based on approaches indicated by the research from which the scales were drawn. In these cases, results for the individual scale items have not been included in this memo.

The data is presented in a series of tables, each of which includes the following:

- **Source:** Question numbers from the original and revised surveys corresponding to the results presented in the table, with derived variables flagged. For questions from the revised survey, question numbering is not unique (numbering begins at 1 in each section), so question numbers for the revised survey include a prefix indicating which section they are taken from (e.g. "HA" for "How you heard about the Pilot," "SD" for "Socio-demographics," etc. – see Appendices for a complete list).

In cases where data has been harmonized but there are slight wording differences between the original and revised survey questions, this is included in the source note. The number of valid responses (N) used to calculate the results presented in the table is also included.

- **Note:** An additional note is included where necessary to flag significant differences between the original and revised survey, to provide context for interpreting scales, and to provide any additional explanation as necessary.

Descriptive Analysis

How you heard about the Basic Income Pilot

TABLE 2 | How participants heard about the Pilot

Source: Revised survey, HA1 (N=5,053)

	All sites	Lindsay	Hamilton	Thunder Bay
Friend or family member	63.4%	75.4%	53.6%	65.7%
Application package received by mail	7.8%	1.5%	9.7%	11.7%
Ontario Works staff	5.4%	6.4%	6.8%	2.1%
Ontario Disability Support Program staff	3.2%	2.3%	3.9%	2.9%
Radio, television, or online	23.1%	16.6%	26.8%	24.4%
Flyer/postcard received by mail	2.6%	3.7%	2.0%	2.3%
Flyer/postcard received another way	1.8%	3.2%	1.3%	1.0%
Other	10.4%	11.5%	10.4%	9.3%

Socio-demographics

TABLE 3 | Age

Source: Original survey, Q2; Revised survey, derived from SD1 (N=6,501)

	All sites	Lindsay	Hamilton	Thunder Bay
Average age	38.1	35.8	39.4	38.5
Age range				
18-29	34.8%	42.8%	30.1%	33.8%
30-49	37.0%	33.2%	39.4%	37.3%
50 +	28.2%	24.0%	30.5%	28.9%

TABLE 4 | Birthplace and citizenship

Source: Original survey Q5a, c; Revised survey, SD2-3 (N varies, see table)

	All sites	Lindsay	Hamilton	Thunder Bay
Born in Canada (N=6,498)	88.3%	97.0%	77.3%	95.6%
Canadian citizen (N=6,496)	96.9%	98.9%	93.9%	99.3%

TABLE 5 | Length of time immigrants have lived in Canada

Source:

- Original survey, derived from Q5b "In what year did you first come to Canada to live?"
- Revised survey, derived from SD5 "In what year did you first become a landed immigrant?"
- (N=614)

	All sites	Lindsay	Hamilton	Thunder Bay
Average number of years in Canada	23.8	30.0	22.6	29.0
Time lived in Canada				
10 years or less	25.6%	25.0%	26.8%	16.4%
More than 10 years	74.4%	75.0%	73.2%	83.6%

Note: Questions were only posed to participants not born in Canada

TABLE 6 | Indigenous self-identification

Source: Original survey, Q5g-h; Revised survey, SD6-7 (N varies, see table)

	All sites	Lindsay	Hamilton	Thunder Bay
Indigenous self-identification (N=6,337)				
Not Indigenous	88.7%	94.6%	93.7%	76.0%
First Nations	8.0%	3.0%	3.6%	19.2%
Métis	2.0%	1.1%	1.2%	4.0%
Inuit	0.0%	0.1%	0.0%	0.0%
Other Indigenous identity	1.2%	1.2%	1.5%	0.7%
Total participants who self-identify as Indigenous (derived from above) (N=6,337)	11.2%	5.4%	6.3%	23.9%
Registered under the <i>Indian Act of Canada</i> (N=6,324)	7.2%	1.3%	2.5%	19.3%

TABLE 7 | Ethnocultural self-identification

Source: Original survey, Q5i; Revised survey, SD8 (N=6,373)

Note: Some options differed on the original and revised survey. Options appearing only on one of the two surveys are indicated (see table footnote). Percentages are reported for the sample of participants who responded this question in either survey.

	All sites	Lindsay	Hamilton	Thunder Bay
None of the below ¹	3.8%	0.9%	1.6%	9.9%
Arab	1.6%	0.1%	3.6%	0.1%
Black	3.1%	0.5%	6.0%	1.3%
Chinese ¹	0.7%	0.1%	1.4%	0.3%
Filipino	0.4%	0.2%	0.6%	0.2%
Japanese	0.2%	0.0%	0.2%	0.4%
Korean	0.1%	0.0%	0.2%	0.1%
Latin American	0.9%	0.4%	1.6%	0.3%
South Asian ¹	1.4%	0.7%	2.6%	0.3%
Southeast Asian ¹	0.5%	0.0%	1.0%	0.1%
West Asian ¹	0.4%	0.1%	0.7%	0.1%
White	81.7%	94.2%	75.1%	78.9%
South Asian – Chinese ²	0.3%	0.1%	0.5%	0.2%
Southeast Asian/West Asian ²	0.3%	0.1%	0.5%	0.4%
Other	7.3%	2.7%	9.1%	9.2%

1. Options appear only on the Revised survey

2. Options appear only on the Original survey

TABLE 8 | Languages spoken

Source:

- Original survey, derived from Q6a "What languages do you speak and write well enough to get a job or go to school?" – multiple selection
- Revised survey, derived from SD9 "Can you speak English or French well enough to conduct a conversation?" – single selection, including an option for "Both English and French."
- (N=6,491)

	All sites	Lindsay	Hamilton	Thunder Bay
English	99.4%	99.8%	99.1%	99.6%
French	5.0%	5.3%	4.7%	5.2%
Neither English nor French	0.5%	0.2%	0.9%	0.3%

TABLE 9 | Highest education obtained

Source: Original survey, Q46; Revised survey, derived from SD11-13 (N varies, see table)

Note: Options vary between the original and revised survey, and so are presented separately.

Percentages are calculated separately for the original and revised survey, with each table sub-section adding to 100%.

	All sites	Lindsay	Hamilton	Thunder Bay
Original survey (N=1,335)				
Grade 8 or less	3.9%	2.4%	5.4%	3.1%
Some high school	19.3%	23.5%	16.9%	19.5%
High school diploma	20.9%	31.2%	19.1%	16.6%
Some postsecondary	19.0%	17.5%	19.6%	19.3%
Certificate or diploma from a college or university	32.7%	24.8%	34.2%	35.9%
Post graduate or professional degree from a university	4.1%	0.7%	4.7%	5.6%
Revised survey (N=4,917)				
Less than a high school diploma	26.9%	29.6%	23.2%	29.5%
High school diploma	31.9%	39.2%	27.3%	31.1%
Trade certificate or diploma from a vocational school or apprenticeship training	9.9%	9.7%	9.8%	10.3%
Non-university certificate or diploma from a community college, CEGEP, school of nursing, etc.	20.3%	17.1%	23.3%	18.9%
University certificate below bachelor's level	1.1%	0.3%	1.6%	1.2%
Bachelor's degree	7.1%	3.3%	10.2%	6.2%
University degree or certificate above bachelor's degree	2.9%	0.7%	4.5%	2.8%

TABLE 10 | Gender identity

Source: Revised survey, SD14-15 (N varies, see table)

Note: Participants were not asked their sex or gender on the original survey

	All sites	Lindsay	Hamilton	Thunder Bay
Gender identity, multiple selection (N=5,071):				
Female	52.5%	54.8%	53.2%	49.2%
Male	46.6%	45.0%	45.8%	49.7%
Trans - female to male	0.1%	0.1%	0.2%	0.1%
Trans - male to female	0.3%	0.1%	0.6%	0.1%
Genderqueer/gender non-conforming	0.6%	0.1%	1.0%	0.5%
Two-Spirit	0.4%		0.4%	0.7%
Other identity	0.3%	0.1%	0.4%	0.2%

TABLE 11 | Marital status

Source: Original survey, derived from Q2; Revised survey, derived from SD16 (N=6,422)

	All sites	Lindsay	Hamilton	Thunder Bay
Has spouse or common-law partner	13.8%	11.7%	16.4%	12.1%

Spouse/Partner

TABLE 12 | Partner's age

Source: Original survey, Q2; Revised survey, derived from PD1 (N=885)

	All sites	Lindsay	Hamilton	Thunder Bay
Average age	40.6	38.6	41.3	41.3
Age range				
< 29	25.1%	33.8%	21.6%	23.8%
30-49	45.2%	37.6%	50.3%	42.3%
50 +	29.7%	28.6%	28.1%	33.9%

TABLE 13 | Partner's gender identity

Source: Revised survey, PD2 "Do you identify as... (check all that apply)" (N=604)

Note: Participants were not asked their partner's gender on the original survey

	All sites	Lindsay	Hamilton	Thunder Bay
Gender identity				
Female	46.8%	41.5%	48.9%	48.1%
Male	52.8%	57.9%	50.5%	51.9%
Trans - female to male	0.0%	0.0%	0.0%	0.0%
Trans - male to female	0.3%	0.0%	0.3%	0.6%
Genderqueer/gender non-conforming	0.2%	0.0%	0.3%	0.0%
Two-Spirit	0.2%		0.0%	0.0%
Other identity	0.1%	0.0%	0.3%	0.0%

TABLE 14 | Partner's highest education obtained

Source: Original survey, Q46; Revised survey, derived from PD3-5 (N varies, see table)

Note: Options vary between the original and revised survey, and so are presented separately below.

	All sites	Lindsay	Hamilton	Thunder Bay
Original survey (N=227)				
Grade 8 or less	4.0%	0.0%	5.4%	4.2%
Some high school	22.9%	34.9%	19.6%	20.8%
High school diploma	20.7%	20.9%	22.3%	18.1%
Some postsecondary	16.3%	18.6%	15.2%	16.7%
Certificate or diploma from a college or university	30.4%	25.6%	30.4%	33.3%
Post graduate or professional degree from a university	5.7%	0.0%	7.1%	6.9%
Revised survey (N=617)				
Less than a high school diploma	28.2%	29.7%	24.8%	33.8%
High school diploma	28.0%	37.3%	24.1%	26.4%
Trade certificate or diploma from a vocational school or apprenticeship training	10.7%	10.1%	8.4%	16.2%
Non-university certificate or diploma from a community college, CEGEP, school of nursing, etc.	17.5%	19.0%	19.3%	12.2%
University certificate below bachelor's level	2.4%	0.6%	3.5%	2.0%
Bachelor's degree	9.2%	1.3%	14.5%	6.8%
University degree or certificate above bachelor's degree	3.9%	1.9%	5.5%	2.7%

Household

TABLE 15 | Household composition

Source: Original survey, Q1; Revised survey, HH1 (N=6,439)

	All sites	Lindsay	Hamilton	Thunder Bay
Number of people in household (all ages), including participant				
1	35.4%	31.8%	36.8%	36.9%
2	23.2%	23.1%	23.1%	23.4%
3	18.5%	20.6%	17.7%	17.7%
4	12.5%	13.4%	11.8%	12.8%
5	5.9%	6.3%	6.0%	5.5%
6 or more	4.5%	4.9%	4.8%	3.7%
Number of children (under 18) in household				
0	72.8%	71.4%	72.5%	74.7%
1	13.6%	15.0%	13.4%	12.4%
2	8.3%	8.7%	8.5%	7.4%
3	3.6%	3.2%	3.8%	3.7%
4 or more	1.7%	1.8%	1.6%	1.8%
Number of other adults (18 and over) in household				
0	58.1%	55.0%	60.6%	57.6%
1	18.0%	17.2%	17.8%	19.1%
2	13.6%	15.8%	11.9%	13.7%
3	6.8%	7.6%	6.3%	6.9%
4 or more	3.3%	4.4%	3.4%	2.7%

TABLE 16 | Participant’s relationship to children in household

Source: Revised survey, derived from HH3 (N=5,041)

	All sites	Lindsay	Hamilton	Thunder Bay
Participants with any children in household	27.0%	29.5%	26.9%	24.6%
Participants with <i>any</i> children in household related to them in the following way:				
Child of participant only	14.3%	16.7%	13.1%	13.6%
Child of participant and participant’s partner	7.2%	6.5%	9.4%	4.7%
Child of participant’s partner only	0.7%	0.7%	0.5%	0.8%
Grandchild	1.1%	1.0%	0.8%	1.4%
Son- or daughter-in-law	0.0%	0.0%	0.0%	0.0%
Brother or sister	3.2%	4.5%	2.4%	3.1%
Foster child	0.1%	0.0%	0.0%	0.4%
Roommate, lodger, or landlord’s child	0.7%	0.9%	0.3%	1.3%
Other child	1.6%	1.3%	1.3%	2.4%

TABLE 17 | Participant’s relationship to other adults in household

Source: Revised survey, derived from HH5 (N=4,897)

	All sites	Lindsay	Hamilton	Thunder Bay
Participants with any adults in household (other than partner)	43.0%	46.8%	39.4%	44.6%
Participants with <i>any</i> adults in household related to them in the following way:				
Adult child of participant only	4.8%	4.5%	5.1%	4.6%
Adult child of participant and participant’s partner	2.0%	1.3%	2.7%	1.8%
Adult child of participant’s partner only	0.3%	0.3%	0.3%	0.3%
Adult grandchild	0.1%	0.1%	0.0%	0.1%
Son- or daughter-in-law	0.5%	0.6%	0.5%	0.3%
Brother or sister	10.3%	11.4%	9.6%	10.0%
Adult foster child	0.0%	0.0%	0.0%	0.0%
Roommate, lodger, or landlord	9.2%	10.0%	7.7%	10.5%
Parent	23.0%	28.2%	19.6%	23.0%
Father- or mother-in-law	0.5%	0.6%	0.6%	0.4%
Grandparent	1.6%	1.5%	1.3%	2.1%
Other adult	5.5%	6.0%	4.6%	6.3%

School attendance

TABLE 18 | Current school attendance

Source:

- Original survey, Q48 "Right now, are [you a] student?"
- Revised survey, derived from SA1-2 "Last week, were you attending a school, college or university?"; "Were you enrolled as a full-time or part-time student?"
- (N=6,448)

	All sites	Lindsay	Hamilton	Thunder Bay
Not a student	87.3%	88.2%	87.6%	86.1%
Part-time student	2.9%	2.8%	3.0%	2.6%
Full-time student	9.8%	9.0%	9.4%	11.2%

TABLE 19 | Type of institution and program that current students are enrolled in

Source: Revised survey, derived from SA3-5,7 (N varies, see table)

Note: Participants are asked about enrollment in high school in both questions SA3 and SA7. In this table, "high school or equivalent" includes participants who indicated they are enrolled in high school or high school equivalence in response to either of these two questions.

	All sites	Lindsay	Hamilton	Thunder Bay
Type of educational institution (N=763)				
High school or equivalent	27.1%	39.3%	21.4%	23.5%
College	33.7%	33.3%	36.2%	30.5%
University	31.7%	23.7%	31.4%	39.8%
Other	7.5%	3.7%	11.0%	6.2%
College students: type of college program (N=260)				
1-year certificate	9.6%	18.1%	7.8%	4.2%
2-year diploma	50.0%	50.0%	44.8%	58.3%
3-year diploma	24.6%	18.1%	31.0%	20.8%
4-year degree	1.9%	5.6%	0.9%	0.0%
Post-graduate certificate	2.7%	0.0%	6.0%	0.0%
Other	11.2%	8.3%	9.5%	16.7%
University students: type of university program (N=243)				
Undergraduate degree	84.0%	92.5%	74.0%	90.0%
Graduate degree	13.6%	5.7%	22.0%	8.9%
Post-graduate certificate	0.8%	0.0%	2.0%	0.0%
Other	1.6%	1.9%	2.0%	1.1%

TABLE 20 | Current enrollment in other education or training programs

Source: Revised survey, SA6-7 (N varies, see table)

Note: Participants enrolled in high school or high school equivalency are included in Table 19 (see table note).

	All sites	Lindsay	Hamilton	Thunder Bay
Participants currently enrolled in other education or training programs (N=5,072)	4.7%	4.3%	5.0%	4.5%
Type of other training (N=234)				
On-the-job training	21.8%	23.4%	23.1%	17.7%
English as a Second Language	9.4%	1.6%	19.4%	0.0%
Literacy and Basic Skills	4.7%	4.7%	2.8%	8.1%
High school equivalency	12.8%	10.9%	13.9%	12.9%
Apprenticeship training	7.7%	10.9%	3.7%	11.3%
Other	28.6%	21.9%	31.5%	30.6%

TABLE 21 | Education and training enrollment in last six months

Source: Revised survey, SA8-11 (N varies, see table)

Note: Original survey asked participants about enrollment in last three months, therefore data is presented separately (see Table 22)

	All sites	Lindsay	Hamilton	Thunder Bay
Enrolled in education or training in last six months (N=5,066)	11.2%	10.7%	12.0%	10.5%
Type of education or training program in which participant was enrolled in last six months (N=566)				
On-the-job training	34.7%	39.5%	30.1%	37.7%
English as a Second Language	1.2%	1.2%	1.9%	0.0%
Literacy and Basic Skills	1.4%	0.0%	2.3%	1.4%
High school (including adult high school, learning centre, online)	9.5%	14.8%	5.8%	10.3%
High school equivalency	4.2%	3.7%	3.1%	6.8%
College	23.8%	21.6%	27.0%	20.5%
University	14.1%	6.8%	13.1%	24.0%
Apprenticeship training	2.3%	3.1%	1.9%	2.1%
Other training	20.6%	20.4%	21.6%	19.2%
College students: type of college program (N=133)				
1-year certificate	20.3%	31.4%	17.4%	13.8%
2-year diploma	45.9%	48.6%	37.7%	62.1%
3-year diploma	18.8%	8.6%	26.1%	13.8%
4-year degree	2.3%	2.9%	1.4%	3.4%
Post-graduate certificate	2.3%	0.0%	4.3%	0.0%
Other	10.5%	8.6%	13.0%	6.9%
University students: type of university program (N=80)				
Undergraduate degree	72.5%	72.7%	70.6%	74.3%
Graduate degree	20.0%	27.3%	23.5%	14.3%
Post-graduate certificate	0.0%	0.0%	0.0%	0.0%
Other	7.5%	0.0%	5.9%	11.4%

TABLE 22 | Educational and training activities in last three months (original survey)

Source: Original survey, Q47 "What education activities have [you] undertaken in the last 3 months?" (N=1,406)

	All sites	Lindsay	Hamilton	Thunder Bay
None	84.0%	86.5%	84.4%	82.0%
Additional courses toward a GED	2.8%	3.7%	1.9%	3.2%
Some trades training	3.9%	4.6%	4.3%	3.0%
University or college courses	7.5%	3.7%	7.6%	9.7%
Post graduate or professional courses	1.8%	1.5%	1.7%	2.2%

Current employment situation

TABLE 23 | Unpaid or volunteer work

Source: Original survey, Q27; Revised survey, CES1-2 (N varies, see table)

	All sites	Lindsay	Hamilton	Thunder Bay
Volunteered last week (N=6,466)	10.7%	9.2%	11.0%	11.7%
Average hours volunteered among those who volunteered (N=640)	8.9	8.9	9.5	8.1

TABLE 24 | Labour force status

Source: Original survey, derived from Q24, 28; Revised survey, derived from CES3-5 & NE1 (N=6,439)

Note: For participants who do not currently have a job, the distinction between those who are “unemployed” and those “not in the labour force” is made as follows:

- Original survey: “unemployed” if searched for work in the *last week*; otherwise, “not in the labour force”
- Revised survey: “unemployed” if searched for work in the *last four weeks* OR on temporary layoff for under a year and expected to be recalled; otherwise, “not in the labour force”

	All sites	Lindsay	Hamilton	Thunder Bay
Employed	35.0%	37.2%	33.0%	35.9%
Unemployed	18.1%	17.4%	20.0%	16.0%
Not in the labour force	46.9%	45.3%	47.0%	48.1%

Currently employed

Questions in this section were only asked of participants who indicated they are currently employed.

TABLE 25 | Participants with multiple jobs

Source: Original survey, Q24a; Revised survey CE1 (N=2,248)

	All sites	Lindsay	Hamilton	Thunder Bay
Participants with two or more jobs	13.3%	12.4%	12.6%	15.1%

TABLE 26 | Class of employment

Source: Original survey, Q24; Revised survey, CE2-3 (N varies, see table)

Note:

- In the original survey, participants could report on whether they were employees or self-employed for multiple jobs; in the revised survey, they were asked to report on the job at which they usually work the most hours. To harmonize the data, for the original survey, if the participant had both a full-time and a part-time job, the class of employment for the full-time job was counted. If both jobs were either full- or part-time, the participant was counted as an employee.
- Self-employed participants were asked if they had employees in the revised survey only.

	All sites	Lindsay	Hamilton	Thunder Bay
Class of employment (N=2,237)				
Employee	87.3%	90.2%	83.7%	89.2%
Self-employed	12.7%	9.8%	16.3%	10.8%
Self-employed participants who have employees (N=195)	6.7%	14.0%	1.1%	10.0%

TABLE 27 | Number of hours worked

Source:

- **Actual hours worked last week:** Original survey, Q24c (*hours worked at all jobs*); Revised survey, CE6 (*hours worked at job where participant worked the most hours*)
- **Usual hours worked per week:** Revised survey, derived from CE4-5
- **Average hours worked over last 4 weeks:** Revised survey, derived from CE6
- **N varies, see table**

Note:

- The revised survey included additional measures of hours worked – actual hours worked each week for the past four weeks, and the participant’s estimate of usual number of hours worked. These are reported separately in the table below.

	All sites	Lindsay	Hamilton	Thunder Bay
Average actual hours worked last week (N=1,957) <i>Sample limited to respondents who worked more than 0 hours last week</i>	26.1	26.2	26.0	26.1
Revised survey:				
Average estimated usual number of hours worked at all jobs (N=1,661) <i>Sample limited to respondents who usually work more than 0 hours</i>	26.6	27.9	26.3	25.3
Full-time hours (usual weekly hours 30+, N=1,661)	44.7%	50.2%	43.1%	40.3%
Average hours worked over last 4 weeks (N=977) <i>Sample limited to respondents who were employed in all four weeks and did not report being away from work in any week due to sickness, vacation, etc.</i>	25.3	26.1	25.7	23.7

TABLE 28 | Hourly earnings

Source: Original survey, derived from Q24c-d; Revised survey, derived from CE7-10 (N varies, see table)

Note:

- The original survey asks for average hourly wage across all jobs, while the revised survey allows participants to report wages for more than one job. To harmonize the data, average wage was derived for participants who reported on more than one job in the revised survey.
- The original survey asks for average hourly wage (Q24d). Annualized earnings are derived based on usual number of hours worked (Q24c) and assuming that participants work 52 weeks a year.
- The revised survey allows participants to choose how to report earnings (e.g. hourly, daily, monthly, yearly, etc.) (CE7,9), then asks for a dollar amount based on this schedule (CE8, 10). When necessary, hourly and annualized earnings are derived based on usual number of hours worked (CE4-5) and assuming that participants work 52 weeks a year. Some respondents appear to have reported a non-hourly schedule of earnings, but then entered their hourly rate – in these cases, earnings were interpreted to be hourly (see Methodological Note 1).

	All sites	Lindsay	Hamilton	Thunder Bay
Average hourly earnings, all jobs (N=1,908)	\$16.24	\$15.97	\$16.12	\$16.66
Annualized earnings, all jobs (N=1,926)	\$19,072.34	\$19,083.95	\$19,000.62	\$19,153.72

METHODOLOGICAL NOTE 1 | Interpretation of hourly earnings in revised survey

In the revised survey, some earners reported very low derived hourly earnings (less than \$1 for roughly 7% of earners). Analysis suggests this occurred when respondents identified that they wished to report their earnings according to a non-hourly payment schedule, but then entering a dollar value corresponding with their hourly earnings (e.g. indicating that they were paid biweekly, but entering "\$15" as the amount that they were paid).

To correct for this data entry error in this analysis, participant payment schedules were recoded to "hourly", if a respondent's derived hourly earnings are <\$5 and the dollar amount they entered for their earnings is between \$5-\$50. This approach yields mean earnings among these participants which are very close to the mean earnings of the rest of the sample.

TABLE 29 | Job permanence

Source: Revised survey, CE11-12 (N varies, see table)

	All sites	Lindsay	Hamilton	Thunder Bay
Employed participants with non-permanent jobs (N=1,764)	27.6%	22.8%	33.1%	25.7%
Reason job is non-permanent (N=482)				
Seasonal	16.6%	24.1%	13.0%	15.1%
Temporary, term, or contract	48.5%	42.9%	54.3%	44.4%
Casual	34.9%	33.1%	32.7%	40.5%

TABLE 30 | Job characteristics and opportunities for advancement

Source: Revised survey, CE13-15 (N varies, see table)

Note: Participants with more than one job were asked to answer this question for the job at which they work the most hours per week (their “main job”).

	All sites	Lindsay	Hamilton	Thunder Bay
Employed participants whose main job is unionized (N=1,738)	15.7%	13.5%	12.2%	23.1%
Employed participants whose main job offers the following benefits (N=1,750)				
Medical insurance or health plan	21.8%	19.8%	22.9%	22.5%
Dental coverage	22.4%	20.1%	23.7%	23.3%
Life and/or disability insurance	11.9%	9.9%	11.9%	14.4%
Responses by employed participants to “My job offers good prospects for career advancement” (N=1,746)				
Strongly disagree	22.7%	20.4%	22.7%	25.6%
Disagree	39.7%	37.9%	39.8%	41.9%
Agree	31.3%	35.0%	31.1%	27.2%
Strongly agree	6.2%	6.8%	6.4%	5.4%

Not currently employed

Questions in this section were only asked of participants who indicated they are not currently employed.

TABLE 31 | Job seeking

Source: Original survey, Q28; Revised survey, NE1-2 (N varies, see table)

Note:

- In the original survey, participants were asked if they looked for work in the *last week*, and in the revised survey, they were asked if they looked for work in the *last four weeks*. The results are combined in the table below.
- In the revised survey, participants who had been looking for work were asked how many weeks they had been trying to find work. The original survey did not ask this question.

	All sites	Lindsay	Hamilton	Thunder Bay
Looked for a job in last week (original survey) or last four weeks (revised survey) (N=4,194)	28.7%	28.7%	30.7%	25.7%
Average number of weeks spent looking for work (N=837)	24.2	21.1	28.6	18.8
Time spent looking for work (derived from above) (N=837)				
4 weeks or less	34.8%	37.1%	33.4%	34.8%
5-8 weeks	19.5%	22.3%	17.2%	20.9%
9-26 weeks	27.0%	24.9%	27.5%	28.4%
27-52 weeks	10.4%	8.7%	11.5%	10.0%
> 1 year	8.4%	7.0%	10.3%	6.0%

TABLE 32 | Reasons for not seeking work

Source: Original survey, Q29; Revised survey, NE3 (N varies, see table)

Note: Options vary between the original and revised survey, and so are presented separately.

	All sites	Lindsay	Hamilton	Thunder Bay
Original survey (N=765)				
<i>Multiple selection</i>				
Unable to work due to a disability	70.3%	78.7%	70.6%	63.4%
Have family responsibilities	14.4%	11.6%	12.3%	18.9%
Have school/training responsibilities	5.9%	2.9%	5.1%	9.1%
Have tried before and not trying right now	8.4%	7.7%	8.9%	8.3%
Other	16.2%	12.1%	19.1%	16.2%
Revised survey (N=2,204)				
<i>Single selection</i>				
Own illness/disability	65.1%	63.1%	65.4%	66.7%
Caring for own children	8.7%	10.0%	8.1%	8.5%
Caring for elder relative	1.6%	1.5%	2.0%	1.1%
Other personal/family responsibilities	3.7%	5.2%	2.2%	4.5%
Going to school	6.6%	5.9%	6.5%	7.5%
Waiting for recall to former job	1.1%	2.0%	1.1%	0.3%
Waiting for replies from employers	0.9%	0.8%	0.8%	1.0%
No work is available	4.3%	5.1%	4.4%	3.3%
Pregnancy	0.6%	0.5%	0.9%	0.3%
Other	7.4%	6.0%	8.6%	6.9%

TABLE 33 | Length of time since last employment

Source: Revised survey, derived from NE5-6 (N=2,772)

	All sites	Lindsay	Hamilton	Thunder Bay
When participant last worked:				
In the last year	29.7%	32.0%	28.7%	29.1%
2 years ago	12.3%	12.0%	13.2%	11.1%
3 years ago	8.2%	8.7%	8.3%	7.5%
4-5 years ago	9.6%	7.1%	10.5%	10.4%
5-10 years ago	12.8%	10.8%	14.2%	12.5%
Over 10 years ago	16.9%	17.4%	15.8%	18.3%
Never worked	10.5%	12.0%	9.2%	11.1%

TABLE 34 | Reason for leaving previous job

Source: Revised survey, NE7 (N=2,930)

	All sites	Lindsay	Hamilton	Thunder Bay
Own illness/disability	39.6%	36.7%	40.6%	40.9%
Caring for own children	4.1%	5.3%	3.4%	4.0%
Caring for elder relative	1.4%	1.0%	1.5%	1.5%
Pregnancy	3.3%	3.5%	3.5%	2.9%
Personal/family responsibility	3.3%	2.8%	3.6%	3.3%
School	6.1%	7.5%	5.5%	5.5%
Lost job, laid off, job ended	22.9%	25.7%	21.5%	22.4%
Business closed	2.7%	2.3%	3.2%	2.3%
I moved	2.4%	3.6%	2.0%	1.6%
Dissatisfied	3.2%	2.8%	3.3%	3.4%
Retired	0.3%	0.2%	0.1%	0.6%
Other	10.7%	8.4%	11.7%	11.5%

TABLE 35 | Application and eligibility for Employment Insurance

Source: Original survey, NE8-9 (N varies, see table)

	All sites	Lindsay	Hamilton	Thunder Bay
Applied for EI since last employed (N=2,917)	26.5%	26.0%	26.2%	27.5%
Was accepted as eligible for EI (N=726)	80.2%	78.9%	83.3%	76.6%

Your partner's current activities

Questions in this section were only asked of participants who indicated they have a spouse or common-law partner.

TABLE 36 | Summary of partner's employment and enrollment in education

Source: Original survey, Q31, 48; Revised survey, PA1,5-8 (N varies, see table)

Note: Questions about partner's employment and student enrollment vary between the original and revised survey, as indicated in the table.

	All sites	Lindsay	Hamilton	Thunder Bay
Partner's employment				
Currently employed (N=878)	41.5%	42.3%	39.3%	44.9%
Has two or more jobs (N=361)	9.4%	9.9%	7.6%	12.0%
Hourly earnings ¹ (N=101)	\$16.3	\$16.6	\$16.5	\$15.8
Actual hours worked last week (N=306)	29.9	33.5	29.8	27.1
Usual weekly hours worked ² (N=222)	30.6	33.8	30.3	27.7
Employed partner is employed full-time (usual weekly hours 30+, N=222)	62.9%	72.1%	62.0%	54.5%
Partner's current enrollment in education				
Currently a student ¹ (N=223)	6.3%	4.9%	4.3%	10.4%
Student now or in last six months ² (N=649)	13.7%	8.3%	17.1%	12.4%

1. Question appears only on the Original survey

2. Question appears only on the Revised survey

TABLE 37 | Partner's education and training enrollment in last six months

Source: Revised survey, PA1-4 (N varies, see table)

	All sites	Lindsay	Hamilton	Thunder Bay
Partner enrolled in education or training in last six months (N=649)	13.7%	8.3%	17.1%	12.4%
Type of education or training program in which partner was enrolled in last six months (N=88)				
On-the-job training	28.4%	50.0%	18.2%	42.1%
English as a Second Language	11.4%	0.0%	18.2%	0.0%
Literacy and Basic Skills	0.0%	0.0%	0.0%	0.0%
High school (including adult high school, learning centre, online)	14.8%	21.4%	14.5%	10.5%
High school equivalency	6.8%	7.1%	7.3%	5.3%
Apprenticeship training	3.4%	14.3%	0.0%	5.3%
College	21.6%	14.3%	21.8%	26.3%
University	13.6%	0.0%	16.4%	15.8%
Other education or training	9.1%	0.0%	12.7%	5.3%
College students: type of college program (N=19)				
1-year certificate	15.8%	0.0%	16.7%	20.0%
2-year diploma	26.3%	100.0%	16.7%	20.0%
3-year diploma	21.1%	0.0%	25.0%	20.0%
4-year degree	10.5%	0.0%	8.3%	20.0%
Post-graduate certificate	10.5%	0.0%	16.7%	0.0%
Other	15.8%	0.0%	16.7%	20.0%
University students: type of university program (N=12)				
Undergraduate degree	58.3%	0.0%	44.4%	100.0%
Graduate degree	16.7%	0.0%	22.2%	0.0%
Post-graduate certificate	16.7%	0.0%	22.2%	0.0%
Other	8.3%	0.0%	11.1%	0.0%

Income

TABLE 38 | Income from employment, OW, ODSP, and other sources in the last month

Source: Original survey, Q33,37; Revised survey, INC1 (N varies due to missing responses, see table)

Note:

- Original survey amalgamates income from all sources other than employment income, OW, and ODSP. To harmonize the data, this table amalgamates all other income categories for the revised survey as well; Table 39 presents these “other” categories separately.
- In the revised survey, missing responses for a given income source are treated as \$0 for that source (see Methodological Note 2, p. 29).

	All sites	Lindsay	Hamilton	Thunder Bay
PARTICIPANT’S INCOME LAST MONTH:				
Participants with income from:				
Employment (N=6,008)	34.7%	35.0%	34.5%	34.5%
Ontario Works (N=6,210)	18.4%	19.2%	20.4%	14.7%
ODSP (N=6,226)	27.6%	26.7%	28.0%	27.8%
Other (N=6,089)	41.2%	38.3%	42.9%	41.4%
Average amount from each source, among individuals reporting that source:				
Employment (N=2,058)	1,258.3	1,336.6	1,223.9	1,231.7
Ontario Works (N=1,123)	722.3	749.4	725.5	681.6
ODSP (N=1,691)	1,053.5	1,061.0	1,077.7	1,011.8
Other (N=2,388)	771.9	806.1	755.6	766.0
Average total income (N=5,588)	1,173.4	1,210.8	1,187.3	1,118.8
PARTNER’S INCOME LAST MONTH:				
Participants whose partners have income from:				
Employment (N=835)	37.4%	38.7%	36.3%	38.2%
Ontario Works (N=857)	4.1%	4.5%	4.9%	2.2%
ODSP (N=849)	7.6%	9.7%	6.5%	8.0%
Other (N=837)	31.7%	34.7%	31.0%	30.7%
Average amount from each source, among partners receiving income from that source:				
Employment (N=305)	1,492.9	1,456.5	1,514.8	1,485.1
Ontario Works (N=27)	827.2	596.5	938.5	735.0
ODSP (N=51)	1,246.5	844.3	1,301.0	1,541.9
Other (N=257)	970.6	840.6	971.4	1,087.2
Partner’s average total income (N=763)	976.6	927.6	950.9	1,068.3
COMBINED INCOME LAST MONTH:				
Average combined income, for participants with partners (N=716)	2,310.4	2,315.0	2,287.8	2,351.0

METHODOLOGICAL NOTE 2 | Blank responses to income and expense categories in revised survey

In the revised survey, respondents were instructed to enter “0” if they had no income or expenses in a given category, and they were given the option of selecting “don’t know” or “prefer not to answer.” However, in many cases respondents left responses blank (not entering any dollar amount and not selecting a non-response option).

For the purposes of this analysis, blank responses to questions on income and expense levels are considered equal to “0”. This aligns with responses provided by participants for other questions – for example, over 90% of those who left a blank value for “employment income” indicated that they were not employed.

TABLE 39 | Detailed income from other sources in the last month

Source: Revised survey, INC1 (N varies due to missing responses, see table)

Note:

- This table only includes revised survey responses; 'other' income sources are amalgamated in original survey.
- Missing responses for a given income source are treated as \$0 for that source (see Methodological Note 2, p. 29).

	All sites	Lindsay	Hamilton	Thunder Bay
PARTICIPANT'S INCOME LAST MONTH:				
Participants who identified income from the following sources:				
Income from EI (N=4,904)	2.6%	2.7%	2.4%	2.7%
Income from child benefits (N=4,900)	16.1%	17.3%	16.7%	13.8%
Income from child support (N=4,917)	3.6%	4.0%	3.5%	3.3%
Income from other (N=4,689)	33.4%	28.2%	35.0%	36.5%
Average amount from each source, among individuals reporting that income source:				
EI income (N=126)	1,199.3	1,428.1	1,104.9	1,085.9
Child benefits income (N=788)	997.3	970.3	1,035.3	962.6
Child support income (N=177)	493.1	485.2	490.3	507.9
Other income (N=1,566)	315.5	293.6	308.5	344.5
PARTNER'S INCOME LAST MONTH:				
Participants who identified income from the following sources for their partner, among participants with partners:				
Partner's income from EI (N=626)	4.2%	4.9%	4.1%	3.4%
Partner's income from child benefits (N=610)	12.8%	8.2%	14.4%	14.5%
Partner's income from child support (N=627)	1.3%	1.8%	1.3%	0.7%
Partner's income from other (N=607)	21.4%	24.0%	19.4%	23.1%
Average amount from each source, among partners receiving income from that source:				
Partner's EI income (N=26)	1,195.2	1,218.0	1,115.6	1,365.6
Partner's child benefits income (N=78)	1,154.2	1,145.4	1,178.3	1,109.3
Partner's child support income (N=8)	391.8	343.3	451.0	300.0
Partner's other income (N=130)	484.0	474.1	372.4	698.2

Expenses

TABLE 40 | Expenses

Source: Revised survey, EX1 (N varies, see table)

Note:

- For *Participants who spent a non-zero amount*, N is total number of participants who provided a response (either a positive value or zero); excludes refusals and blanks.
- For *Average amount spent*, N is total number of participants who spent a positive (non-zero) amount.
- In the revised survey, missing responses for a given expense category are treated as \$0 for that category (see Methodological Note 2, p. 29).

	All sites	Lindsay	Hamilton	Thunder Bay
Participants who spent a non-zero amount on:				
Food (N=4,665)	96.5%	96.4%	96.4%	96.9%
Vehicle (N=4,783)	46.9%	52.2%	42.3%	48.2%
Other transportation (N=4,783)	43.0%	28.6%	53.3%	42.3%
Communication (phone, internet, TV) (N=4,827)	84.5%	83.7%	86.0%	83.2%
Clothing (N=4,696)	48.6%	46.1%	50.6%	48.1%
Children's activities (N=4,980)	9.2%	8.5%	10.2%	8.4%
Educational expenses (N=4,782)	11.1%	9.4%	12.7%	10.2%
Other entertainment (N=4,702)	45.3%	43.3%	43.7%	50.0%
Gifts (N=4,714)	40.1%	38.5%	39.9%	42.1%
Spousal/child support (N=4,808)	2.5%	2.7%	2.5%	2.1%
Average amount spent by participants who spent a non-zero amount:				
Food expenses (N=4,502)	\$309.87	\$292.48	\$318.81	\$314.64
Vehicle expenses (N=2,242)	\$329.95	\$328.89	\$344.51	\$311.21
Other transportation expenses (N=2,054)	\$71.64	\$63.32	\$75.73	\$69.79
Communications (N=4,080)	\$125.52	\$123.82	\$125.44	\$127.46
Clothing expenses (N=2,283)	\$90.50	\$85.90	\$93.26	\$90.79
Children's activities expenses (N=457)	\$130.21	\$136.23	\$134.64	\$115.33
Education expenses (N=529)	\$469.61	\$401.30	\$497.55	\$482.80
Other entertainment expenses (N=2,130)	\$86.38	\$83.24	\$81.53	\$95.96
Gift expenses (N=1,889)	\$97.48	\$99.04	\$94.76	\$100.00
Spousal/child support expenses (N=119)	\$250.73	\$230.01	\$289.98	\$206.69
Total of these expense categories (N=4,312)	\$854.86	\$868.00	\$844.74	\$856.92

Housing

TABLE 41 | Homelessness

Source: Revised survey, HO1-2 (N varies, see table)

Note: Survey question specifies an inclusive definition of homelessness, including staying at an emergency shelter; a shelter for people affected by violence; the street; buildings people weren't meant to live in; or staying temporarily with other people ('couch surfing')

	All sites	Lindsay	Hamilton	Thunder Bay
Homeless in last 12 months (N=5,066)	8.0%	7.7%	8.1%	8.2%
Average approximate nights homeless in last 12 months among those who experienced homelessness (N=348)	120.7	76.9	138.0	136.4
Presently homeless (N=5,065)	2.2%	1.8%	2.4%	2.3%
Where presently homeless participants stayed last night (N=109)				
Someone else's place	60.6%	65.4%	47.1%	78.1%
Motel/hotel	0.9%	3.8%	0.0%	0.0%
Hospital, jail, prison, remand centre	0.0%	0.0%	0.0%	0.0%
Emergency shelter, domestic violence shelter	17.4%	11.5%	23.5%	12.5%
Transitional housing	6.4%	0.0%	11.8%	3.1%
Public space (e.g. sidewalks, squares, parks, forests, bus shelter)	0.9%	0.0%	2.0%	0.0%
Vehicle (car, van, RV, truck)	4.6%	15.4%	2.0%	0.0%
Makeshift shelter, tent or shack	1.8%	0.0%	3.9%	0.0%
Abandoned/vacant building	0.0%	0.0%	0.0%	0.0%
Other unsheltered location	7.3%	3.8%	9.8%	6.3%

TABLE 42 | Dwelling type

Source: Original survey, Q49; Revised survey, derived from HO5-7 (N varies, see table)

Note: Options vary between the original and revised survey, and therefore are presented separately.

	All sites	Lindsay	Hamilton	Thunder Bay
Original survey (N=1,400)				
Single-detached house	37.2%	27.5%	33.0%	48.1%
Double (e.g., side-by-side)	5.1%	5.6%	6.8%	3.0%
Row or terrace	5.5%	6.3%	6.4%	4.0%
Duplex	5.4%	4.7%	4.0%	7.5%
Low-rise apartment (<5 stories)	16.5%	21.6%	13.9%	16.2%
High-rise apartment (5+ stories)	12.4%	8.4%	21.0%	5.1%
Basement or other apartment in a house	8.4%	13.4%	6.1%	7.7%
Institution (e.g. group/nursing home)	0.2%	0.0%	0.3%	0.2%
Mobile dwelling (trailer/mobile home)	0.9%	1.3%	0.0%	1.6%
Hotel; rooming/lodging house; camp	1.6%	3.1%	1.4%	1.0%
Other	6.7%	8.1%	7.0%	5.5%
Revised (N=5,065)				
House	51.6%	51.9%	48.3%	56.3%
Apartment within a house	14.8%	18.4%	12.3%	14.7%
Low-rise apartment (<5 stories)	15.1%	16.4%	12.8%	17.4%
High-rise apartment (5+ stories)	10.8%	3.7%	20.4%	3.8%
Collective dwelling (hotel/motel, rooming/boarding house)	3.0%	5.6%	1.9%	1.9%
Institution (e.g. group/nursing home)	0.3%	0.1%	0.4%	0.4%
Mobile home or movable dwelling (trailer)	0.6%	0.6%	0.1%	1.2%
Other	1.7%	1.6%	1.5%	1.9%
Homeless	2.2%	1.8%	2.4%	2.3%

TABLE 43 | Dwelling rental or ownership

Source: Original survey, Q57; Revised survey, H08 (N=6,390)

	All sites	Lindsay	Hamilton	Thunder Bay
Participant’s dwelling is owned by a member of household	32.0%	31.7%	28.8%	37.0%
Participant’s dwelling is rented by a member of household	62.6%	61.1%	66.4%	58.5%
Not applicable: participant is homeless, or lives in an institution or collective dwelling	5.4%	7.1%	4.8%	4.5%

TABLE 44 | Payment of housing costs and housing subsidisation

Source: Original survey, Q56, 58c; Revised survey, HO9,11 (N varies, see table)

	All sites	Lindsay	Hamilton	Thunder Bay
Who pays participant's housing costs – rent or mortgage, taxes, electricity, etc. (multiple selection) (N=6,426)				
Participant	64.5%	58.3%	68.2%	65.1%
Participant's partner	7.0%	5.9%	7.9%	6.9%
Another person who lives in the dwelling	32.6%	36.1%	29.9%	33.2%
Another person who does not live in the dwelling	7.2%	7.3%	6.7%	7.8%
Neither participant nor their partner pay housing costs (Derived from above)	27.1%	31.4%	23.7%	28.0%
Participant's dwelling is subsidized (N=6,455)	15.1%	13.3%	15.5%	16.3%

TABLE 45 | Housing affordability

Source: Revised survey, derived from HO10-16 (N varies, see table)

Note:

- Shelter cost is calculated as the sum of monthly rent/mortgage (HO10,12), property taxes (HO14), condominium fees (HO15), and cost of utilities (HO16).
- Affordability is shelter cost divided by total income.
- Results are only shown for participants who pay for shelter cost.

	All sites	Lindsay	Hamilton	Thunder Bay
Average shelter cost (N=3,707)	\$716.1	\$722.9	\$747.3	\$659.9
Average shelter cost as a proportion of total income (N=3,123)	55.1%	55.4%	57.3%	51.2%
Housing affordability: ranges of shelter cost as a proportion of total income (N=3,123)				
Affordable (<30%)	26.4%	25.7%	23.3%	32.1%
Unaffordable (30–50%)	28.6%	28.0%	27.1%	31.6%
Severely unaffordable (>50%)	45.0%	46.3%	49.6%	36.3%

TABLE 46 | Number of rooms and bedrooms

Source: Original survey, Q51-52; Revised survey, HO17-18 (N varies, see table)

	All sites	Lindsay	Hamilton	Thunder Bay
Number of rooms in dwelling (excluding institutions, hotels) (N=6,059)				
1	4.1%	2.9%	5.9%	2.6%
2	6.3%	5.6%	6.8%	6.3%
3	14.3%	13.9%	15.8%	12.5%
4	16.8%	16.5%	16.2%	17.9%
5	17.5%	16.3%	17.2%	19.0%
6	14.9%	13.9%	14.9%	15.9%
7	10.8%	11.0%	9.9%	11.9%
8	7.3%	9.6%	6.2%	6.7%
9	3.3%	3.9%	3.1%	3.2%
10 or more	4.6%	6.4%	3.9%	4.0%
Number of bedrooms in dwelling (N=6,035)				
0	3.4%	1.9%	4.9%	2.7%
1	22.3%	20.3%	24.5%	20.9%
2	27.1%	27.1%	26.3%	28.3%
3	30.9%	30.4%	30.9%	31.6%
4	11.6%	14.0%	9.6%	12.2%
5	3.1%	4.0%	2.1%	3.7%
6 or more	1.6%	2.4%	1.7%	0.6%

TABLE 47 | Number of people per room

Source: Original survey, derived from Q1,51; Revised survey, derived from HH1, HO17 (N=6,021)

Note: Derived from total number of rooms in dwelling (not number of bedrooms)

	All sites	Lindsay	Hamilton	Thunder Bay
Number of persons per room				
< 0.5	64.9%	66.0%	61.7%	68.5%
0.5 - 1	30.8%	30.3%	32.7%	28.4%
> 1	4.3%	3.8%	5.6%	3.1%

TABLE 48 | State of repair of dwelling

Source: Original survey, Q53; Revised survey, HO19 (N=6,156)

	All sites	Lindsay	Hamilton	Thunder Bay
No repairs needed <i>(only regular maintenance, e.g. painting, furnace cleaning, etc.)</i>	53.8%	60.2%	52.1%	50.3%
Minor repairs needed <i>(missing/loose floor tiles, bricks or shingles, defective steps, railings or sidings, etc.)</i>	29.1%	25.2%	30.2%	31.4%
Major repairs needed <i>(defective plumbing/electrical wiring, structural repairs to walls, floors or ceilings, etc.)</i>	17.0%	14.7%	17.7%	18.3%

TABLE 49 | Length of time living in dwelling and moves within the last year

Source: Revised survey, derived from HO20-21 (N varies, see table)

Note: Time lived in current dwelling asked for number of years and months. “Number of moves” question was only shown to participants who entered a value of “0” for years (indicating they had lived in their dwelling for less than one year). However, some participants left the years field blank, and only entered a number of months. These participants were not shown the “number of moves” question, and so are excluded from the sample for this question.

	All sites	Lindsay	Hamilton	Thunder Bay
Time lived in current dwelling (N=4,631)				
<1 year	14.8%	14.1%	14.8%	15.6%
1 year	15.6%	17.7%	14.7%	14.9%
2 years	11.2%	13.0%	10.8%	9.7%
3-4 years	15.8%	15.9%	16.9%	14.0%
5+ years	42.6%	39.3%	42.8%	45.8%
Number of moves in the past year (N=4,539)				
None	87.0%	87.9%	87.3%	85.7%
Once	8.3%	7.2%	8.5%	9.1%
2+ times	4.7%	4.9%	4.3%	5.2%

Financial Security

TABLE 50 | Meeting financial commitments in past 12 months

Source: Revised survey, FS1-2 (N varies, see table)

Note: The items in the first two blocks of rows (keeping up with financial commitments and being behind in payments) are used to generate scores for the “Making ends meet” scale. Numeric values are assigned to responses for the four questions and summed to create a score that ranges from 0 to 6.447. Higher numbers indicate that respondents are more easily making ends meet.

	All sites	Lindsay	Hamilton	Thunder Bay
In the last 12 months, how well have you been keeping up with your financial commitments? (N=5,010)				
Having real financial problems and falling behind	43.6%	40.7%	45.6%	43.5%
Keeping up but it sometimes is a struggle	50.3%	53.4%	48.8%	49.5%
Keeping up without any problems	6.1%	5.9%	5.6%	7.0%
In the last 12 months, were you ever behind two months in a row or more...				
...in paying a bill (N=4,970)	53.9%	54.3%	53.4%	54.2%
...in making a loan payment, including credit card bills (N=4,907)	39.9%	39.2%	41.2%	38.5%
...in paying rent/mortgage (N=4,937)	19.6%	19.1%	20.3%	19.3%
Making ends meet scale, average score (N=4,959)	4.5	4.5	4.5	4.5

TABLE 51 | Planning ahead for an unexpected expenditure of \$500

Source: Revised survey, FS3 “If you had to make an unexpected expenditure today of \$500, how would you pay for this expense? Please select up to three options” (N=4,969)

Note:

- The “planning ahead scale” is derived from responses to the unexpected expenditures question. Numeric values are assigned to each response alternative, with higher values indicating a lower cost alternative (e.g., “Use savings” has a higher value than “Use a credit card”). When multiple options are selected, the option with the highest value is used for the scale. The scale ranges from 0.5 to 3.
- The “binary planning ahead scale” is set to 1 if participants select only the lowest-cost options (with values of 2 or higher in the original scale): borrow from friends or family; sell an asset or personal possession; or use savings.

	All sites	Lindsay	Hamilton	Thunder Bay
How participants would make unexpected expenditure of \$500 (N=4,969)				
Use savings	18.1%	17.2%	18.1%	19.1%
Borrow from a friend or relative	42.7%	42.8%	40.5%	45.8%
Use a personal line of credit	7.4%	5.8%	8.6%	7.5%
Borrow from financial institution	5.0%	5.2%	5.2%	4.4%
Use a credit card	23.2%	19.6%	25.6%	23.4%
Sell a financial asset or personal possession	14.9%	14.2%	13.5%	17.8%
Go to pawnbroker or payday loan service	14.2%	12.9%	13.4%	17.1%
Other	2.5%	2.6%	2.4%	2.8%
Would not be able to pay	43.4%	43.6%	44.5%	41.5%
Average score for planning ahead scale (N=4,939)	1.8	1.7	1.7	1.8
Binary planning ahead scale: participants who selected only the lowest-cost options	24.0%	26.2%	21.7%	25.1%

TABLE 52 | Planning ahead for an unexpected expenditure of \$5,000

Source: Revised survey, FS4 "If you had to make an unexpected expenditure today of \$5000, how would you pay for this expense? Please select up to three options" (N=4,929)

Note: The plan-ahead scale and the binary version of the scale are created in the same way as above.

	All sites	Lindsay	Hamilton	Thunder Bay
How participants would make unexpected expenditure of \$5000 (N=4,929)				
Use savings	6.8%	4.7%	7.8%	7.5%
Borrow from a friend or relative	15.6%	14.9%	15.6%	16.3%
Use a personal line of credit	6.0%	5.3%	6.7%	5.7%
Borrow from financial institution	7.8%	8.4%	6.9%	8.2%
Use a credit card	8.3%	6.8%	9.7%	7.6%
Sell a financial asset or personal possession	5.4%	4.7%	4.9%	6.6%
Go to pawnbroker or payday loan service	3.4%	3.1%	3.0%	4.2%
Other	1.4%	1.3%	1.6%	1.2%
Would not be able to pay	75.3%	77.3%	74.6%	74.4%
Average score for planning ahead scale	1.0	0.9	1.0	1.0
Binary planning ahead scale: participants who selected only the lowest-cost options	8.6%	7.3%	8.9%	9.4%

TABLE 53 | Financial exclusion scale: use of alternative financial services

Source:

- Revised survey, derived from FS5 "In the last 12 months, how many times did you or another member of your family use the following alternative financial services? A pawnbroker to sell a possession; A payday loan service; A cheque-cashing service (other than a bank)" (N varies, see table)

Note: The financial exclusion scale is the sum of the number of times the participant or a member of their family used alternative financial services in the past year

	All sites	Lindsay	Hamilton	Thunder Bay
Average number of times participants used the following alternative financial services in the past year:				
Pawnbroker (N=4,367)	1.1	1.4	0.7	1.4
Payday loan service (N=4,395)	1.0	0.9	1.0	1.2
Cheque-cashing service (N=4,382)	0.4	0.5	0.4	0.4
Financial exclusion scale (N=4,234)	2.5	2.7	2.0	2.9

Health and well-being

TABLE 54 | Kessler Psychological Distress Scale (K6)

Source: Revised survey, HW7 (N=4,903)

Note: The K6 measures psychological distress by asking how frequently respondents felt six different emotional states in the last 30 days (nervous, hopeless, restless/fidgety, etc.). A value of 0 (for “none of the time”) to 4 (“all of the time”) is assigned to each of the six items, yielding an overall score ranging from 0 to 24 – with higher scores indicating greater distress. A score of 5 to 12 indicates moderate distress, and a score of 13 or higher indicates severe distress.

	All sites	Lindsay	Hamilton	Thunder Bay
Not psychologically distressed (0-4)	19.1%	22.4%	16.8%	19.1%
Moderate psychological distress (5-12)	44.4%	41.9%	44.2%	47.5%
Severe psychological distress (13-24)	36.5%	35.7%	38.9%	33.4%

TABLE 55 | Perceived Stress Scale

Source: Revised survey, HW8 (N=4,928)

Note: The Perceived Stress Scale measures perception of stress with four questions related to how often participants have felt in control of their life in the past month. A value of 0 to 4 is assigned to each item, yielding an overall score ranging from 0 to 16 – with higher scores indicating greater levels of stress.

	All sites	Lindsay	Hamilton	Thunder Bay
PSS score (0-16)	8.4	8.3	8.6	8.3

TABLE 56 | Life satisfaction

Source: Revised survey, derived from HW9 “Using a scale of 0 to 10, where 0 means ‘Very dissatisfied’ and 10 means ‘Very satisfied’, how do you feel about your life as a whole right now?” (N=4,977)

	All sites	Lindsay	Hamilton	Thunder Bay
Mean life satisfaction (0–10)	4.9	5.2	4.7	5.0
Participants reporting the following scores:				
0 (Very dissatisfied)	7.0%	5.6%	8.4%	6.2%
1	3.0%	3.0%	3.3%	2.7%
2	6.5%	4.9%	7.6%	6.7%
3	11.3%	10.4%	12.1%	10.9%
4	11.7%	11.9%	11.3%	12.1%
5	18.8%	18.1%	19.8%	17.8%
6	14.3%	15.3%	12.9%	15.5%
7	13.3%	13.6%	12.5%	14.1%
8	8.2%	9.9%	6.6%	8.6%
9	3.1%	3.3%	2.7%	3.5%
10 (Very satisfied)	2.9%	4.0%	2.7%	1.9%

TABLE 57 | Access to dental care in the last year

Source: Original survey, derived from Q16; Revised survey, derived from HW10 (N=6,454)

	All sites	Lindsay	Hamilton	Thunder Bay
Participant saw dental professional (dentist, dental hygienist, denturist) within the last year	46.9%	43.6%	47.9%	48.6%

TABLE 58 | Unmet healthcare needs

Source: Revised survey, HE11-13 (N varies, see table)

	All sites	Lindsay	Hamilton	Thunder Bay
Participant experienced unmet need for healthcare in past 12 months (N=4,951) <i>"During the <u>past 12 months</u>, was there ever a time when you felt that you needed healthcare, other than homecare services, but you did not receive it?"</i>	37.7%	34.0%	40.4%	37.6%
Among participants with unmet healthcare needs, experienced unmet healthcare need due to cost (N=1,833) <i>"Thinking of the most recent time you felt this way, was one of the reasons you didn't get health because of cost? This includes cost of treatment, cost of transportation, cost of child care or any other financial cost needed to receive care."</i>	80.7%	81.9%	83.0%	76.0%
Among participants with unmet healthcare needs, type of unmet need (N=1,852) <i>"Again, thinking of the most recent time, what was the type of care that was needed? (Check all that apply)"</i>				
Physical health	56.0%	53.4%	54.9%	60.4%
Mental health	47.8%	45.6%	49.0%	48.0%
Dental care	53.0%	55.0%	56.0%	46.3%
Medication/prescription refill	36.6%	34.2%	36.5%	39.0%
Other	7.5%	7.2%	8.1%	6.9%

Long-term difficulties and conditions

TABLE 59 | Presence and severity of disabilities – Disability Screening Questions (DSQ)

Source: Revised survey, derived from DSQ-F1 to DSQ-S33 (N varies, see tables)

Note: The table presents the percentage of participants with a disability, and those with a less severe or more severe disability. Severity scores are based on frequency and intensity of difficulties experienced by participants with disabilities. Possible scores range from 0 to 1, with a higher score indicating greater severity. People with scores above zero but below 0.5 have a “less severe” disability, and people with severity scores 0.5 or higher have a “more severe” disability.

		All sites	Lindsay	Hamilton	Thunder Bay
Vision (N=5,063) <i>Difficulty seeing, even with glasses or contact lenses</i>	Disability present	25.7%	24.2%	27.4%	24.7%
	Less severe	21.1%	19.5%	22.6%	20.5%
	More severe	4.6%	4.7%	4.7%	4.2%
Hearing (N=5,057) <i>Difficulty hearing, even with hearing aid or cochlear implant</i>	Disability present	13.4%	12.7%	13.5%	14.2%
	Less severe	11.5%	11.0%	11.7%	11.6%
	More severe	2.0%	1.7%	1.7%	2.6%
Mobility (N=5,056) <i>Difficulty walking on flat surface for 15 min <u>or</u> walking up/down 12 steps</i>	Disability present	31.8%	26.1%	36.6%	30.6%
	Less severe	20.6%	16.2%	24.1%	20.0%
	More severe	11.2%	9.8%	12.5%	10.6%
Flexibility (N=5,055) <i>Difficulty bending and picking up object from floor <u>or</u> reaching in any direction</i>	Disability present	33.1%	29.5%	37.3%	30.5%
	Less severe	22.0%	19.9%	25.0%	19.6%
	More severe	11.1%	9.6%	12.3%	10.9%
Dexterity (N=5,063) <i>Difficulty using fingers to grasp small objects</i>	Disability present	15.5%	13.1%	17.3%	15.3%
	Less severe	11.3%	9.1%	12.9%	11.1%
	More severe	4.2%	4.0%	4.4%	4.2%
Pain (N=5,047) <i>Pain that is always present <u>or</u> periods of pain that reoccur from time to time</i>	Disability present	51.1%	47.8%	53.9%	50.3%
	Less severe	32.4%	30.7%	33.4%	32.8%
	More severe	18.6%	17.1%	20.5%	17.4%
Learning disability (N=5,057) <i>Self-identified <u>or</u> have been told they have learning disability by teacher/health professional</i>	Disability present	26.1%	24.6%	25.6%	28.4%
	Less severe	18.2%	17.9%	17.4%	19.8%
	More severe	7.9%	6.6%	8.2%	8.6%
Mental health (N=5,053) <i>Any conditions, incl. anxiety, depression, bipolar disorder, substance abuse, anorexia</i>	Disability present	53.5%	51.3%	55.2%	53.1%
	Less severe	32.2%	31.8%	31.4%	34.1%
	More severe	21.2%	19.5%	23.8%	19.1%

TABLE 59 | *Continued from previous page*

		All sites	Lindsay	Hamilton	Thunder Bay
Memory (N=5,061) <i>Ongoing memory problems or periods of confusion</i>	Disability present	21.8%	20.2%	22.8%	22.0%
	<i>Less severe</i>	15.2%	14.7%	15.1%	16.2%
	<i>More severe</i>	6.6%	5.6%	7.8%	5.8%
Developmental disability (N=5,054) <i>Has been told by a health professional they have development disability/disorder</i>	Disability present	8.2%	8.8%	7.3%	8.8%
	<i>Less severe</i>	5.3%	6.6%	4.4%	5.4%
	<i>More severe</i>	2.8%	2.1%	2.9%	3.4%
Other health problem or condition (N=4,860) <i>Condition that has lasted/is expected to last six months or more</i>	Disability present	38.6%	33.8%	41.9%	38.7%
	<i>Less severe</i>	29.2%	26.7%	31.4%	28.6%
	<i>More severe</i>	9.4%	7.1%	10.5%	10.1%

Food security

TABLE 60 | Food security

Source: Original survey, Q39-Q45; Revised survey, FS1-6 (N varies, see table)

Note:

- The revised survey contains the ten-item adult Household Food Security Survey Module, which is used to calculate the 4-category food security scale below.
- The original survey contains the six-item short form of this Module. Both the ten- and six-item modules are combined to calculate the 3-category food security scale below.

	All sites	Lindsay	Hamilton	Thunder Bay
Four-category food security scale (revised survey only) (N=4,854)				
Food secure	19.9%	21.2%	18.2%	21.0%
Marginal food insecurity	6.8%	6.5%	6.4%	7.7%
Moderate food insecurity	22.2%	21.9%	22.3%	22.2%
Severe food insecurity	51.2%	50.3%	53.1%	49.0%
Three-category food security scale (original and revised surveys) (N=6,023)				
Food secure	28.3%	27.3%	27.6%	30.2%
Moderate food insecurity	23.3%	22.8%	23.1%	23.9%
Severe food insecurity	48.4%	49.8%	49.2%	45.9%

Parenting

TABLE 61 | Positive parenting

Source: Revised survey, derived from PP2 “The following statement may be used to describe your interaction with [specified child]. Please tell me if the statement was always true, often true, sometimes true, rarely true or never true for how you acted towards this child during the past six months.” (N varies, see table)

Note: Question only asked of participants with children living in the household. Participant were asked to respond with reference to their own child who celebrated the most recent birthday, or with reference to the child in their household who is not their own child and who celebrated the most recent birthday.

	All sites	Lindsay	Hamilton	Thunder Bay
Participants responding ‘often’ or ‘always’ to the following statements:				
I enjoy doing things with him/her (N=1,360)	88.9%	88.4%	89.7%	88.1%
I cheer him/her up when he/she is sad (N=1,359)	89.1%	88.2%	90.7%	87.5%
I give him/her a lot of care and attention (N=1,359)	87.5%	83.4%	90.7%	87.2%
I listened to his/her ideas and opinions (N=1,352)	91.6%	91.3%	92.6%	90.1%
I speak of the good things he/she does (N=1,357)	92.7%	92.4%	93.7%	91.4%

Current Needs

TABLE 62 | Other current needs

Source: Revised survey, CN1 "Right now, would getting help in any of these areas in your life be useful to you? Help could include getting support, information, or counselling, etc." (N varies, see table)

	All sites	Lindsay	Hamilton	Thunder Bay
Participants with a current need in the following areas:				
Transportation (N=5,005)	54.3%	46.4%	60.7%	52.8%
Physical health (N=4,970)	33.5%	31.9%	32.7%	36.5%
Assistive devices (N=4,962)	11.6%	10.6%	12.7%	10.8%
Mental health (N=4,908)	46.6%	44.0%	48.5%	46.5%
Substance-use issues (N=4,978)	9.5%	8.9%	8.4%	12.0%
Childcare (N=4,997)	10.5%	12.3%	9.8%	9.6%
Managing your money (N=4,966)	38.6%	39.2%	36.7%	41.0%
Housing (N=4,983)	38.6%	36.9%	41.2%	36.5%
Legal issues (N=4,989)	16.0%	15.1%	17.9%	14.2%
Learning English (N=5,011)	2.6%	1.5%	4.0%	1.8%
Personal relationships (N=4,985)	20.4%	19.4%	21.2%	20.3%
Your children (N=4,995)	11.2%	12.0%	10.6%	11.3%
Employment (N=4,917)	36.9%	30.0%	42.0%	36.5%
Other (N=4,859)	9.4%	6.3%	11.8%	9.3%

Appendices

The paper versions of the original and revised surveys are attached to this memo as appendices. The Disability Screening Questions (DSQ) module was fully integrated into the online version of the revised survey, which was completed by the majority of participants, but it was administered separately for the paper version due to the complexity of skip patterns – therefore it is included as a third appendix.

- **Appendix 1: Original Survey**
- **Appendix 2: Revised Survey**
- **Appendix 3: Disability Screening Questions**

In the revised survey, question numbering is not unique, with numbering beginning at 1 in each section of the survey. In this memo, question numbers contain a prefix to flag which section they are taken from. The prefixes are listed below.

TABLE 63 | Revised baseline survey question prefixes

Section title	Question prefix
How you heard about the basic income pilot	HA
Socio-demographics	SD
Spouse / partner	SP
Household	HH
School attendance	SA
Current employment situation	CES
Currently employed	CE
Not currently employed	NE
Your partner's current activities	PA
Income	INC
Expenses	EXP
Housing	H
Financial security	FS
Health and well-being	HW
Long-term difficulties and conditions	LTD
Food security	FS
Parenting	P
Current needs	CN

ONTARIO BASIC INCOME PILOT

Baseline Survey

PRA Inc. is a third party research company (<http://www.pra.ca>) which is conducting the Ontario Basic Income Pilot (OBIP) Baseline Survey for the Government of Ontario.

INSTRUCTIONS

Completing the baseline survey is the next step in your enrolment and the first part of the evaluation. The decision to complete the survey is up to you, but **to participate in the OBIP you must complete this survey.**

If you decide to complete the baseline survey, your responses will be kept strictly confidential and used only for research purposes. Your answers to the survey questions **will not in any way** affect your eligibility for the OBIP or any other program.

FOR MORE INFORMATION

You can contact PRA by email at obipsurvey@pra.ca or by calling toll free **1-844-810-0729**. An operator is available Monday to Friday from 9 a.m. to 8 p.m. and Saturday from 10 a.m. to 4 p.m. Outside those hours, you can leave a message and your phone number, and PRA will call you back.

You can complete the survey in three ways:

1. ONLINE



Go to <http://www.pra.ca/SE/1/OBIP/>. Login using your nine-digit OBIP Reference Number (found on the front page of your Eligibility Letter) followed by your last name as it appears on the Letter with no spaces (e.g., 123456890Smith).

2. BY PHONE



Contact PRA at the number above to complete the survey by phone. PRA may also call you to see if you would like to complete the survey over the phone.

3. PAPER



Answer all the questions that apply to you. Use the pre-paid and pre-addressed envelope provided to mail your completed baseline survey, signed Collection, Use, and Disclosure of Personal Information Consent Form, and Direct Deposit Form back to PRA Inc.

NOTE: If you do the survey online or by phone, you need to mail in your signed **Collection, Use, and Disclosure of Personal Information Consent Form and Direct Deposit Form** using the pre-paid and pre-addressed envelope,

You have **four weeks** from the date of the Eligibility Letter to complete the baseline survey. The **sooner you complete and return the survey to us**, the sooner we can tell you if you will be part of the OBIP, either in the Control Group or Basic Income Group. Once you complete this survey, you will receive **\$50** as compensation for your time and effort.

Thank you!

INTRODUCTION

You are receiving this survey because you applied and have been found eligible to participate in the Ontario Basic Income Pilot (Pilot). This is the next step in your enrolment into the Pilot.

Please note: To participate in the Pilot, you must complete this survey.

This is the first survey of the evaluation. Participants will be asked to complete surveys regularly throughout the duration of the Pilot to collect information and measure outcomes.

The Pilot Baseline Survey has a number of sections:

- Contact
- Household and demographics
- Health
- Social activities
- Income
- Food
- Education & Work
- Housing
- Conclusion and Follow-up

The Pilot Baseline Survey has 63 questions, some with several parts. You will only be required to answer questions that apply to you and your household.

Some of the questions may ask you for information you find sensitive. While the decision to complete these questions is up to you, please try to answer every question to the best of your ability. If you decide to move forward with your application and complete the baseline survey, your responses will be kept strictly confidential and used only for research purposes. **Your answers to the survey questions will not in any way affect your eligibility for the pilot or any other program.**

CONTACT

What is your Ontario Basic Income Pilot Reference Number? This is the number found on the front page of your Eligibility Letter that came with this survey.

Please enter your 9-digit Ontario Basic Income Pilot Reference Number in the squares below:

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Your Ontario Basic Income Pilot Reference Number lets us know it's you filling out this survey. Keep it handy and check it's correctly entered.

HOUSEHOLD AND SOCIO-DEMOGRAPHICS

1. In total, including yourself, how many people live in your household?

Number: _____

2. Please list the ages of persons 1 and 2.

Person 1 is the person who the Eligibility Letter was addressed to.

Person 2 is Person 1’s spouse or common-law partner. (Leave blank if there is no Person 2).

	Age
Person 1 (on Eligibility Letter)	_____
Person 2 (Spouse or common-law partner).....	_____

3. Throughout this survey, when we refer to ‘children’ we mean those living in your household who are **under** 18 years of age. Please list the date of birth of all the children in your household. (If there are more than five children provide the five oldest.) **(If you have no children under 18 in the household CHECK HERE AND go to question 4.)**

	Date of birth		
	Day	Month	Year
Child 1.....	_____	_____	_____
Child 2.....	_____	_____	_____
Child 3.....	_____	_____	_____
Child 4.....	_____	_____	_____
Child 5.....	_____	_____	_____

4. For all other adult individuals, including adult children and other adults who regularly live in the household, please indicate the age group they are in. (If you have no other adults in the household CHECK HERE ₀ and go to question 5.)

	Age		
	18 to 34	35 to 64	65 and older
Person 3.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
Person 4.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
Person 5.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
Person 6.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
Person 7.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃

5. **Person 1** (that is, the person on the Eligibility Letter), **please complete this section.**

a) **Were you born in Canada?**

- ₁ Yes => **Go to 5f**
- ₀ No => **Go to 5b**

b) **In what year did you first come to Canada to live?**

c) **Are you a Canadian citizen?**

- ₁ Yes
- ₀ No

d) **Are you a Permanent Resident?**

- ₁ Yes
- ₀ No

e) **What country were you born in?**

- ₀₁ United States
- ₀₂ United Kingdom
- ₀₃ Germany
- ₀₄ Italy
- ₀₅ Poland
- ₀₆ Portugal
- ₀₇ China (People’s Republic of)
- ₀₈ Hong Kong
- ₀₉ India
- ₁₀ Philippines
- ₁₁ Vietnam
- ₆₆ Other – Specify

f) **Do you identify yourself as an Indigenous person, that is, First Nations, Métis or Inuit?**

- ₁ Yes
- ₀ No => **Go to 5i**

g) **Are you:**

- ₁ First Nations
- ₂ Métis
- ₃ Inuit

h) **Are you registered under the Indian Act of Canada (i.e. a Status Indian)?**

- ₁ Yes
- ₀ No

i) **You may belong to one or more racial or cultural groups on the following list. Are you...? (Check all that apply)**

- ₀₁ White
- ₀₂ South Asian - Chinese
- ₀₃ Black
- ₀₄ Filipino
- ₀₅ Latin American
- ₀₆ Arab
- ₀₇ Southeast Asian/West Asian
- ₀₈ Korean
- ₀₉ Japanese
- ₆₆ Other – Specify

6. **Person 1: What language do you speak and write well enough to get a job or go to school? (Check all that apply)**

- ₀₁ English
- ₀₂ French
- ₆₆ Other – Specify _____

Person 2: What language does person 2 speak and write well enough to get a job or go to school? (Check all that apply)

- ₀₁ English
- ₀₂ French
- ₆₆ Other – Specify _____
- ₇₇ No Person 2 in this household

PERSON 1'S HEALTH

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

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

8. 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?

a) Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling or playing golf?

- ₂ Yes, limited a lot
₁ Yes, limited a little
₀ No, not limited at all

b) Climbing several flights of stairs?

- ₂ Yes, limited a lot
₁ Yes, limited a little
₀ No, not limited at all

9. During the past four (4) weeks, how often have you had any of the following problems with your work or other regular daily activities as a result of your **PHYSICAL HEALTH**?

a) How often did you accomplish less than you would like?

- ₄ All of the time
₃ Most of the time
₂ Some of the time
₁ A little of the time
₀ None of the time

b) How often were you limited in the kind of work or other activities you could do?

- ₄ All of the time
₃ Most of the time
₂ Some of the time
₁ A little of the time
₀ None of the time

10. During the past four (4) weeks, how often 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)?

a) How often did you accomplish less than you would like?

- ₄ All of the time
₃ Most of the time
₂ Some of the time
₁ A little of the time
₀ None of the time

b) How often did you not do work or other activities as carefully as usual?

- ₄ All of the time
₃ Most of the time
₂ Some of the time
₁ A little of the time
₀ None of the time

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

- ₄ Extremely
₃ Quite a bit
₂ Moderately
₁ A little bit
₀ Not at all

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

12 a) **How much of the time during the past four (4) weeks: Have you felt calm and peaceful?**

- ₅ All of the time
₄ Most of the time
₃ A good bit of the time
₂ Some of the time
₁ A little of the time
₀ None of the time

b) **How much of the time during the past four (4) weeks: Did you have a lot of energy?**

- ₅ All of the time
₄ Most of the time
₃ A good bit of the time
₂ Some of the time
₁ A little of the time
₀ None of the time

c) **How much of the time during the past four (4) weeks: Have you felt downhearted and blue?**

- ₅ All of the time
₄ Most of the time
₃ A good bit of the time
₂ Some of the time
₁ A little of the time
₀ None of the time

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

- ₄ All of the time
₃ Most of the time
₂ Some of the time
₁ A little of the time
₀ None of the time

Now, we'd like to ask you some questions about how your health may have changed.

14. **Compared to 3 months ago, how would you rate your PHYSICAL HEALTH in general now?**

- ₅ Much better
₄ Slightly better
₃ About the same
₂ Slightly worse
₁ Much worse

15. **Compared to 3 months ago, how would you rate your EMOTIONAL PROBLEMS (such as feeling anxious, depressed or irritable) now?**

- ₅ Much better
₄ Slightly better
₃ About the same
₂ Slightly worse
₁ Much worse

Now, some questions about your access to a dental professional, such as a dentist, dental hygienist, or denturist.

16. **When was the last time you saw a dental professional (such as a dentist, dental hygienist, or a denturist)?**
- ₄ Within the last year
 - ₃ Within the last 2 years
 - ₂ Within the last 3 years
 - ₁ More than 3 years ago
 - ₀ Never
17. **If children are present in the household, when was the last time any child in your household saw a dental professional?**
- ₄ Within the last year
 - ₃ Within the last 2 years
 - ₂ Within the last 3 years
 - ₁ More than 3 years ago
 - ₀ Never
 - ₇ No children under 18 in the household
18. **In the past 3 months, have you avoided going to a dental professional because of the cost of dental care?**
- ₁ Yes
 - ₀ No
19. **Do you or someone else in your household have insurance or a government program that covers all or part of your dental expenses?**
- ₁ Yes => **Go to 20**
 - ₀ No => **Go to 21**
20. **If yes, is it...** (Please check all that apply)
- ₀₁ An employer-sponsored plan
 - ₀₂ A provincial or territorial government program for children or seniors (e.g., not through an employer)
 - ₀₃ A private plan
 - ₀₄ A government program for social service clients
 - ₀₅ A government program for First Nations and Inuit
 - ₆₆ Other – Specify
-

PERSON 1'S SOCIAL ACTIVITIES

Now, we'd like to ask you a few of questions about your social activities.

21. **In the past 3 months, were you a member or participant in a cultural, education or hobby organization (such as theatre group, book club, or team sports)?**
- ₁ Yes
 - ₀ No
22. **Other than on special occasions (such as weddings, funerals or baptisms), how often did you attend religious services or meetings in the past 3 months?**
- ₃ At least once a week
 - ₂ At least once a month
 - ₁ Less than once a month
 - ₀ Not at all
 - ₈ Don't know
23. **Lots of people find it difficult to get out and vote. Did you vote in the last:**
- | | Yes | No | Not eligible | Not sure |
|-----------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| Federal election | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₀ | <input type="checkbox"/> ₇ | <input type="checkbox"/> ₈ |
| Provincial election | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₀ | <input type="checkbox"/> ₇ | <input type="checkbox"/> ₈ |
| Municipal or Local election | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₀ | <input type="checkbox"/> ₇ | <input type="checkbox"/> ₈ |

INCOME

This section collects information on the income of the household. Please take your time in responding.

24. **Are you (Person 1) currently employed for pay?(Check all that apply)**

- ₀ Not employed for pay => **Go to 25**
- ₁ Employed full-time
- ₂ Employed part-time
- ₃ Self-Employed full-time
- ₄ Self-Employed part-time

a) **How many paid jobs do you currently have?**

- ₁ One ₂ Two ₃ Three or more

b) **If self-employed, as of what date?**

_____/_____/_____
 YYYY / MM / DD

c) **How many hours did you work at all paid jobs last week?**

_____ HOURS
 (At paid jobs last week)

d) **On average, what was your hourly wage?**

\$ _____ /HOUR

25. **(If Person 1 is unemployed) Did you have a full-time or part-time paid job in the last 3 months?**

- ₁ Full-time job
- ₂ Part-time job
- ₀ No paid job in past 3 months

26. **In the last week, did you change jobs, add jobs, or stop working at a job for whatever reason? (Check all that apply)**

- ₃ Yes, changed jobs
- ₂ Yes, added a job
- ₁ Yes, stopped working at a job
- ₀ No changes

27. **In the last week, did you do unpaid or volunteer work for any organization?**

- ₁ Yes
- ₀ No => **Go to 28**
- ₈ Don't know => **Go to 28**

a) **If yes, how many hours did you volunteer last week?**

_____ HOURS
 LAST WEEK

28. **In the last week, did you look for paid work? (Check all that apply)**

- ₂ Yes, I looked for paid part-time work
- ₁ Yes, I looked for paid full-time work
- ₀ No, I did not look for paid work

29. **(If no to 26) Why did you not look for paid work in the last week? (Check all that apply)**

- ₀₁ I am unable to work due to a disability
- ₀₂ I have family responsibilities
- ₀₃ I have school or other training responsibilities
- ₀₄ I have tried before and am not trying right now.
- ₀₅ I'm already employed
- ₆₆ Other – Specify

30. **In the last week, did you look for unpaid or volunteer work? (Check all that apply)**

- ₁ Yes, looked to be a part-time volunteer
- ₂ Yes, looked to be a full-time volunteer
- ₃ Yes, looked for unpaid part-time work such as an internship
- ₄ Yes, looked for unpaid full-time work such as an internship
- ₀ No

Now just a few questions about Person 2. (If there is no Person 2 in the household CHECK HERE _0 and GO to 33.)

31. Is Person 2 currently employed for pay?

(Check all that apply)

- _0 Not employed for pay => **Go to 32**
- _1 Employed full-time
- _2 Employed part-time
- _3 Self-Employed full-time
- _4 Self-Employed part-time

a) How many paid jobs does Person 2 currently have?

- _1 One _2 Two _3 Three or more

b) If self-employed, as of what date?

_____/_____/_____
YYYY / MM / DD

c) How many hours did Person 2 work at all paid jobs last week?

_____ HOURS
(At paid jobs last week)

d) On average, what was Person 2's hourly wage?

\$ _____ /HOUR

32. (If person 2 is not employed) Why was Person 2 not employed in the last week? (Check all that apply)

- _01 Unable to work due to a disability
- _02 Has family responsibilities
- _03 In school or other training responsibilities
- _04 Have tried before and not trying right now.
- _05 Are already employed for pay
- _06 Are currently looking for work
- _66 Other – Specify

33. Now thinking of the last month, did Person 1 or Person 2 have income in the last month from any of the following sources? (If there is no Person 2 CHECK HERE ₀ and complete only Person 1.)

	Paid work		Social assistance				Other									
	Any jobs, full or part-time		Ontario Works (OW)		Ontario Disability Support Program (ODSP)		Employment Insurance (EI)		CPP		Child/spousal support (including support from a partner and Canada Child Tax Benefit)		Pensions		All other income	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Person 1	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
Person 2	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀

36. For the last month, what was the total income from all persons (that is, Person 1, Person 2, other adults and children) in the household from all sources?

Total of all persons: \$ _____ in the last month

37. For the last month, please list the amount of income from paid work, social assistance, and other sources for Person 1 and Person 2. (If there is no Person 2 check here and complete only for Person 1.)

AMOUNT OF INCOME BY SOURCE

Paid work	Social assistance		All other sources
All jobs, full-time and part-time	Ontario Works (OW)	Ontario Disability Support Program (ODSP)	EI, pensions, child and spousal support, etc.

Amount of income in the last month

Person 1
(On Eligibility Letter)

\$ _____	\$ _____	\$ _____	\$ _____
----------	----------	----------	----------

Person 2
(Spouse or common-law partner)

\$ _____	\$ _____	\$ _____	\$ _____
----------	----------	----------	----------

38. The next questions are about working. Please check the box that comes closest to your (Person 1's) own view.

	Strongly Agree	Agree	Neither Agree/Disagree	Disagree	Strongly Disagree	Not applicable
I am generally satisfied with my current work situation.....	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
I have health problems that limit my ability to find paid work.....	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
I wish I had more education	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
My children need me at home right now and so I cannot work ...	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
I have tried to get a job, but there are none available for me ..	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
It would cost me too much (daycare, transportation, tools) to work	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
It is more important to me to upgrade my education than to find work right now	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
My job situation makes me sad about my life	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0

FOOD

The following questions are about the food situation for your household in the past 3 months.

39. Which of the following statements best describes the food eaten in your household in the past 3 months?

- ₄ You and others in your household always had enough of the kinds of food you wanted to eat.
₃ You and others in your household had enough to eat, but not always the kinds of food you wanted.
₂ Sometimes you and others in your household did not have enough to eat.
₁ Often you and others in your household did not have enough to eat.

Below are several statements that people have made about their food situation. For these statements, please indicate whether the statement was often true, sometimes true, or never true for (you/your household) in the last 3 months.

40. The food that you or others in your household bought just didn't last, and you didn't have money to get more. Was that often, sometimes, or never true for you and your household in the last 3 months?

- ₂ Often true
₁ Sometimes true
₀ Never true

41. You and others in the household couldn't afford to eat balanced meals. Was that often, sometimes, or never true for you and your household in the last 3 months?

- ₂ Often true
₁ Sometimes true
₀ Never true

42. In the last 3 months, did you or others in your household ever cut the size of your meals or skip meals because there wasn't enough money for food?

- ₁ Yes => Go to 43
₀ No => Go to 44

43. [If Yes] How often did this happen—almost every week, a couple of times a month, or 1 or 2 times in the last 3 months?

- ₃ Almost every week
₂ A couple of times a month
₁ 1 or 2 times in the last 3 months

44. In the last 3 months, did you ever eat less than you felt you should because there wasn't enough money for food?

- ₁ Yes
₀ No

45. In the last 3 months, were you ever hungry but didn't eat because there wasn't enough money for food?

- ₁ Yes
₀ No

EDUCATION

This section asks questions about Person 1 and Person 2’s education. (If there is no Person 2 in the household, leave Person 2 blank in each case)

46. How much education does Persons 1 and 2 have? (Check one for each of Person 1 and 2)

	Person 1 (on Eligibility Letter)	Person 2 (Spouse/ common-law)
Grade 8 or less.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₁
Some high school.....	<input type="checkbox"/> ₂	<input type="checkbox"/> ₂
Graduated high school.....	<input type="checkbox"/> ₃	<input type="checkbox"/> ₃
Some education after high school but not a degree or diploma	<input type="checkbox"/> ₄	<input type="checkbox"/> ₄
Certificate or diploma gained from college or university.....	<input type="checkbox"/> ₅	<input type="checkbox"/> ₅
Post graduate or professional degree from a university.....	<input type="checkbox"/> ₆	<input type="checkbox"/> ₆

47. What educational activities have Persons 1 and/or 2 undertaken in the last 3 months? (Check only one for each of Person 1 and 2)

	Person 1 (on Eligibility Letter)	Person 2 (Spouse/ common-law)
Additional courses toward a GED.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₁
Some trades training.....	<input type="checkbox"/> ₂	<input type="checkbox"/> ₂
University or college courses.....	<input type="checkbox"/> ₃	<input type="checkbox"/> ₃
Post graduate or professional courses.....	<input type="checkbox"/> ₄	<input type="checkbox"/> ₄
None.....	<input type="checkbox"/> ₀	<input type="checkbox"/> ₀

48. Right now, are Persons 1 and/or 2 students? (Check only one for each of Person 1 and 2)

	Person 1 (on Eligibility Letter)	Person 2 (Spouse/ common-law)
Yes - Full-time student.....	<input type="checkbox"/> ₃	<input type="checkbox"/> ₃
Yes – Part-time student.....	<input type="checkbox"/> ₂	<input type="checkbox"/> ₂
No – but planning to take courses in the future.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₁
No – I am done with school.....	<input type="checkbox"/> ₀	<input type="checkbox"/> ₀

HOUSING

A dwelling is a separate set of living quarters with a private entrance from the outside or from a common hallway or stairway inside the building.

49. What type of dwelling do you live in? (Check only one)

- ₀₁ Single-detached house
- ₀₂ Double (for example, side-by-side)
- ₀₃ Row or terrace
- ₀₄ Duplex
- ₀₅ Low-rise apartment of fewer than 5 stories
- ₀₆ High-rise apartment of 5 stories or more
- ₀₇ Basement or other self-contained suite in a house
- ₀₈ Institution (for example group home or nursing home)
- ₀₉ Movable dwelling (trailer)
- ₁₀ Hotel; rooming/lodging house; camp
- ₁₁ Mobile home
- ₆₆ Other – Specify _____

50. Are you living in the same location as you were 3 months ago?

- ₁ Yes
- ₀ No

51. In total, how many rooms does this dwelling have? (By rooms we mean any room that is finished and suitable for year round living. So would include kitchens, bedrooms, living and dining rooms, and finished rooms in the attic or basement, but would exclude bathrooms, halls, etc.)

_____ rooms

52. And how many of those rooms are bedrooms?

_____ bedrooms

53. Is this dwelling in need of any repairs?

Do not include re-modelling or additions you would like to complete.

- ₁ No, only regular maintenance is needed (painting, furnace cleaning, etc.)
- ₂ Yes, minor repairs are needed (missing or loose floor tiles, bricks or shingles, defective steps, railings or sidings, etc.)
- ₃ Yes, major repairs are needed (defective plumbing or electrical wiring, structural repairs to walls, floors or ceilings, etc.)

54. Considering all aspects of this dwelling, its state of repair, its size, and its location, on a scale of 1 to 5 where 1 is “not at all” and 5 is “completely” how satisfied are you with this dwelling?

Not at all satisfied				Completely satisfied
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

55. Considering all aspects of this dwelling, its state of repair, its size, and its location, on a scale of 1 to 5 where 1 is not at all and 5 is for sure, how badly do you want to move from this dwelling?

Not at all				For sure
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

56. Who pays the rent or mortgage, taxes, electricity, etc., for the home in which you live? If more than one person contributes to such payments, check all that apply.

- 1 Person 1
- 2 Person 2
- 3 Other household member
- 4 Non-household member

57. Is this dwelling owned or rented by a member of this household?

- 2 Rented => Go to 58
- 1 Owned => Go to 59
- 6 Other => Go to 58

58. For RENTERS only, answer a to c.

a) Are utilities, such as heat, electrical, water, included in your rent?

- 1 Yes
- 0 No

b) What is the monthly rent paid for this dwelling?

0 Rented without payment

OR

1 Enter the amount per month

\$ _____/month

c) Is this dwelling subsidized?

Subsidized housing includes rent geared to income, social housing, public housing, government assisted housing, non-profit housing, rent supplements, and housing allowances.

- 1 Yes
- 0 No

59. For OWNERS only, answer a to f.

a) What are the total regular monthly mortgage or loan payments for this dwelling?

- ₀ None. => Go to 59c
OR
₁ Enter the amount per month
\$ _____/month

b) Are the property taxes (municipal and school) included in the amount shown in part a)?

- ₁ Yes
₀ No

c) What are the estimated yearly property taxes (municipal and school) for this dwelling?

- ₀ None
OR
₁ Enter the amount per year
\$ _____/year

d) What are the monthly condominium fees?

- ₀ None => Go to 59f
OR
₁ Enter the amount per month
\$ _____/month

e) Are utilities included in your condo fees?

- ₁ Yes
₀ No

f) What is the current market value of the dwelling?

\$ _____

60. Please estimate these other expenditures made by you and/or other household members in the last month.

Utilities \$ _____/month
(If not included in the rent/condo fee)

Food \$ _____/month
(consumed in home and outside)

Vehicle \$ _____/month
(payment, gas, insurance)

Other transportation \$ _____/month
(bus, subway, taxi)

Entertainment \$ _____/month
(cable, TV, movies, concerts)

Gifts \$ _____/month
(birthday, holiday gifts)

Spousal/child support \$ _____/month

61. Please indicate whether your household has the following items and the number.

	Check if owned by someone	Number of each item
Land phone line	<input type="checkbox"/> ₁	_____
Cell Phone (standard without internet access)	<input type="checkbox"/> ₂	_____
Smartphone (internet access)	<input type="checkbox"/> ₃	_____
Conventional TV	<input type="checkbox"/> ₄	_____
Flat screen TV	<input type="checkbox"/> ₅	_____
Car, truck, or other private vehicle	<input type="checkbox"/> ₆	_____
Computer (desktop, notebook, or tablet)	<input type="checkbox"/> ₇	_____
Video game console (Xbox, PlayStation)	<input type="checkbox"/> ₈	_____
Internet connection (not dial-up)	<input type="checkbox"/> ₉	_____
None of these	<input type="checkbox"/> ₀	_____

CONCLUSION AND FOLLOW-UP

As part of the Ontario Basic Income Participation Survey, we will need to contact your household regularly.

62. If possible, please provide both an email address and a phone number at which we can contact you.

E-mail address _____

Phone number _____

₀₁ I'd prefer not to provide either.

63. Thinking about your experience completing this survey, please indicate if you agree or disagree with the following statements.

Agree Disagree

- Generally, the questions were easy and straight forward to answer ₁ ₀
- I found some of the questions confusing..... ₁ ₀
- I did not like that many of the questions asked very personal information ₁ ₀
- This survey took too much time to complete..... ₁ ₀
- I needed to consult others in the household to be able to answer some of the questions..... ₁ ₀
- I would like to get a better understanding of why I needed to answer these questions and how the information will be used ₁ ₀

Please use the space below to provide any other comments you might have about this survey.

This concludes the survey.

Thank you very much for your participation in the Ontario Basic Income Pilot Baseline Survey. Please mail: the completed survey, your signed Collection, Use, and Disclosure of Personal Information Consent Form, and Direct Deposit Form using the pre-paid and pre-addressed envelope provided.



ONTARIO BASIC INCOME PILOT

Baseline Survey

This survey is the next step to join the Basic Income Pilot.

Thank you for applying to join the Ontario Basic Income Pilot. Completing the baseline survey is the next step in the enrolment process. The decision to complete the survey is up to you, **but you must complete this survey before you can enroll in the Pilot.**

What types of questions are on the survey?

The survey asks questions about your day-to-day life to help us better understand your personal experiences and perspectives. Please try to answer every question on the survey to the best of your ability. Your answers to this survey are very important for helping us understand your experiences.

Some questions will be in a box (like this one). These questions only apply to some people – if the question doesn't apply to you, please skip it.

We understand that some of the questions may ask for information that you find sensitive. While the decision to answer these questions is up to you, your input is very valuable, so please try to answer every question to the best of your ability. In appreciation of your time **you will receive \$50** once you've completed the survey.

How will the information I enter on the survey be used?

All of your answers to the survey questions are strictly confidential and will be used for research purposes only. **Your answers will not affect whether you receive Basic Income payments or your eligibility for any other program.**

Who is this survey from?

This survey is from the evaluation team at St. Michael's Hospital. The Government of Ontario has hired St. Michael's Hospital to evaluate the Basic Income Pilot. As part of the evaluation, the St. Michael's team will study how receiving Basic Income affects people's health and well-being.

REFERENCE INFORMATION

Please enter your 9-digit Basic Income Pilot Reference Number in the squares below. This is the number on the front page of your Eligibility Letter or that you received during your enrolment session.

--	--	--	--	--	--	--	--	--

Double check that your Basic Income Pilot Reference Number is correct. This is the only way we will know that you have completed the survey.

ONTARIO HEALTH INSURANCE PLAN NUMBER

Please enter your 12-character Ontario Health Insurance Plan (OHIP) number in the squares below. This is the number on the front of your Ontario health card.



				-				-			-		
--	--	--	--	---	--	--	--	---	--	--	---	--	--

→ If you have a spouse or common-law partner, please enter their OHIP number in the squares below.

				-				-			-		
--	--	--	--	---	--	--	--	---	--	--	---	--	--

Please double check that your OHIP number is correct.

WHO IS COMPLETING THE SURVEY?

1. Are you applying for Basic Income, or are you completing this survey on behalf of someone else who is applying for Basic Income?

- I am applying for Basic Income
- I am completing this survey on behalf of someone who is applying for Basic Income
- Other – Specify: _____

IF 'OTHER', please speak with a member of the evaluation team before proceeding with the survey.

IF YOU ARE COMPLETING THIS SURVEY ON BEHALF OF SOMEONE ELSE, please answer the survey questions to the best of your ability on behalf of the person who is applying for Basic Income.

Where the survey says “you”, it refers to the person who is applying. If you do not know the answer to a question for the person who is applying, please select “I don’t know.”

There are some questions or sections of the survey that you will be asked to **skip**. If you see an orange box (like this one), please read the instructions before continuing the survey.

If you have any questions, please speak to a member of the evaluation team.

HOW YOU HEARD ABOUT THE BASIC INCOME PILOT

1. How did you hear about the Basic Income Pilot? *(Check all that apply)*

- Friend or family member
- An application package received by mail
- Ontario Works (OW) staff
- Ontario Disability Support Program (ODSP) staff
- Radio, television, or online
- A flyer or postcard received by mail
- A flyer or postcard received another way – Specify: _____
- Other – Specify: _____

SOCIO-DEMOGRAPHICS

1. What is your date of birth?

_____ / _____ / _____
Day Month Year

2. What country were you born in?

- Canada → **SKIP TO QUESTION 6**
- United States
- United Kingdom
- Germany
- Italy
- Poland
- Portugal
- China (People’s Republic of)
- Hong Kong
- India
- Philippines
- Vietnam
- Other – Specify _____

3. Are you a Canadian citizen?

- Yes
- No

4. Are you now, or have you ever been, a landed immigrant or a permanent resident?

- Yes
- No

5. IF YES, in what year did you first become a landed immigrant?

6. Do you identify yourself as an Indigenous person, that is, First Nations, Métis or Inuit?

- Yes, First Nations
- Yes, Métis
- Yes, Inuit
- Yes, other
- No, not Indigenous

7. IF YOU IDENTIFY AS AN INDIGENOUS PERSON, are you a Status Indian (Registered or Treaty Indian as defined by the *Indian Act* of Canada)?

- Yes
- No

8. Do you identify yourself as...? (Check all that apply)

- None of the below
- Arab
- Black
- Chinese
- Filipino
- Japanese
- Korean
- Latin American
- South Asian (e.g., East Indian, Pakistani, Sri Lankan, etc.)
- Southeast Asian (e.g., Vietnamese, Cambodian, Laotian, Thai, etc.)
- West Asian (e.g., Iranian, Afghan, etc.)
- White
- Other – Specify: _____

9. Can you speak English or French well enough to conduct a conversation?

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

10. Other than English or French, what languages can you speak well enough to conduct a conversation?

- Languages – Specify: _____
- Only English and/or French

11. What is the highest grade of elementary or high school you ever completed?

- Grade 8 or lower → **SKIP TO QUESTION 13**
- Grade 9 – 10 → **SKIP TO QUESTION 13**
- Grade 11 – 13

12. Did you graduate from high school?

This includes secondary school (secondaire) in Quebec.

- Yes
- No

13. What is the highest post-secondary degree, certificate or diploma you have obtained?

- No post-secondary degree, certificate or diploma
- Non-university certificate or diploma from a community college, CEGEP, school of nursing, etc.
- University certificate below bachelor's level
- Bachelor's degree
- University degree or certificate above bachelor's degree
- Trade certificate or diploma from a vocational school or apprenticeship training

14. To help us link this survey to other data, please indicate what sex you were assigned at birth, on your original birth certificate.

- Female
- Male

15. Do you identify as... (Check all that apply)

- Female
- Male
- Trans – female to male
- Trans – male to female
- Genderqueer/Gender non-conforming
- Two-Spirit
- Different identity – Specify: _____

16. What is your marital status?

- Never legally married
- Legally married (and not separated)
- Living with a common-law partner (live together as a couple but not legally married to each other)
- Separated, but still legally married
- Divorced
- Widowed

**IF YOU DO NOT CURRENTLY HAVE A SPOUSE OR COMMON-LAW PARTNER
→ SKIP TO **HOUSEHOLD** SECTION ON PAGE 10**

SPOUSE / PARTNER

**IF YOU DO NOT HAVE A SPOUSE OR COMMON-LAW PARTNER
→ SKIP TO HOUSEHOLD SECTION ON PAGE 10**

The following questions are about your spouse or common-law partner. We will refer to this person as your *partner* for the rest of the survey.

1. What is your partner's date of birth?

_____ / _____ / _____
Day Month Year

2. Does your partner identify as... (Check all that apply)

- Female
- Male
- Trans – female to male
- Trans – male to female
- Genderqueer/Gender non-conforming
- Two-Spirit
- Different identity – Specify: _____

3. What is the highest grade of elementary or high school your partner ever completed?

- Grade 8 or lower
- Grade 9 – 10
- Grade 11 – 13

4. Did your partner graduate from high school?

This includes secondary school (secondaire) in Quebec.

- Yes
- No

5. What is the highest degree, certificate or diploma your partner has obtained?

- No post-secondary degree, certificate or diploma
- Non-university certificate or diploma from a community college, CEGEP, school of nursing, etc.
- University certificate below bachelor's level
- Bachelor's degree
- University degree or certificate above bachelor's degree
- Trade certificate or diploma from a vocational school or apprenticeship training

HOUSEHOLD

The next questions are about the people who normally live with you.

Please include everyone who lives in your household, including newborn babies and room-mates.

Also include anyone who you expect to live with you for at least 6 of the next 12 months, even if they are temporarily away.

1. Including yourself, how many people live in your household?

Your household is a separate set of living quarters with a private entrance. If you are staying at a collective dwelling, such as a motel, group home, or emergency shelter, you only need to include people who are staying there who are related to you.

Number: _____

2. How many of the people in your household are children aged 17 or under?

If there are no children in your household, enter 0

Number: _____

3. IF THERE ARE CHILDREN IN YOUR HOUSEHOLD, please fill in the table below.
If you have more than five children, fill out this table for your five oldest children.

Child 1	Child 2	Child 3	Child 4	Child 5
Month of birth:	Month of birth:	Month of birth:	Month of birth:	Month of birth:
Year of birth:	Year of birth:	Year of birth:	Year of birth:	Year of birth:
Relationship to you: <input type="checkbox"/> Your or your partner's son or daughter <input type="checkbox"/> Grandchild <input type="checkbox"/> Son-in-law or daughter-in-law <input type="checkbox"/> Brother or sister <input type="checkbox"/> Foster child <input type="checkbox"/> Roommate, lodger or landlord's child <input type="checkbox"/> Other – Specify: _____	Relationship to you: <input type="checkbox"/> Your or your partner's son or daughter <input type="checkbox"/> Grandchild <input type="checkbox"/> Son-in-law or daughter-in-law <input type="checkbox"/> Brother or sister <input type="checkbox"/> Foster child <input type="checkbox"/> Roommate, lodger or landlord's child <input type="checkbox"/> Other – Specify: _____	Relationship to you: <input type="checkbox"/> Your or your partner's son or daughter <input type="checkbox"/> Grandchild <input type="checkbox"/> Son-in-law or daughter-in-law <input type="checkbox"/> Brother or sister <input type="checkbox"/> Foster child <input type="checkbox"/> Roommate, lodger or landlord's child <input type="checkbox"/> Other – Specify: _____	Relationship to you: <input type="checkbox"/> Your or your partner's son or daughter <input type="checkbox"/> Grandchild <input type="checkbox"/> Son-in-law or daughter-in-law <input type="checkbox"/> Brother or sister <input type="checkbox"/> Foster child <input type="checkbox"/> Roommate, lodger or landlord's child <input type="checkbox"/> Other – Specify: _____	Relationship to you: <input type="checkbox"/> Your or your partner's son or daughter <input type="checkbox"/> Grandchild <input type="checkbox"/> Son-in-law or daughter-in-law <input type="checkbox"/> Brother or sister <input type="checkbox"/> Foster child <input type="checkbox"/> Roommate, lodger or landlord's child <input type="checkbox"/> Other – Specify: _____

4. How many adults are in your household, not including yourself or your partner? If there are no other adults in your household, enter 0

Number: _____

5. Please complete this table for all of the adults over 18 living in your house that are NOT you or your partner.

Adult 1	Adult 2	Adult 3	Adult 4	Adult 5
Month of birth:	Month of birth:	Month of birth:	Month of birth:	Month of birth:
Year of birth:	Year of birth:	Year of birth:	Year of birth:	Year of birth:
Relationship to you: <input type="checkbox"/> Your or your partner's son or daughter <input type="checkbox"/> Grandchild <input type="checkbox"/> Son-in-law or daughter-in-law <input type="checkbox"/> Brother or sister <input type="checkbox"/> Foster child <input type="checkbox"/> Roommate, lodger or landlord <input type="checkbox"/> Parent <input type="checkbox"/> Father-in-law or mother-in-law <input type="checkbox"/> Grandparent <input type="checkbox"/> Other – Specify: _____	Relationship to you: <input type="checkbox"/> Your or your partner's son or daughter <input type="checkbox"/> Grandchild <input type="checkbox"/> Son-in-law or daughter-in-law <input type="checkbox"/> Brother or sister <input type="checkbox"/> Foster child <input type="checkbox"/> Roommate, lodger or landlord <input type="checkbox"/> Parent <input type="checkbox"/> Father-in-law or mother-in-law <input type="checkbox"/> Grandparent <input type="checkbox"/> Other – Specify: _____	Relationship to you: <input type="checkbox"/> Your or your partner's son or daughter <input type="checkbox"/> Grandchild <input type="checkbox"/> Son-in-law or daughter-in-law <input type="checkbox"/> Brother or sister <input type="checkbox"/> Foster child <input type="checkbox"/> Roommate, lodger or landlord <input type="checkbox"/> Parent <input type="checkbox"/> Father-in-law or mother-in-law <input type="checkbox"/> Grandparent <input type="checkbox"/> Other – Specify: _____	Relationship to you: <input type="checkbox"/> Your or your partner's son or daughter <input type="checkbox"/> Grandchild <input type="checkbox"/> Son-in-law or daughter-in-law <input type="checkbox"/> Brother or sister <input type="checkbox"/> Foster child <input type="checkbox"/> Roommate, lodger or landlord <input type="checkbox"/> Parent <input type="checkbox"/> Father-in-law or mother-in-law <input type="checkbox"/> Grandparent <input type="checkbox"/> Other – Specify: _____	Relationship to you: <input type="checkbox"/> Your or your partner's son or daughter <input type="checkbox"/> Grandchild <input type="checkbox"/> Son-in-law or daughter-in-law <input type="checkbox"/> Brother or sister <input type="checkbox"/> Foster child <input type="checkbox"/> Roommate, lodger or landlord <input type="checkbox"/> Parent <input type="checkbox"/> Father-in-law or mother-in-law <input type="checkbox"/> Grandparent <input type="checkbox"/> Other – Specify: _____

SCHOOL ATTENDANCE

1. Last week, were you attending a school, college or university?

Please select “Yes – Temporary break” if you are currently on a break from this program (such as summer break), but you are scheduled to start again in the next 5 months.

- Yes
- Yes - Temporary break
- No → **SKIP TO QUESTION 6**

2. Were you enrolled as a full-time or part-time student?

- Full-time
- Part-time

3. What kind of school was this?

- High school or equivalent
- College
- University
- Other – Specify: _____

4. IF YOU WERE ENROLLED IN COLLEGE, what type of college program were/are you enrolled in?

- 1-year certificate
- 2-year diploma
- 3-year diploma
- 4-year degree
- Post-graduate certificate
- Other – Specify: _____

5. IF YOU WERE ENROLLED IN UNIVERSITY, what type of university program were/are you enrolled in?

- Undergraduate degree
- Graduate degree
- Post-graduate certificate
- Other – Specify: _____

6. Are you currently enrolled in any other education or training programs, such as skills training, English as a Second Language (ESL), high-school equivalency, or on-the-job training?

- Yes
- No

7. IF YOU ARE ENROLLED IN ANY OTHER PROGRAMS, what types of programs are you enrolled in? (Check all that apply)

- On-the-job training
- English as a Second Language (ESL)
- Literacy and Basic Skills training
- High school (including adult high school, learning centre, online)
- High school equivalency (including GED, ACE certificate or Academic upgrading)
- Apprenticeship training
- Other – Specify: _____

8. In the last six months, were you enrolled at any point in any education or training programs, including on-the-job training, other than the ones you might be enrolled in right now?

- Yes
- No → **SKIP TO CURRENT EMPLOYMENT SITUATION SECTION ON PAGE 16**

9. What types of education or training programs were you enrolled in?

(Check all that apply)

- On-the-job training
- English as a Second Language (ESL)
- Literacy and Basic Skills training
- High school (including adult high school, learning centre, online)
- High school equivalency (including GED, ACE certificate or Academic upgrading)
- College (certificate, diploma, or degree program)
- University
- Apprenticeship training
- Other – Specify: _____

10. IF YOU WERE ENROLLED IN COLLEGE, what type of college program were you enrolled in?

- 1-year certificate
- 2-year diploma
- 3-year diploma
- 4-year degree
- Post-graduate certificate
- Other – Specify: _____

11. IF YOU WERE ENROLLED IN UNIVERSITY, what type of university program were you enrolled in?

- Undergraduate degree
- Graduate degree
- Post-graduate certificate
- Other – Specify: _____

CURRENT EMPLOYMENT SITUATION

The next questions are about employment and volunteer work.

Many are about last week, meaning the week beginning on Sunday and ending last Saturday.

1. In the last week, did you do unpaid or volunteer work for any organization?

- Yes
 No

2. IF YOU DID UNPAID OR VOLUNTEER WORK, how many hours did you do unpaid or volunteer work last week?

Number of hours: _____

3. Are you currently employed?

- Yes
 Yes, but on Temporary Layoff
 No, but I have a new job that begins within the next 4 weeks
 No

IF YOU ARE ON TEMPORARY LAYOFF:

4. Has your employer given you a date to return?

- Yes
 No

5. As of last week, how many weeks had you been on layoff?

Number of weeks: _____

**IF YOU ARE NOT CURRENTLY EMPLOYED OR YOU ARE ON TEMPORARY LAYOFF
 → SKIP TO **NOT CURRENTLY EMPLOYED** SECTION ON PAGE 21**

CURRENTLY EMPLOYED

**IF YOU ARE NOT CURRENTLY EMPLOYED OR YOU ARE ON TEMPORARY LAYOFF
→ SKIP TO **NOT CURRENTLY EMPLOYED** SECTION ON PAGE 21**

1. How many jobs do you currently have?

Number of jobs: _____

2. In the job in which you usually work the most hours, are you an employee, self-employed, or working in a family business without pay?

Employee

Self-employed

Working in family business without pay → **SKIP TO QUESTION 6, THEN SKIP TO QUESTION 14**

3. IF YOU ARE SELF-EMPLOYED, do you have any employees (not including yourself)?

Yes

No

The next few questions are about how many hours you work and your earnings from work.

4. On average, how many total paid hours do you usually work per week in the job you work the most hours?

Number of hours: _____

5. IF YOU CURRENTLY HAVE MORE THAN ONE JOB, on average, how many total paid hours do you usually work per week in your other jobs combined?

Number of hours: _____

6. How many hours did you actually work last week, and in each of the last four weeks? Please indicate if you weren't employed in any of these weeks, or if you missed any days of work because you were sick or on vacation.

If you have more than one job, answer for the job you work the most hours

Last week	Number of hours: _____	<input type="checkbox"/> Sick, on vacation, or on leave	<input type="checkbox"/> Was not employed
2 weeks ago	Number of hours: _____	<input type="checkbox"/> Sick, on vacation, or on leave	<input type="checkbox"/> Was not employed
3 weeks ago	Number of hours: _____	<input type="checkbox"/> Sick, on vacation, or on leave	<input type="checkbox"/> Was not employed
4 weeks ago	Number of hours: _____	<input type="checkbox"/> Sick, on vacation, or on leave	<input type="checkbox"/> Was not employed

Please note: Your answers to this survey will not influence your eligibility for the Basic Income Pilot or the total amount of basic income payments.

The next questions are about your wage or salary, before taxes and other deductions.

If you have more than one job, answer for the job you work the most hours.

7. What is the easiest way for you to tell us your wage or salary? Would it be yearly, monthly, weekly, or on some other basis?

- Yearly
- Monthly
- Semi-monthly
(twice per month, e.g. 1st and 15th of every month)
- Bi-weekly
(every two weeks, e.g. every two Fridays)
- Weekly
- Daily
- Hourly
- Other – Specify: _____

8. Including tips and commissions, what is your wage or salary?

Amount: \$ _____

IF YOU CURRENTLY HAVE MORE THAN ONE JOB:	
<p>9. What is the easiest way for you to tell us your wage or salary for your other jobs combined?</p> <p><input type="checkbox"/> Yearly</p> <p><input type="checkbox"/> Monthly</p> <p><input type="checkbox"/> Semi-monthly (twice per month, e.g. 1st and 15th of every month)</p> <p><input type="checkbox"/> Bi-weekly (every two weeks, e.g. every two Fridays)</p> <p><input type="checkbox"/> Weekly</p> <p><input type="checkbox"/> Daily</p> <p><input type="checkbox"/> Hourly</p> <p><input type="checkbox"/> Other – Specify: _____</p>	<p>10. Including tips and commissions, what is your wage or salary, before taxes and deductions, for your other jobs combined?</p> <p>Amount: \$ _____</p>

If you currently have more than one job, for the remaining questions in this section, please answer for the job at which you usually work the most hours per week.

11. Is your job permanent, or is there some way that it is not permanent? (E.g., seasonal, temporary, term or casual.)

Casual means “hired on a daily basis when the need arises.”

Temporary/term/contract means “hired for a fixed period of time, for instance, a month or a year.”

- Permanent
- Not permanent

<p>12. IF YOUR JOB IS NOT PERMANENT, in what way is your job not permanent?</p> <p><input type="checkbox"/> Seasonal job</p> <p><input type="checkbox"/> Temporary, term or contract job (non-seasonal)</p> <p><input type="checkbox"/> Casual job</p> <p><input type="checkbox"/> Other – Specify: _____</p>
--

13. Are you a union member at this job?

- Yes
- No

14. In this job, did your employer offer you any of the following benefits, even if you chose not to take them? (Check all that apply)

- Medical insurance or health plan in addition to public health insurance coverage
- Dental plan or dental coverage with the health plan
- Life and/or disability insurance plan
- None of the above

15. Please tell me how much you agree or disagree with the following statement:

“My job offers me good prospects for career advancement.”

- Strongly agree
- Agree
- Disagree
- Strongly disagree

IF YOU HAVE A SPOUSE OR COMMON-LAW PARTNER

→ SKIP TO [YOUR PARTNER’S CURRENT ACTIVITIES](#) SECTION ON PAGE 23

IF YOU DO NOT HAVE A SPOUSE OR COMMON-LAW PARTNER

→ SKIP TO [INCOME](#) SECTION ON PAGE 25

NOT CURRENTLY EMPLOYED

IF YOU ARE CURRENTLY EMPLOYED

→ **SKIP TO YOUR PARTNER'S CURRENT ACTIVITIES SECTION ON PAGE 23**

1. In the 4 weeks ending last Saturday, did you do anything to find work, such as contact an employment centre, check with employers, place or answer newspaper ads?

- Yes
- No

2. IF YOU DID TRY TO FIND WORK, as of last week, how many weeks had you been looking for work?

Number of weeks: _____

3. IF YOU DID NOT TRY TO FIND WORK, what is the main reason you did not look for work last week?

- My own illness or disability
- Caring for my children
- Caring for an elder relative (60 years of age or older)
- Pregnancy
- Other personal or family responsibilities
- Going to school
- Waiting for recall (to my former job)
- Waiting for replies from employers
- No work is available (in my area, or that is suited to my skills)
- Other – Specify: _____

4. IF YOU DID NOT TRY TO FIND WORK, did you want a job last week?

- Yes
- No

5. Have you ever worked at a job or business?

- Yes
- No → **SKIP TO YOUR PARTNER'S CURRENT ACTIVITIES SECTION ON PAGE 23**

6. When did you last work?

Month: _____ Year: _____

7. What was the main reason you stopped working at that job?

- My own illness or disability
- Caring for my children
- Caring for an elder relative (60 years of age or older)
- Pregnancy
- Other personal or family responsibilities
- Going to school
- Lost job, was laid off, or the job ended
- Business sold or closed down
- I moved
- I wasn't satisfied with the job
- Retired
- Other – Specify: _____

8. Have you applied for Employment Insurance (EI) since you were last employed?

- Yes
- No

9. IF YOU HAVE APPLIED, were you accepted as eligible for Employment Insurance?

- Yes
- No
- Haven't heard back / Don't know

YOUR PARTNER'S CURRENT ACTIVITIES

**IF YOU DO NOT HAVE A SPOUSE OR COMMON-LAW PARTNER
→ SKIP TO **INCOME** SECTION ON PAGE 25**

The following questions are about your spouse or common-law partner, whom we will refer to simply as your *partner*.

1. In the last six months, was your partner enrolled at any point in any education or training programs, including on-the-job training?

- Yes
 No → **SKIP TO QUESTION 5**

2. What types of education or training programs is/was your partner enrolled in?
(Check all that apply)

- On-the-job training
 English as a Second Language (ESL)
 Literacy and Basic Skills training
 High school (including adult high school, learning centre, online)
 High school equivalency (including GED, ACE certificate or Academic upgrading)
 Apprenticeship training
 College (certificate, diploma, or degree program)
 University
 Other – Specify: _____

3. IF YOUR PARTNER IS/WAS ENROLLED IN COLLEGE, what type of college program is/was your partner enrolled in?

- 1-year certificate
 2-year diploma
 3-year diploma
 4-year degree
 Post-graduate certificate
 Other – Specify: _____

4. IF YOUR PARTNER IS/WAS ENROLLED IN UNIVERSITY, what type of university program is/was your partner enrolled in?

- Undergraduate degree
- Graduate degree
- Post-graduate certificate
- Other – Specify: _____

5. Is your partner currently employed?

- Yes
- Yes, but on temporary layoff
- No, but has a new job that begins within the next 4 weeks
- No

IF YOUR PARTNER IS CURRENTLY EMPLOYED:

6. How many jobs does your partner currently have?

Number of jobs: _____

7. On average, how many total paid hours does your partner usually work per week?

If your partner has more than one job, please answer for all jobs combined.

Number of hours: _____

8. Last week, how many hours did your partner actually work?

If your partner has more than one job, please answer for all jobs combined.

Number of hours: _____

INCOME

Please note: Your answers in this section will not influence your eligibility for the Basic Income Pilot or the total amount of basic income payments.

- 1. Please estimate how much income you received from each of the following sources last month. If you are unsure, please provide your best estimate.**

If you have a partner and you receive OW, ODSP, or child benefits together as a couple, make sure you only put these amounts in once. For example, if you receive \$100 together as a couple, please only report \$100 in either your column or your partner's column.

Income source	Your <u>monthly</u> income	Your partner's <u>monthly</u> income <i>If you do not have a partner, leave this column blank</i>
All jobs, full-time and part-time, after taxes and deductions	\$	\$
Ontario Works (OW)	\$	\$
Ontario Disability Support Program (ODSP)	\$	\$
Employment Insurance (EI)	\$	\$
Child Benefits	\$	\$
Child Support	\$	\$
All other sources of income (Pensions, investments, Trillium benefits, HST rebates etc.)	\$	\$

EXPENSES

1. Please estimate the amount you and your partner (if applicable) spent on the following items in the last month. If you are unsure, please provide your best estimate.

Item	Monthly cost
Food (consumed in home and outside)	\$
Vehicle (payments, gas, insurance, repairs, etc.)	\$
Other transportation (bus, subway, taxi, etc.)	\$
Communication (phone, internet, TV, etc.)	\$
Clothing	\$
Children’s activities (sports, lessons, camps, etc.)	\$
Educational expenses (tuition, textbooks, tutoring, etc.)	\$
Other entertainment (movies, concerts, games, etc.)	\$
Gifts (birthday/holiday gifts, charitable donations, etc.)	\$
Spousal/child support	\$

HOUSING

The next few questions ask about housing and any recent experiences of homelessness you may have had. Please remember that your answers will be kept strictly confidential.

1. Have you at any time been homeless in the last 12 months?

Being homeless means staying at any of the following places because you have no place of your own and no immediate options for permanent housing:

- An emergency shelter
- A shelter for people affected by violence
- The street
- Buildings people weren't meant to live in, or
- Staying temporarily with other people ("couch surfing")

Yes

No → **SKIP TO QUESTION 5**

2. Approximately how many nights were you homeless in the last 12 months?

Nights homeless: _____ (*enter 365 if you were homeless the entire time*)

3. Are you presently homeless?

Yes

No

4. IF YOU ARE PRESENTLY HOMELESS, where did you stay last night?

- Someone else's place
- Motel/hotel
- Hospital, jail, prison, remand centre
- Emergency shelter, domestic violence shelter
- Transitional housing
- Public space (e.g. sidewalks, squares, parks, forests, bus shelter)
- Vehicle (car, van, RV, truck)
- Makeshift shelter, tent or shack
- Abandoned/vacant building
- Other unsheltered location – Specify: _____

IF YOU ARE PRESENTLY HOMELESS

→ SKIP TO FINANCIAL SECURITY SECTION ON PAGE 32

5. Do you live in a house, an apartment or another type of building?

If you live in a self-contained apartment within a house, select “Apartment”.

- House → **SKIP TO QUESTION 8**
- Apartment
- Other (e.g., hotel, rooming house, institution, or mobile home)

6. IF YOU LIVE IN AN APARTMENT, what type of apartment building do you live in?

- An apartment within a house
- An apartment building, less than 5 stories
- An apartment building, 5 or more stories

7. IF YOU LIVE IN ANOTHER TYPE OF BUILDING, what type of dwelling do you live in?

- Collective dwelling (such as a hotel/motel, rooming or boarding house)
- Institution (for example group home or nursing home) → **SKIP TO QUESTION 20 ON PAGE 31**
- Mobile home or movable dwelling (trailer)
- Other – Specify: _____

8. Is this dwelling...

- Owned by you or a member of this household (even if it is still being paid for)
- Rented (even if no cash rent is paid)

9. Who pays the rent or mortgage, taxes, electricity, etc. for this dwelling?

(Check all that apply)

- You
- Your spouse/common-law partner (if applicable)
- Another person or persons who live here in the home (specify their relationship to you): _____
- Another person who does not live here in the home (specify their relationship to you): _____

IF YOU OR YOUR SPOUSE DO NOT PAY RENT, MORTGAGE, TAXES, ETC. → SKIP TO QUESTION 16 ON PAGE 30

IF YOU RENT YOUR DWELLING:

10. What is the monthly rent that you and your partner (if applicable) currently pay for this dwelling?

Monthly rent: \$ _____

OR

No cash rent paid

11. Is this dwelling subsidized?

Subsidized housing includes rent geared to income, social housing, public housing, government assisted housing, non-profit housing, rent supplements, and housing allowances.

Yes

No

IF YOU RENT YOUR DWELLING → SKIP TO QUESTION 16

IF YOU OWN YOUR DWELLING:

12. What is the total regular monthly mortgage or loan payments that you and your partner (if applicable) make for this dwelling?

None

OR

\$ _____/month

13. IF YOU AND YOUR PARTNER MAKE MORTGAGE OR LOAN PAYMENTS, are the property taxes (municipal and school) included in that amount?

Yes

No

14. What are the estimated yearly property taxes (municipal and school) that you and your partner (if applicable) pay for this dwelling?

None

OR

\$ _____/year

15. IF YOU LIVE IN A CONDOMINIUM, what are the monthly condominium fees that you and your partner (if applicable) pay?

None
OR
\$ _____/month

16. What is your and your partner’s (if applicable) approximate monthly payment for the following? If you are unsure, please provide your best estimate.

	Included in rent / condo fees?			Cost in dollars per <u>month</u> (if <u>not</u> included in rent / condo fees)	
Electricity	<input type="checkbox"/> Yes, included	<input type="checkbox"/> No, not included	<input type="checkbox"/> N/A	\$ _____	<input type="checkbox"/> Don't know
Water	<input type="checkbox"/> Yes, included	<input type="checkbox"/> No, not included	<input type="checkbox"/> N/A	\$ _____	<input type="checkbox"/> Don't know
Oil or wood heat (not electric heat)	<input type="checkbox"/> Yes, included	<input type="checkbox"/> No, not included	<input type="checkbox"/> N/A	\$ _____	<input type="checkbox"/> Don't know
Natural gas	<input type="checkbox"/> Yes, included	<input type="checkbox"/> No, not included	<input type="checkbox"/> N/A	\$ _____	<input type="checkbox"/> Don't know

17. How many rooms are there in this dwelling? Please include kitchens, bedrooms, living and dining rooms, finished rooms in the attic or basement, etc. Please do not include bathrooms, halls, garages, laundry rooms, etc.

Please count partially divided rooms as separate rooms if you treat them as separate rooms (e.g., if your home has one large living-room and dining-room arrangement, you should count these as two rooms if you treat them this way).

Number of rooms: _____

18. How many of these rooms are bedrooms? (Enter 0 for a loft or bachelor)

Number of bedrooms: _____

19. Is this dwelling in need of any repairs? Do not include re-modelling or additions you would like to complete.

If both minor and major repairs are needed, select 'Yes, major repairs are needed'.

- No, only regular maintenance is needed (painting, furnace cleaning, etc.)
- Yes, minor repairs are needed (missing or loose floor tiles, bricks or shingles, defective steps, railings or sidings, etc.)
- Yes, major repairs are needed (defective plumbing or electrical wiring, structural repairs to walls, floors or ceilings, etc.)

20. How long have you been living in your current dwelling at this present address, in the building you live in now?

_____ Years, _____ Months

- Less than 1 month

21. How many times have you moved in the past year?

Number of moves: _____

FINANCIAL SECURITY

1. Thinking of the last 12 months, how well have you been keeping up with your financial commitments?

- Having real financial problems and falling behind
- Keeping up but it sometimes is a struggle
- Keeping up without any problems

2. Thinking of the last 12 months, were you ever behind two months in a row or more...

	Yes	No
...in paying a bill?	<input type="checkbox"/>	<input type="checkbox"/>
...in paying your rent or mortgage?	<input type="checkbox"/>	<input type="checkbox"/>
...in making a loan payment (including credit card bills)?	<input type="checkbox"/>	<input type="checkbox"/>

3. If you had to make an unexpected expenditure today of \$500, how would you pay for this expense? Please select up to three options.

- Use savings
- Borrow from a friend or relative
- Use a personal line of credit
- Borrow from a financial institution
- Use a credit card
- Sell a financial asset or personal possession
- Go to a pawnbroker or payday loan service
- Other – Specify: _____
- Would not be able to pay this expenditure → **SKIP TO QUESTION 5**

4. If the expenditure were \$5,000, how would you pay for this expense? Please select up to three options.

- Use savings
- Borrow from a friend or relative
- Use a personal line of credit
- Borrow from a financial institution
- Use a credit card
- Sell a financial asset or personal possession
- Go to a pawnbroker or payday loan service
- Other – Specify: _____
- Would not be able to pay this expenditure

5. In the last 12 months, how many times did you or another member of your family use the following alternative financial services?

SERVICE	NUMBER OF TIMES
A pawnbroker to sell a possession?	_____
A payday loan service?	_____
A cheque-cashing service (other than a bank)?	_____

HEALTH AND WELL-BEING

**IF YOU ARE COMPLETING THIS SURVEY ON BEHALF OF SOMEONE ELSE
→ SKIP TO QUESTION 10 ON PAGE 38**

Now we'll be turning to some questions about how your daily activities are going.

Under each heading, please select the **ONE** sentence that best describes your own health state, or how you are doing, **TODAY**.

1. Mobility

- I have no problems in walking about
- I have slight problems in walking about
- I have moderate problems in walking about
- I have severe problems in walking about
- I am unable to walk about

2. Self-care

- I have no problems washing or dressing myself
- I have slight problems washing or dressing myself
- I have moderate problems washing or dressing myself
- I have severe problems washing or dressing myself
- I am unable to wash or dress myself

3. Usual activities (e.g. work, study, housework, family or leisure activities)

- I have no problems doing my usual activities
- I have slight problems doing my usual activities
- I have moderate problems doing my usual activities
- I have severe problems doing my usual activities
- I am unable to do my usual activities

4. Pain / discomfort

- I have no pain or discomfort
- I have slight pain or discomfort
- I have moderate pain or discomfort
- I have severe pain or discomfort
- I have extreme pain or discomfort

5. Anxiety / depression

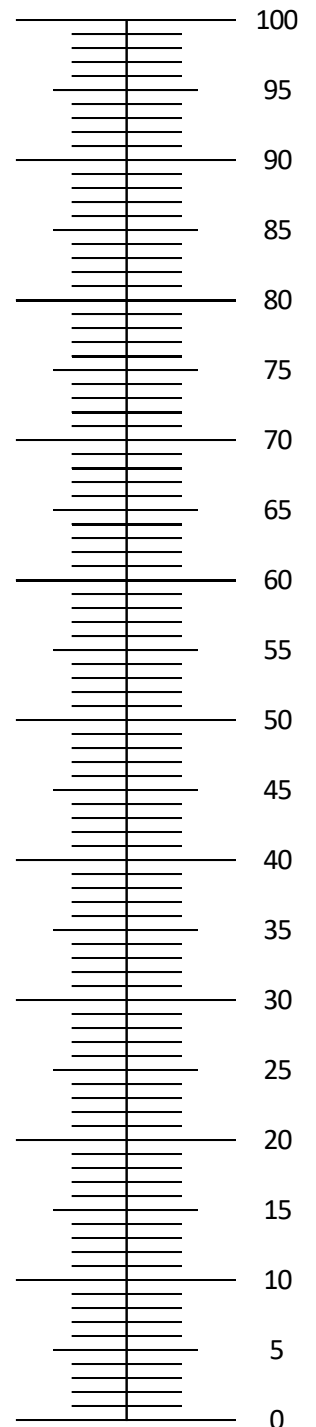
- I am not anxious or depressed
- I am slightly anxious or depressed
- I am moderately anxious or depressed
- I am severely anxious or depressed
- I am extremely anxious or depressed

6. We would like to know how good or bad your health is TODAY.

The best health
you can imagine

This scale is numbered from 0 to 100.

- 100 means the best health you can imagine.
0 means the worst health you can imagine.
- Mark an X on the scale to indicate how your health is TODAY.
- Now, please write the number you marked on the scale in the box below.



YOUR HEALTH TODAY =

The worst health
you can imagine

7. The following questions ask about how you have been feeling during the **past 30 days**. For each question, please select the option that best describes how often you had this feeling.

During the past 30 days, about how often did you feel...

	None of the time	A little of the time	Some of the time	Most of the time	All of the time
...nervous?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...hopeless?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...restless or fidgety?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...so depressed that nothing could cheer you up?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...that everything was an effort?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...worthless?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. The next questions ask about your feelings and thoughts during the **last month**. In each case, please indicate how often you felt or thought a certain way.

In the **last month**, how often have you felt...

	Never	Almost never	Sometimes	Fairly often	Very often
That you were unable to control the important things in your life?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Confident about your ability to handle your personal problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
That things were going your way?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Difficulties were piling up so high that you could not overcome them?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. Using a scale of 0 to 10, where 0 means "Very dissatisfied" and 10 means "Very satisfied", how do you feel about your life as a whole right now?

- 0 – Very dissatisfied
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 – Very satisfied

The next questions are about dental and health care.

10. When was the last time you saw a dental professional (such as a dentist, dental hygienist, or a denturist)?

- Within the last six months
- Within the last year
- Within the last 2 years
- Within the last 3 years
- Within the last 4 years
- Over 4 years ago
- Never

11. During the past 12 months, was there ever a time when you felt that you needed health care, other than homecare services, but you did not receive it?

- Yes
- No → **SKIP TO LONG-TERM DIFFICULTIES AND CONDITIONS SECTION ON PAGE 40**

12. Thinking of the most recent time you felt this way, was one of the reasons you didn't get health care because of cost? This includes cost of treatment, cost of transportation, cost of child care or any other financial cost needed to receive care.

Yes

No

13. Again, thinking of the most recent time, what was the type of care that was needed? (Check all that apply)

Physical health

Mental health

Dental care

Medication / Prescription refill

Other – Specify: _____

LONG-TERM DIFFICULTIES AND CONDITIONS

Now we have questions about long-term difficulties and conditions. Some of the questions are similar to some of the questions you have already answered. The questions in this section are only about difficulties or long-term conditions that have lasted or are expected to last for six months or more.

1. Do you have any difficulty seeing or hearing?

- No
- Sometimes
- Often
- Always

2. Do you have any difficulty walking, using stairs, using your hands or fingers or doing other physical activities?

- No
- Sometimes
- Often
- Always

3. Do you have any difficulty learning, remembering or concentrating?

- No
- Sometimes
- Often
- Always

4. Do you have any emotional, psychological or mental health conditions? These may include anxiety disorder, depression, bipolar disorder, substance abuse, anorexia, as well as other conditions.

- No
- Sometimes
- Often
- Always

5. Do you have any other health problem or long-term condition that has lasted or is expected to last for six months or more? If you have more than one other problem or condition, report on the one that most limits your daily activities.

- Yes – Specify: _____
- No

6. IF YOU DO HAVE ANOTHER HEALTH PROBLEM OR LONG-TERM CONDITION, how often does this health problem or condition limit your daily activities?

- Never
- Rarely
- Sometimes
- Often
- Always

FOOD SECURITY

Again, please remember that your answers will be kept strictly confidential.

The following statements may be used to describe the food situation for a household. Please tell me if the statement was often true, sometimes true, or never true for you and other household members in the past 12 months.

1. The first statement is: You and other household members worried that food would run out before you got money to buy more. Was that often true, sometimes true, or never true in the past 12 months?

- Often true
- Sometimes true
- Never true

2. The food that you and other household members bought just didn't last, and there wasn't any money to get more. Was that often true, sometimes true, or never true in the past 12 months?

- Often true
- Sometimes true
- Never true

3. You and other household members couldn't afford to eat balanced meals. In the past 12 months was that often true, sometimes true, or never true?

- Often true
- Sometimes true
- Never true

4. In the past 12 months, did you or other adults in your household ever cut the size of your meals or skip meals because there wasn't enough money for food?

- Yes
- No

5. IF YOU ANSWERED YES TO THE LAST QUESTION, how often did this happen?

- Almost every month
- Some months but not every month
- Only 1 or 2 months

6. In the past 12 months, did you (personally) ever eat less than you felt you should because there wasn't enough money to buy food?

- Yes
- No

7. In the past 12 months, were you (personally) ever hungry but didn't eat because you couldn't afford enough food?

- Yes
- No

8. In the past 12 months, did you (personally) lose weight because you didn't have enough money for food?

- Yes
- No

9. In the past 12 months, did you or other adults in your household ever not eat for a whole day because there wasn't enough money for food?

- Yes
- No

10. IF YOU ANSWERED YES TO THE LAST QUESTION, how often did this happen?

- Almost every month
- Some months but not every month
- Only 1 or 2 months

PARENTING

IF THERE ARE NO CHILDREN IN YOUR HOUSEHOLD
 → SKIP TO **CURRENT NEEDS** SECTION ON PAGE 45

IF YOU ARE COMPLETING THIS SURVEY ON BEHALF OF SOMEONE ELSE
 → SKIP TO **CURRENT NEEDS** SECTION ON PAGE 45

The following questions are about how you interact with one of the children in your household.

1. IF ONE OR MORE OF THE CHILDREN IN THE HOUSEHOLD ARE YOUR OWN CHILD: Please write down the first name of your own child who celebrated the most recent birthday.

First name: _____

OR

2. IF NONE OF THE CHILDREN IN YOUR HOUSEHOLD ARE YOUR OWN CHILD: Please write down the first name of the child in your household (not your own child) who celebrated the most recent birthday.

First name: _____

3. The following statements may be used to describe your interaction with the child whose name you wrote above. Please tell me if the statement was always true, often true, sometimes true, rarely true or never true for how you acted towards this child during the past six months.

	Never	Rarely	Sometimes	Often	Always
I enjoy doing things with him/her	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I cheer him/her up when he/she is sad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I give him/her a lot of care and attention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I listen to his/her ideas and opinions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I speak of the good things he/she does	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CURRENT NEEDS

The following questions are about other current needs.

1. Right now, would getting help in any of these areas in your life be useful to you? Help could include getting support, information, or counselling, etc.

Respond 'No' if the issue is not relevant to you.

	Yes	No
Transportation (e.g. transit tickets/passes or getting a driver's license)	<input type="checkbox"/>	<input type="checkbox"/>
Physical health (e.g. finding a doctor)	<input type="checkbox"/>	<input type="checkbox"/>
Assistive devices (e.g. wheelchair, home adaptations, communication devices)	<input type="checkbox"/>	<input type="checkbox"/>
Mental health (e.g. getting counselling, getting a diagnosis)	<input type="checkbox"/>	<input type="checkbox"/>
Substance use issues (e.g. drug or alcohol use treatment or counselling)	<input type="checkbox"/>	<input type="checkbox"/>
Childcare (e.g. finding affordable childcare close to where you live or work)	<input type="checkbox"/>	<input type="checkbox"/>
Managing your money (e.g. setting a budget or opening a bank account)	<input type="checkbox"/>	<input type="checkbox"/>
Housing (e.g. finding affordable housing that is safe and clean)	<input type="checkbox"/>	<input type="checkbox"/>
Legal issues (e.g. help finding a lawyer or getting legal advice)	<input type="checkbox"/>	<input type="checkbox"/>
Learning English (e.g. help finding a language class)	<input type="checkbox"/>	<input type="checkbox"/>
Personal relationships (e.g. support to manage a relationship with a spouse or family member)	<input type="checkbox"/>	<input type="checkbox"/>
Your children (e.g. counselling, behaviour, learning or mental health problems)	<input type="checkbox"/>	<input type="checkbox"/>
Help with employment (e.g. assistance finding a job)	<input type="checkbox"/>	<input type="checkbox"/>
Other – Specify: _____	<input type="checkbox"/>	<input type="checkbox"/>

LONG-TERM DIFFICULTIES AND CONDITIONS – FULL DSQ

Administer for participants filling out paper surveys who responded “sometimes,” “often,” or “always” to one or more of the Long-Term Difficulties and Conditions questions

RESPONDENT’S BASIC INCOME REFERENCE NUMBER:

--	--	--	--	--	--	--	--	--

1. Do you wear glasses or contact lenses to improve your vision?

- Yes
- No

2. [With your glasses or contact lenses] Which of the following best describes your ability to see?

- You have no difficulty seeing → **SKIP TO 4**
- You have some difficulty seeing
- You have a lot of difficulty seeing
- You are blind or legally blind

3. How often does this difficulty/condition limit your daily activities?

- Never
- Rarely
- Sometimes
- Often
- Always

4. Do you use a hearing aid or cochlear implant?

- Yes
- No

5. [With your hearing aid or cochlear implant,] Which of the following best describes your ability to hear?

- You have no difficulty hearing → **SKIP TO TEXT BEFORE 7**
- You have some difficulty hearing
- You have a lot of difficulty hearing
- You cannot hear at all
- You are deaf

6. How often does this difficulty/condition limit your daily activities?

- Never
- Rarely
- Sometimes
- Often
- Always

The next questions are about your ability to move around, even when using an aid such as a cane. Again, please answer for any difficulties or conditions that have lasted or are expected to last for six months or more.

7. How much difficulty do you have walking on a flat surface for 15 minutes without resting?

This refers to your regular walking pace. If you use an aid for minimal support, such as a cane, walking stick or crutches, please answer this question based on your ability to walk when using these aids.

- No difficulty
- Some difficulty
- A lot of difficulty
- You cannot do at all

8. How much difficulty do you have walking up or down a flight of stairs, about 12 steps without resting?

- No difficulty
- Some difficulty
- A lot of difficulty
- You cannot do at all

IF “NO DIFFICULTY” TO BOTH 7 AND 8 → SKIP TO 10

9. How often [does this this difficulty walking/does this difficulty using stairs/do these difficulties] limit your daily activities?

- Never
- Rarely
- Sometimes
- Often
- Always

The next questions deal with flexibility and dexterity. (Again, answer for difficulties or conditions that have lasted or are expected to last for 6 months or more.)

10. How much difficulty do you have bending down and picking up an object from the floor?

- No difficulty
- Some difficulty
- A lot of difficulty
- You cannot do at all

11. How much difficulty do you have reaching in any direction, for example, above your head?

- No difficulty
- Some difficulty
- A lot of difficulty
- You cannot do at all

IF “NO DIFFICULTY” TO BOTH 10 AND 11 → GO TO 13

12. How often [does this difficulty bending and picking up an object/does this difficulty reaching/do these difficulties] limit your daily activities?

- Never
- Rarely
- Sometimes
- Often
- Always

13. How much difficulty do you have using your fingers to grasp small objects like a pencil or scissors?

- No difficulty → **SKIP TO TEXT BEFORE 15**
- Some difficulty
- A lot of difficulty
- You cannot do at all

14. How often does this difficulty using your fingers limit your daily activities?

- Never
- Rarely
- Sometimes
- Often
- Always

The following questions are about pain due to a long-term condition that has lasted or is expected to last for six months or more.

15. Do you have pain that is always present?

- Yes
- No

16. Do you have periods of pain that reoccur from time to time?

- Yes
- No

IF “NO” TO BOTH 15 AND 16 → SKIP TO TEXT BEFORE 19

17. How often does this pain limit your daily activities?

If this problem is controlled by medication or therapy, please respond based on when you are using medication or therapy

- Never → **SKIP TO TEXT BEFORE 19**
- Rarely
- Sometimes
- Often
- Always

18. When you are experiencing this pain, how much difficulty do you have with your daily activities?

- No difficulty
- Some difficulty
- A lot of difficulty
- You cannot do at all

Please answer for difficulties or long-term conditions that have lasted or are expected to last for six months or more.

19. Do you think you have a condition that makes it difficult in general for you to learn? This may include learning disabilities such as dyslexia, hyperactivity, attention problems, as well as other conditions.

- Yes
- No

20. Has a teacher, doctor or other health care professional ever said that you had a learning disability?

- Yes
- No

IF “NO” TO BOTH 19 AND 20 → SKIP TO 23

21. How often are your daily activities limited by this condition?

- Never → **SKIP TO 23**
- Rarely
- Sometimes
- Often
- Always

22. How much difficulty do you have with your daily activities because of this condition?

- No difficulty
- Some difficulty
- A lot of difficulty
- You cannot do at all

23. Has a doctor, psychologist or other health care professional ever said that you had a developmental disability or disorder? This may include Down syndrome, autism, Asperger syndrome, mental impairment due to lack of oxygen at birth, etc.

- Yes
- No → **SKIP TO TEXT BEFORE 26**

24. How often are your daily activities limited by this condition?

- Never → **SKIP TO TEXT BEFORE 26**
- Rarely
- Sometimes
- Often
- Always

25. How much difficulty do you have with your daily activities because of this condition?

- No difficulty
- Some difficulty
- A lot of difficulty
- You cannot do at all

Again, please remember that your answers will be kept strictly confidential.

26. Do you have any emotional, psychological or mental health conditions? These may include anxiety disorder, depression, bipolar disorder, substance abuse, anorexia, etc.

- Yes
- No → **SKIP TO 29**

27. How often are your daily activities limited by this condition?

If this problem is controlled by medication or therapy, please respond based on when you are using medication or therapy.

- Never → **SKIP TO 29**
- Rarely
- Sometimes
- Often
- Always

28. When you are experiencing this condition, how much difficulty do you have with your daily activities?

- No difficulty
- Some difficulty
- A lot of difficulty
- You cannot do at all

29. Do you have any ongoing memory problems or periods of confusion? Please exclude occasional forgetfulness such as not remembering where you put your keys.

- Yes
- No → **SKIP TO 32**

30. How often are your daily activities limited by this problem?

If this problem is controlled by medication or therapy, please respond based on when you are using medication or therapy.

- Never → **SKIP TO 32**
- Rarely
- Sometimes
- Often
- Always

31. How much difficulty do you have with your daily activities because of this problem?

- No difficulty
- Some (difficulty)
- A lot of (difficulty)
- You cannot do at all

32. Do you have any other health problem or long-term condition that has lasted or is expected to last for six months or more?

- Yes
- No → **END OF SURVEY**

33. How often does this health problem or long-term condition limit your daily activities?

- Never
- Rarely
- Sometimes
- Often
- Always