



**G3**

In case we can't reach that person, we would like your permission to obtain your new address and telephone number from other government sources (such as Canada Customs and Revenue Agency (Revenue Canada) or provincial Motor Vehicle files). This would only be used to help us contact you. Do we have your permission?

3  Yes

4  No

**COMMENTS:**

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***End of Interview***

***Thank you***

**Demographic - Relationships**

R1  Living with spouse/partner

R2  Single parent

R3  Selected child

Name:  \_\_\_\_\_

**A. Health**

A32  Losing interest

A33  Feeling tired

A35  Weight change

A37  Trouble falling asleep

A38  Trouble concentrating

A39  Feeling down on yourself

A40  Thoughts about death

A51  Feeling tired

A53  Weight change

A55  Trouble falling asleep

A56  Trouble concentrating

A57  Feeling down on yourself

A58  Thoughts about death

**B. Worker Role**

B1(A)  Worked last week

B1(B)  Permanently unable to work

B2(A)  Temporarily absent

B2(B)  Did not work last week

B3  More than one job

B5  Respondent never worked

B6(A)  Worked within last year

B6(B)  Did not work within last year

B18  Self-employed

B34(A)  Seasonal Layoff

B34(B)  Temporary layoff

B39  Do not expect to return

B41(A)  Will be recalled

B41(B)  Will not be recalled

B44  Hours worked

B50  Job seeker

B57  Available to work

B64  Currently attending school

**C. Social**

C6  Has a romantic partner

C20  No Mother

C22  No Father

C28  Problems with emotions/nerves

C29  Problems with alcohol/drugs

C30  Trouble with police

C36  Never left home

C37  Years