

FOR OFFICE USE ONLY – FILL ONLY IF NO LABEL

Stratum										Type	Cluster	Rot.	List	Mult.	

Collection Period	
MM	YYYY

HO Receipt	OC
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Place label here

CONFIDENTIAL WHEN COMPLETED

SURVEY OF HOUSEHOLD SPENDING 2017

Your diary of daily expenses

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An interviewer will call you on:

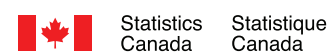
Your completed diary will be picked up on:

At:

THANK YOU!

We greatly appreciate your participation.

Collected under the authority of the Statistics Act, Revised Statutes of Canada, 1985, Chapter S-19.



75411-2349.1 2017

STATS CANADA – DIARY COVER EXT, ENG – FOLDED: 8.5" X 11" CMYK

Stats Canada – HS Diary COVER EXT – DIELINE

8.5" x 11" folded, 17.5" x 24" flat: CMYK with full bleed

7.75" flap folding up from bottom, 5.15" flap folding down from top to make an envelope

If you spent money today, you have two options to record each expense:

- Provide the receipt in the pocket and explain abbreviations or short forms on the receipt.
- OR
- Transcribe the expense in the diary. Do not forget to record expenses for which you do not have a receipt.

If you did NOT spend any money today...

Write the date and the words "no spending" in the "Goods and services including food from stores" section (see example on page 1).

Respondent's first name: _____

Diary Start Date			
DD		MM	

Diary End Date			
DD		MM	

GOODS AND SERVICES INCLUDING FOOD FROM STORES

Item #	Date of expense				Description of item	Cost			
	dd/mm Example: 21/06					Do <u>not</u> include taxes.			
							\$		¢
	2	1	/	0 6	NO SPENDING			.	
	2	2	/	0 6	GAS		3	6	0 0
1			/					.	
2			/					.	
3			/					.	
4			/					.	
5			/					.	
6			/					.	
7			/					.	
8			/					.	
9			/					.	
10			/					.	
11			/					.	
12			/					.	
13			/					.	
14			/					.	
15			/					.	
16			/					.	
17			/					.	
18			/					.	
19			/					.	
20			/					.	
21			/					.	
22			/					.	
23			/					.	
24			/					.	
25			/					.	
26			/					.	
27			/					.	
28			/					.	
29			/					.	

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GOODS AND SERVICES INCLUDING FOOD FROM STORES *(continued)*

Item #	Date of expense	Description of item	Cost	
	dd/mm Example: 21/06	Write one item per line. Please print. See page 6 in the Diary Guide for help with this section. Reminder: Please enter snacks, beverages and meals purchased from restaurants or fast-food outlets in the section that begins on page 7.	Do <u>not</u> include taxes.	
			\$	¢
30	/			
31	/			
32	/			
33	/			
34	/			
35	/			
36	/			
37	/			
38	/			
39	/			
40	/			
41	/			
42	/			
43	/			
44	/			
45	/			
46	/			
47	/			
48	/			
49	/			
50	/			
51	/			
52	/			
53	/			
54	/			
55	/			
56	/			
57	/			
58	/			
59	/			
60	/			

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GOODS AND SERVICES INCLUDING FOOD FROM STORES *(continued)*

Item #	Date of expense	Description of item	Cost	
	dd/mm Example: 21/06	Write one item per line. Please print. See page 6 in the Diary Guide for help with this section. Reminder: Please enter snacks, beverages and meals purchased from restaurants or fast-food outlets in the section that begins on page 7.	Do <u>not</u> include taxes.	
			\$	¢
61	/			
62	/			
63	/			
64	/			
65	/			
66	/			
67	/			
68	/			
69	/			
70	/			
71	/			
72	/			
73	/			
74	/			
75	/			
76	/			
77	/			
78	/			
79	/			
80	/			
81	/			
82	/			
83	/			
84	/			
85	/			
86	/			
87	/			
88	/			
89	/			
90	/			
91	/			

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GOODS AND SERVICES INCLUDING FOOD FROM STORES *(continued)*

Item #	Date of expense	Description of item	Cost	
	dd/mm Example: 21/06	Write one item per line. Please print. See page 6 in the Diary Guide for help with this section. Reminder: Please enter snacks, beverages and meals purchased from restaurants or fast-food outlets in the section that begins on page 7.	Do <u>not</u> include taxes.	
			\$	¢
92	/		.	
93	/		.	
94	/		.	
95	/		.	
96	/		.	
97	/		.	
98	/		.	
99	/		.	
100	/		.	
101	/		.	
102	/		.	
103	/		.	
104	/		.	
105	/		.	
106	/		.	
107	/		.	
108	/		.	
109	/		.	
110	/		.	
111	/		.	
112	/		.	
113	/		.	
114	/		.	
115	/		.	
116	/		.	
117	/		.	
118	/		.	
119	/		.	
120	/		.	
121	/		.	
122	/		.	

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GOODS AND SERVICES INCLUDING FOOD FROM STORES *(continued)*

Item #	Date of expense	Description of item	Cost	
	dd/mm Example: 21/06	Write one item per line. Please print. See page 6 in the Diary Guide for help with this section. Reminder: Please enter snacks, beverages and meals purchased from restaurants or fast-food outlets in the section that begins on page 7.	Do <u>not</u> include taxes.	
			\$	¢
123	/			
124	/			
125	/			
126	/			
127	/			
128	/			
129	/			
130	/			
131	/			
132	/			
133	/			
134	/			
135	/			
136	/			
137	/			
138	/			
139	/			
140	/			
141	/			
142	/			
143	/			
144	/			
145	/			
146	/			
147	/			
148	/			
149	/			
150	/			
151	/			
152	/			
153	/			

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GOODS AND SERVICES INCLUDING FOOD FROM STORES *(continued)*

Item #	Date of expense	Description of item	Cost	
	dd/mm Example: 21/06	Write one item per line. Please print. See page 6 in the Diary Guide for help with this section. Reminder: Please enter snacks, beverages and meals purchased from restaurants or fast-food outlets in the section that begins on page 7.	Do <u>not</u> include taxes.	
			\$	¢
154	/		.	
155	/		.	
156	/		.	
157	/		.	
158	/		.	
159	/		.	
160	/		.	
161	/		.	
162	/		.	
163	/		.	
164	/		.	
165	/		.	
166	/		.	
167	/		.	
168	/		.	
169	/		.	
170	/		.	
171	/		.	
172	/		.	
173	/		.	
174	/		.	
175	/		.	
176	/		.	
177	/		.	
178	/		.	
179	/		.	
180	/		.	
181	/		.	
182	/		.	
183	/		.	

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If you need more space, use the Comments section (page 12).

SNACKS, BEVERAGES AND MEALS PURCHASED FROM RESTAURANTS OR FAST-FOOD OUTLETS

Item #	Date of expense	Restaurant code	Check (✓) the meal type				Number of meals paid	Total cost				Alcoholic beverages			
	dd/mm Example: 22/06	A = Table Service B = Fast Food C = Cafeteria D = Other See page 9 in the Diary Guide for full descriptions.	Breakfast	Lunch	Dinner	Snack or Beverage	Include meals paid for people who do not live with you.	Include all taxes, tips and alcoholic beverages.				If alcoholic beverages are included in the total cost, please provide an estimated cost.			
								\$	¢	\$	¢				
	2 2 / 0 6	A	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	0 2	4	5	7	8	1	2	5	0
	2 2 / 0 6	D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	0 0	5	2	5					
1	/		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>									
2	/		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>									
3	/		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>									
4	/		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>									
5	/		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>									
6	/		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>									
7	/		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>									
8	/		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>									
9	/		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>									
10	/		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>									
11	/		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>									
12	/		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>									
13	/		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>									
14	/		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>									
15	/		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>									
16	/		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>									
17	/		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>									
18	/		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>									

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SNACKS, BEVERAGES AND MEALS PURCHASED FROM RESTAURANTS OR FAST-FOOD OUTLETS *(continued)*

Item #	Date of expense	Restaurant code	Check (✓) the meal type				Number of meals paid	Total cost		Alcoholic beverages	
	dd/mm Example: 22/06	A = Table Service B = Fast Food C = Cafeteria D = Other See page 9 in the Diary Guide for full descriptions.	Breakfast	Lunch	Dinner	Snack or Beverage	Include meals paid for people who do not live with you.	Include all taxes, tips and alcoholic beverages.		If alcoholic beverages are included in the total cost, please provide an estimated cost.	
							\$	¢	\$	¢	
19	/										
20	/										
21	/										
22	/										
23	/										
24	/										
25	/										
26	/										
27	/										
28	/										
29	/										
30	/										
31	/										
32	/										
33	/										
34	/										
35	/										
36	/										
37	/										
38	/										

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SNACKS, BEVERAGES AND MEALS PURCHASED FROM RESTAURANTS OR FAST-FOOD OUTLETS *(continued)*

Item #	Date of expense	Restaurant code	Check (✓) the meal type				Number of meals paid	Total cost		Alcoholic beverages	
	dd/mm Example: 22/06	A = Table Service B = Fast Food C = Cafeteria D = Other See page 9 in the Diary Guide for full descriptions.	Breakfast	Lunch	Dinner	Snack or Beverage	Include meals paid for people who do not live with you.	Include all taxes, tips and alcoholic beverages.		If alcoholic beverages are included in the total cost, please provide an estimated cost.	
								\$	¢	\$	¢
39	/		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		.		.	
40	/		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		.		.	
41	/		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		.		.	
42	/		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		.		.	
43	/		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		.		.	
44	/		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		.		.	
45	/		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		.		.	
46	/		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		.		.	
47	/		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		.		.	
48	/		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		.		.	
49	/		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		.		.	
50	/		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		.		.	
51	/		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		.		.	
52	/		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		.		.	
53	/		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		.		.	
54	/		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		.		.	
55	/		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		.		.	
56	/		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		.		.	
57	/		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		.		.	

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If you need more space, use the Comments section (page 12).

Please do not write on this page.

Your interviewer will ask you the following questions when he/she returns to pick up your Diary of daily expenses.

1. Did you write "no spending" in the diary for the days with no spending for all members of your household?

- 1. Yes 2. No 3. Sometimes 4. Had expenses every day

2. Respondent comments:

@DI

Multiple horizontal lines for writing respondent comments.

3. Some expenses such as gas and other related vehicle costs, lottery tickets, cigarettes and newspapers, meals and beverages bought outside your home, alcoholic beverages, leisure activities, postal services or goods and services purchased via Internet are easily forgotten. Did you, or any member of your household, forget to record any of these expenses or any other expense in the diary?

- 1. Yes - go to #4 2. No - go to #5.

4. Please list the items that have been missed. Interviewer: Enter the description used by the respondent.

Table with 2 columns: Description and Cost. Description has rows 1-14. Cost has columns for dollars and cents.

Large diagonal red watermark: INFORMATION COPY DO NOT USE TO REPORT

Please do not write on this page.

Your interviewer will ask you the following questions when he/she returns to pick up your Diary of daily expenses.

5. During the 14 days when you were recording your expenses in the diary, were any members of your household away from home for overnight or longer?

- 1. Yes – go to #6
- 2. No – Thank you for participating in this survey.

6. Did you remember to include in the diary, expenses made while away from home such as gas, grocery, restaurant meals, snacks and beverages, alcoholic beverages purchased from stores, admittance fees to tourist attractions and souvenirs?

- 1. Yes – Thank you for participating in this survey.
- 2. No – go to #7

7. Please list all the items. Do not include expenses that will be reimbursed.

Interviewer: Enter the description used by the respondent.

Description	Cost
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16.	
17.	
18.	
19.	
20.	

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COMMENTS

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