			verity of Disab	ility							c	urrently has conditi	on										Daily activitie	rs					Limits on d	laily activit	ties		or Fe	ing on Prov ed Disability Benefits
	Total		Moderate	Mild	Chronic pain	Visual	Hearing	Physical disability	Mobility issues	Neurological issue	Mental health issue	Developmental/ learning disability	Auto- immune	Chronic health condition	Environmental sensitivities/ allergies	Other	Prefer not to say	No, None of the above	Net: Yes to any	No difficulty at all	A bit of difficulty	Moderate difficulty	A lot of difficulty	Cannot do	Net: No difficulty/ a bit difficulty	Net: A lot of difficulty/ cannot do	Never R	arely C	Occasionally	Often	Always limits daily activities	Net: Net: lever/ Ofteni arely way:	: Aç /Al Fai	reat deal/ r Amount
Lives with Disability	858	297	230	329	469	93	176	60	320	79	291	36	182	305	188	13			858	40	358	33	4 120	6	398	126	2	13	478	267	98	15 3	65	260

Regional sample sizes are unweighted. All other sample sizes, including column totals, are weighted to census data. Cells containing ""%" are statistically zero, though at least one response was received. Blank cells indicate zero responses received. Sample sizes below 100 should be interpreted with coution

A1. [Your own personal happiness and contentment with your life] Please indicate your own personal level of satisfaction with the following:

		Sev	rerity of Disabi	lity							c	urrently has condition	on									C	Daily activitie	es					Limits on o	laily activi	ities		R	telying on Prov r Fed Disability Benefits
	Total	Severe	Moderate	Mild	Chronic pain	Visual	Hearing	Physical disability	Mobility issues	Neurological issue	Mental health issue	Developmental/ learning disability	Auto- immune	Chronic health condition	Environmental sensitivities/ allergies	Other	Prefer not to say	No, None of the above	Net: Yes to any	No difficulty at all	A bit of difficulty	Moderate difficulty	A lot of difficulty	Cannot do	Net: No difficulty/ a bit difficulty	Net: A lot of difficulty/ cannot do	Never	Rarely	Occasionally	Often	Always limits daily activities		rten/AI	A great deal/ Fair Amount
Very Satisfied	18%	13%	19%	22%	179	6 28%	24%	28%	17%	15%	7%	11%	15%	18%	16%	8%			18%	38%	20%	179	6 12%	17%	21%	12%	100%	31%	22%	12%	16%	40%	13%	18%
Moderately Satisfied	53%	45%	58%	57%	539	45%	54%	35%	55%	46%	46%	50%	57%	55%	56%	62%			53%	45%	58%	56%	6 34%	67%	56%	36%		54%	58%	51%	36%	47%	47%	49%
Moderately Dissatisfied	21%	27%	17%	18%	219	6 18%	15%	18%	20%	24%	34%	33%	19%	18%	21%	23%			21%	129	199	219	6 32%		18%	30%		8%	18%	24%	31%	7%	25%	22%
Very Dissatisfied	7%	14%	6%	2%	99	6 9%	7%	18%	8%	15%	13%	6%	9%	8%	7%	8%			7%	5%	49	69	6 22%	17%	4%	22%		8%	2%	13%	17%	7%	14%	11%
Net: Satisfied	72%	58%	77%	79%	70%	6 73%	78%	63%					72%		72%				72%	829	77%	739	6 46%	83%					80%		52%	87%	60%	67%
Net: Dissatisfied	28%	42%	23%	21%	30%	6 27%	22%	37%	28%	39%	47%	39%	28%	26%	28%	31%			28%	189	23%	279	6 54%	17%	22%	52%		15%	20%	37%	48%	13%	40%	33%

A1. [The overall outlook for your future] Please indicate your own personal level of satisfaction with the following:

	Total	Sev	verity of Disabi	lity							С	urrently has condition	n									į.	Daily activitie	es					Limits on o	daily activi	ities		i	Relying on Prov or Fed Disability Benefits
	Iotal	Severe	Moderate	Mild	Chronic pain	Visual	Hearing	Physical disability	Mobility issues	Neurological issue	Mental health issue	Developmental/ learning disability	Auto- immune	Chronic health condition	Environmental sensitivities/ allergies	Other	Prefer not to say	No, None of the above	Net: Yes to any	No difficulty at all	A bit of difficulty	Moderate difficulty	A lot of difficulty		Net: No difficulty/ a bit difficulty	Net: A lot of difficulty/ cannot do	Never	Rarely	Occasionally	Often	limits		Net: ften/Al ways	A great deal/ Fair Amount
Very Satisfied	13% 51%	10%	11%	17%	12%	13%	13%	17%	13%	9%	7%	8%	13%	11%	11%	15%			13%	25%	% 15°	6 129	6 8%		16%	8%	50%	15%	15%	9%	13%	20%	10%	13%
Moderately Satisfied	51%	37%	59%	58%	49%	55%	57%	37%	48%	46%	44%	50%	48%	55%	51%	46%			51%	55%	% 58°	6 519	6 28%	50%	58%	29%	50%	54%	58%	46%	32%	53%	42%	43%
Moderately Dissatisfied		34%	22%	22%	28%	22%	20%	30%	29%	27%	32%	28%	25%	25%	26%	23%			26%	185	% 23°	6 265	39%	17%	22%	38%		8%	22%	33%	32%	7%	33%	29%
Very Dissatisfied	10% 64%	19%		4%	10%	11%	10%	17%					14%		12%				10%		% 4°	6 119		33%		25%		23%	5%		23%	20%	16%	14%
Net: Satisfied		47%	70%	75%	62%	68%	70%	53%			51%		61%		62%	62%			64%		% 73°	639	6 36%	50%					73%		45%	73%	52%	57%
Net: Dissatisfied	36%	53%	30%	25%	38%	32%	30%	47%	39%	46%	49%	42%	39%	34%	38%	38%			36%	20%	% 27°	6 379	64%	50%	26%	63%		31%	27%	46%	55%	27%	48%	43%

A2. When it comes to your own current personal financial situation, would you say you are:

	Total	Sev	erity of Disabil	ity							Cı	urrently has condition	on									D	aily activitie	s				Limits on o	daily activ	ities		Relying on Prov or Fed Disability Benefits
	Iotai	Severe	Moderate	Mild	Chronic pain	Visual H	learing	Physical disability	Mobility issues	Neurological issue	Mental health issue	Developmental/ learning disability	Auto- immune	Chronic health condition	Environmental sensitivities/ allergies	Other		No, None of the above	Net: Yes to any	No difficulty at all	A bit of difficulty	Moderate difficulty	A lot of difficulty	do	Net: No difficulty/ a bit difficulty	Net: A lot of difficulty/ cannot do	Never Rare	y Occasionally	Often	Always limits daily activities	Net: Net: Never/ Often/ rarely ways	Al A great deal/
Well-off – have plenty of money	2%	1%	2%	3%	2%	1%	3%	7%	2%	1%	2%	3%	2%	2%	2%				2%		3%	1%	2%		3%	2%	50%	3%	1%	3%	7% 1	% 3%
Comfortable – can afford what you want	37%	27%	38%	44%	36%	42%	43%	23%	34%	28%	28%	25%	32%	35%	35%	54%			37%	48%	42%	34%	26%		42%	25%	50% 54	6 42%	31%	26%	53% 29	% 24%
Okay – can afford the basics	41%	37%	46%	42%	41%	34%	36%	38%	40%	39%	41%	47%	42%	41%	41%	31%			41%	48%	42%	43%	32%	17%	43%	32%	46	6 43%	41%	34%	40% 39	% 42%
Struggling to get by	20%	34%	13%	11%	20%	23%	18%	32%	24%	32%	29%	25%	24%	22%	22%	15%			20%	5%	12%	21%	39%	83%	12%	41%		12%	27%	38%	30	% 31%
Net: Well off/ Comfortable	39%	29%	40%	47%	38%	43%	47%	30%	36%	29%	30%	28%	34%	37%	37%	54%			39%	48%	45%	36%	28%		45%	27%	100% 54	45%	31%	29%	60% 31	
Net: Okay/Struggling	61%	71%	60%	53%	62%	57%	53%	70%	64%	71%	70%	72%	66%	63%	63%	46%	5		61%	52%	55%	64%	72%	100%	55%	73%	46	6 55%	69%	71%	40% 69	% 73%

A3. How often, if ever, do you yourself: Feel very stressed out about money

		Ser	verity of Disabi	lity							Cı	urrently has condition	n									D	aily activities	3					Limits on d	laily activit	ties		R	Relying on Prov or Fed Disability Benefits
	Total	Severe	Moderate	Mild	Chronic pain	Visual	Hearing	Physical disability	Mobility issues	Neurological issue	Mental health issue	Developmental/ learning disability	Auto- immune	Chronic health condition	Environmental sensitivities/ allergies	Other	Prefer not to say	No, None of the above	Net: Yes to any	No difficulty at all	A bit of difficulty	Moderate difficulty	A lot of difficulty	Cannot do	Net: No difficulty/ a bit difficulty	Net: A lot of difficulty/ cannot do	Never	Rarely	Occasionally	Often	Always limits daily activities	Net: Never/ rarely	Often/Al	A great deal/ Fair Amount
Never	5%	2%	6%	5%	49	4%	6%	5%	4%	3%	3%		2%	5%	3%				5%	5%	7%	3%	2%		7%	2%			5%	4%	4%		4%	3%
Rarely	17%	16%	13%	21%	179	27%	22%	20%	19%	14%	6%	14%	18%	20%	13%	8%			17%	129	20%	15%	17%		19%	16%	50%	31%	18%	14%	20%	33%	16%	11%
Sometimes	38%	29%			39%	31%	40%	30%	39%				38%	37%	40%	69%			38%	45%	41%	40%	21%		41%	20%	50%	46%	42%		22%	47%	32%	37%
Often	27%	29%	29%		26%	29%	23%						27%						27%	35%	24%			33%				23%	27%	31%	21%	20%	29%	29%
All the time	13%	23%	10%		15%	9%	10%	22%					15%						13%	29	8%	13%		67%		31%			9%	15%	32%		19%	21%
Net: Never/ Rarely	22%	19%	19%	26%	219	31%	27%	25%	23%	16%	9%	14%	20%	25%	16%	8%			22%	189	27%	18%	19%		26%	18%	50%	31%	23%	18%	24%	33%	20%	13%
Net: Often/ All the time	41%	52%	39%	32%	419	38%	32%	45%	38%	54%	58%	56%	42%	38%	44%	23%			41%	38%	32%	42%	60%	100%	33%	62%		23%	35%	46%	53%	20%	48%	50%

A4. What is your current employment status?

		Ser	verity of Disabi	lity							С	urrently has conditio	n									Da	aily activities						Limits on da	aily activiti	es			Relying on Prov or Fed Disability Benefits
	Total	Severe	Moderate	Mild	Chronic pain	Visual	Hearing	Physical disability	Mobility issues	Neurological issue	Mental health issue	Developmental/ learning disability	Auto- immune	Chronic health condition	Environmental sensitivities/ allergies	Other	Prefer not to say	No, None of the above	Net: Yes to any	No difficulty at all	A bit of difficulty	Moderate difficulty	A lot of difficulty	Cannot do	Net: No difficulty/ a bit difficulty	Net: A lot of difficulty/ cannot do	Never	Rarely	Occasionally			Never/ O	Net: Often/AI ways	A great deal/ Fair Amount
Employed / self- employed full-time (30 or more hours per week)	26%	16%	26%	36%	239	6 20%	18%	12%	15%	14%	33%	31%	19%	18%	30%	8%			26%	38%	33%	24%	12%		33%	12%		15%	35%	19%	8%	13%	16%	13%
Employed / self- employed part-time (fewer than 30 hours per week)	9%	6%	11%	11%	99	6%	8%	10%	6%	6%	11%	17%	7%	5%	10%	8%			9%	12%	11%	9%	5%	33%	11%	6%	50%	31%	11%	7%	7%	33%	7%	11%
Full-time student	2%	2%	3%	2%	19	6 2%	196		1%		4%	8%	1%	1%	1%				2%		2%	2%	2%		2%			8%	2%	2%	1%	7%	2%	
Homemaker	3%	3%	3%	3%	3%	6	1%	2%	2%	1%	3%		4%	4%	2%	8%			3%	8%	3%	2%	6%		3%	6%			3%	3%	4%		3%	2%
Retired	34%	35%	33%	34%	35%	6 52%	58%	23%	49%	25%	14%	3%	37%	49%	37%	46%			34%	28%	36%	35%	28%	17%	35%	28%		15%	33%	39%	30%	13%	36%	27%
Currently looking for work	4%	3%	6%	4%	39	6 3%	3%	3%	2%	3%	5%	14%	3%	2%	4%	8%			4%	5%	4%	4%	4%		4%	4%		8%	5%	3%	3%	7%	3%	5%
Not working – temporary medical/health leave	6%	9%	6%	2%	79	6 1%	5%	8%	6%	9%	7%		4%	5%	3%	15%			6%	2%	2%	6%	15%		2%	14%		8%	4%	6%	13%	7%	8%	5%
Not working – permanent medical/health leave	11%	21%		5%			6%	30%	17%	33%	17%	19%	21%	13%	9%	8%			11%	2%	7%	13%	23%	33%		24%	50%	15%	5%	16%	31%	20%	20%	
On parental leave	*%	*%	1%	*%	*9						1%				1%				*%		1%	1%			1%				*%	1%			1%	
Other	3%	4%	4%	3%				10%				8%	4%		4%				3%	5%	3%	4%	4%	17%					3%	4%	3%		4%	
Net: Employed	36%	22%	37%	48%								47%	26%		40%				36%	50%	43%	33%	18%	33%			50%	46%	45%		15%		23%	
Net: Not working	17%	31%	14%	7%	22%	6 13%	10%	38%	23%	42%	24%	19%	25%	18%	11%	23%			17%	5%	9%	19%	38%	33%	9%	38%	50%	23%	8%	22%	44%	27%	28%	37%

A5. [Very satisfied/ satisfied summary] How satisfied are you with your current employment when it comes to each of the following:

BASE: Employed	308	65	85	157	15	25	46	13	66	16	129	17	47	72	76	2			308	20	155	110	21	2	175	23	1	6	217	69	15	7	84	63
		Sev	erity of Disabil	ity							C	urrently has conditio	n									D	aily activitie	s					Limits on d	aily activ	vities			Relying on Prov or Fed Disability Benefits
	Total	Severe	Moderate	Mild	Chronic pain	Visual	Hearing	Physical disability	Mobility issues	Neurological issue	Mental health issue	Developmental/ learning disability	Auto- immune	Chronic health condition	Environmental sensitivities/ allergies	Other	Prefer not to say	No, None of the above	Net: Yes to any	No difficulty at all	A bit of difficulty	Moderate difficulty	A lot of difficulty	Cannot	Net: No difficulty/ a bit difficulty	Net: A lot of difficulty/ cannot do	Never	Rarely	Occasionally	Often	Always limits daily activities	Net: Never/ rarely	Net: Often/AI ways	
Opportunities for advancing in your career	60%	51%	60%	64%	60%	56%	63%	54%	56%	62%	54%	47%	57%	69%	55%	100%			60%	85%	62%	56%	52%		65%	48%	100%	83%	62%	57%	47%	86%	55%	70%
Your pay and benefits	65%	54%	74%	64%	65%	76%	61%	54%	61%	75%	60%	76%	62%	65%	66%	50%			65%	70%	68%	63%	52%	50%	68%	52%	100%	100%	65%	65%	53%	100%	63%	63%
Lets you use your training and skills	79%	68%	79%	83%	789	80%	80%	77%	82%	88%	74%	59%	77%	78%	74%	100%			79%	95%	82%	74%	71%		83%	65%	100%	100%	80%	77%	53%	100%	73%	79%
How welcome and respected you feel at your work	79%	72%	76%	83%	789	84%	76%	77%	70%	81%	77%	65%	77%	85%	76%	100%			79%	85%	84%	73%	71%	100%	84%	74%	100%	100%	80%	75%	80%	100%	76%	79%
Your employer's accommodation and flexibility regarding employees' personal circumstances (e.g., family, disability)	86%	74%	88%	89%	85%	i 92%	80%	77%	82%	81%	78%	76%	85%	88%	87%	100%			86%	95%	90%	81%	71%	100%	90%	74%	100%	100%	87%	81%	80%	100%	81%	90%

A5. [Dissatisfied/very dissatisfied summary] How satisfied are you with your current employment when it comes to each of the following:

		Ser	rerity of Disabi	lity							C	urrently has conditio	n									D	aily activities	3					Limits on d	aily activi	ties			Relying on Prov or Fed Disability Benefits
	Total	Severe	Moderate	Mild	Chronic pain	Visual	Hearing	Physical disability	Mobility issues	Neurological issue	Mental health issue	Developmental/ learning disability	Auto- immune	Chronic health condition	Environmental sensitivities/ allergies	Other	Prefer not to say	No, None of the above	Net: Yes to any	No difficulty at all	A bit of difficulty	Moderate difficulty	A lot of difficulty	do	Net: No difficulty/ a bit difficulty	Net: A lot of difficulty/ cannot do	Never I	Rarely	Occasionally	Often		Net: Never/ rarely	Utten/AI	A great deal/ Fair Amount
Opportunities for advancing in your career	40%	49%	40%	36%	40%	44%	37%	46%	44%	38%	46%	53%	43%	31%	45%				40%	15%	38%	44%	48%	100%	35%	52%		17%	38%	43%	53%	14%	45%	30%
Your pay and benefits	35%	46%	26%	36%	35%	24%	39%	46%	39%	25%	40%	24%	38%	35%	34%	50%			35%	30%	32%	37%	48%	50%	32%	48%			35%	35%	47%		37%	37%
Lets you use your training and skills	21%	32%	21%	17%	22%	20%	20%	23%	18%	12%	26%	41%	23%	22%	26%				21%	5%	18%	26%	29%	100%	17%	35%			20%	23%	47%		27%	21%
How welcome and respected you feel at your work	21%	28%	24%	17%	22%	16%	24%	23%	30%	19%	23%	35%	23%	15%	24%				21%	15%	16%	27%	29%		16%	26%			20%	25%	20%		24%	21%
Your employer's accommodation and flexibility regarding employees' personal circumstances (e.g., family, disability)	14%	26%	12%	11%	15%	8%	20%	23%	18%	19%	22%	24%	15%	12%	13%				14%	5%	10%	19%	29%		10%	26%			13%	19%	20%		19%	10%

A5. [Opportunities for advancing in your career] How satisfied are you with your current employment when it comes to each of the following:

	Total	Ser	verity of Disabi	lity							c	Currently has conditi	on									ı	Daily activitie	ıs					Limits on d	laily activit	ties		R	telying on Prov r Fed Disability Benefits
	Total	Severe	Moderate	Mild	Chronic pain	Visual	Hearing	Physical disability	Mobility issues	Neurological issue	Mental health issue	Developmental/ learning disability	Auto- immune	Chronic health condition	Environmental sensitivities/ allergies	Other	Prefer not to say	No, None of the above	Net: Yes to any	No difficulty at all	A bit of difficulty	Moderate difficulty	A lot of difficulty		Net: No difficulty/ a bit difficulty	Net: A lot of difficulty/ cannot do	Never	Rarely	Occasionally	Often		Net: Never/ rarely		A great deal/ Fair Amount
Very Satisfied	16%	22%	22%	10%	16%	24%	17%	8%	17%		15%	12%	11%	11%	12%				16%	30%	6 9	6 22°	6 24%		11%	22%		50%	12%	25%	13%	43%	23%	22%
Satisfied	44%	29%	38%	54%	449	32%	46%	46%	39%	62%	40%	35%	47%	58%	43%	100%			44%	55%	6 53°	% 35°	6 29%		53%	26%	100%	33%	49%	32%	33%	43%	32%	48%
Dissatisfied	29%	26%	28%	30%	28%	32%	28%	31%	32%	25%	29%	24%	26%	21%	32%				29%	15%	6 31	6 28°	6 24%	50%	29%	26%		17%	30%	26%	27%	14%	26%	25%
Very Dissatisfied	11%	23%	12%	6%	129	12%	9%	15%	12%	12%	17%	29%	17%	10%	13%				11%		7	6 15°	6 24%	50%	6%	26%			8%	17%	27%		19%	5%
Net: Very satisfied/ satisfied	60%	51%	60%	64%	60%	56%	63%	54%	56%	62%	54%	47%	57%	69%	55%	100%			60%	85%	621	6 569	6 52%		65%	48%	100%	83%	62%	57%	47%	86%	55%	70%
Net: Dissatisfied/ very dissatisfied	40%	49%	40%	36%	40%	44%	37%	46%	44%	38%	46%	53%	43%	31%	45%				40%	15%	6 38°	6 449	48%	100%	35%	52%		17%	38%	43%	53%	14%	45%	30%

A5. [Your pay and benefits] How satisfied are you with your current employment when it comes to each of the following:

		Sev	erity of Disabil	ity							Ci	urrently has conditio	n									D	aily activities	3					Limits on da	aily activition	es			ying on Prov ed Disability Benefits
	Total	Severe	Moderate	Mild	Chronic pain	Visual	Hearing	Physical disability	Mobility issues	Neurological issue	Mental health issue	Developmental/ learning disability	Auto- immune	Chronic health condition	Environmental sensitivities/ allergies	Other	Prefer not to say	No, None of the above	Net: Yes to any	No difficulty at all	A bit of difficulty	Moderate difficulty	A lot of difficulty	Cannot	Net: No difficulty/ a bit difficulty	Net: A lot of difficulty/ cannot do	Never	Rarely	Occasionally	Often	limits	Net: Ne Never/ Ofter rarely way	AI A	great deal/ air Amount
Very Satisfied	18%	15%	22%	15%	18%	24%	20%	23%	14%	19%	12%	18%	26%	14%	16%				18%	10%	16%	21%	14%	50%	15%	17%	100%	67%	17%	12%	27%	71% 1	14%	24%
Satisfied	47% 29%	38%	52%	49%	47%	52%	41%	31%	47%	56%	48%	59%	36%	51%	50%	50%			47%	60%	52%	42%	38%		53%	35%		33%	47%	54%	27%	29% 4	19%	40%
Dissatisfied	29%	29%	24%	32%	29%	20%	37%	31%	35%	19%	30%		28%	29%	25%	50%			29%	25%	30%	28%	33%	50%	29%	35%			32%	20%	40%	- 2	24%	27%
Very Dissatisfied	6%	17%	2%	3%	6%	4%	2%	15%	5%	6%	9%	24%	11%	6%	9%				6%	5%	3%	9%	14%		3%	13%			3%	14%	7%	-	13%	10%
Net: Very satisfied/ satisfied	65%	54%	74%	64%	65%	76%	61%	54%	61%	75%	60%	76%	62%	65%	66%	50%			65%	70%	68%	63%	52%	50%	68%	52%	100%	100%	65%	65%	53%	100%	33%	63%
Net: Dissatisfied/ very dissatisfied	35%	46%	26%	36%	35%	24%	39%	46%	39%	25%	40%	24%	38%	35%	34%	50%			35%	30%	32%	37%	48%	50%	32%	48%			35%	35%	47%	3	37%	37%

A5. [Lets you use your training and skills] How satisfied are you with your current employment when it comes to each of the following:

		Sev	erity of Disabil	ity							C	urrently has condition	n									D	ally activities	3					Limits on da	aily activiti	es		or Fed	ng on Prov d Disability enefits
	Total	Severe	Moderate	Mild	Chronic pain	Visual	Hearing	Physical disability	Mobility issues	Neurological issue	Mental health issue	Developmental/ learning disability	Auto- immune	Chronic health condition	Environmental sensitivities/ allergies	Other	Prefer not to say	No, None of the above	Net: Yes to any	No difficulty at all	A bit of difficulty	Moderate difficulty	A lot of difficulty	Cannot	Net: No difficulty/ a bit difficulty	Net: A lot of difficulty/ cannot do	Never	Rarely	Occasionally	Often	limits	Net: Ne Never/ Ofter rarely way	/AI A gr	reat deal/ Amount
Very Satisfied	28%	26%	32%	27%	29%	28%	35%	31%	21%	25%	23%	24%	38%	31%	26%	50%			28%	30%	28%	30%	19%		29%	17%	100%	50%	27%	32%	20%	57% 3	0%	29%
Satisfied	50%	42%	47%	56%	49%	52%	46%	46%	61%	62%	51%	35%	38%	47%	47%	50%			50%	65%	54%	44%	52%		55%	48%		50%	53%	45%	33%	43% 4	3%	51%
Dissatisfied	16%	20%	16%	15%	15%	12%	13%	8%	12%		17%	18%	15%	14%	18%				16%	5%	15%	19%	14%	50%	14%	17%			16%	16%	27%	1	8%	14%
Very Dissatisfied	5%	12%	5%	3%	7%	8%	7%	15%	6%	12%	9%	24%	9%	8%	8%				5%		3%	7%	14%	50%	2%	17%			4%	7%	20%	1	0%	6%
Net: Very satisfied/ satisfied	79%	68%	79%	83%	78%	80%	80%	77%	82%	88%	74%	59%	77%	78%	74%	100%			79%	95%	82%	74%	71%		83%	65%	100%	100%	80%	77%	53%	100% 7	3%	79%
Net: Dissatisfied/ very dissatisfied	21%	32%	21%	17%	22%	20%	20%	23%	18%	12%	26%	41%	23%	22%	26%				21%	5%	18%	26%	29%	100%	17%	35%			20%	23%	47%	2	7%	21%

A5. [How welcome and respected you feel at your work] How satisfied are you with your current employment when it comes to each of the following:

		Sev	rerity of Disabil	ity							С	urrently has condition	on									E	Daily activitie	es					Limits on d	aily activit	ies		or	elying on Prov Fed Disability Benefits
	Total	Severe	Moderate	Mild	Chronic pain	Visual	Hearing	Physical disability	Mobility issues	Neurological issue	Mental health issue	Developmental/ learning disability	Auto- immune	Chronic health condition	Environmental sensitivities/ allergies	Other	Prefer not to say	No, None of the above	Net: Yes to any	No difficulty at all	A bit of difficulty	Moderate difficulty	A lot of difficulty		Net: No difficulty/ a bit difficulty	Net: A lot of difficulty/ cannot do	Never	Rarely	Occasionally	Often	Always limits daily activities		en/Al	A great deal/ Fair Amount
Very Satisfied	33%	29%	34%	34%	34%	32%	39%	31%	21%	19%	34%	35%	34%	35%	32%	1009			33%	40%	34%	29%	6 38%	50%	35%	39%	100%	50%	34%	32%	20%	57%	30%	40%
Satisfied	46%	43%	42%	50%	44%	52%	37%	46%	48%	62%	43%	29%	43%	50%	45%	5			46%	45%	50%	449	6 33%	50%	49%	35%		50%	46%	43%	60%	43%	46%	40%
Dissatisfied	15%	15%	19%	13%	14%	12%	17%	15%	23%	12%	16%	12%	15%	10%	16%	5			15%	15%	12%	219	6 10%		12%	9%			16%	14%	7%		13%	13%
Very Dissatisfied	6%	12%	5%	4%	8%	4%	7%	8%	8%	6%	8%	24%	9%	6%	8%				6%		5%	69	6 19%		4%	17%			4%	10%	13%		11%	8%
Net: Very satisfied/ satisfied	79%	72%	76%	83%	78%	84%	76%	77%	70%	81%	77%	65%	77%	85%	76%	1009			79%	85%	84%	739	6 71%	100%	84%	74%	100%	100%	80%	75%	80%	100%	76%	79%
Net: Dissatisfied/ very dissatisfied	21%	28%	24%	17%	22%	16%	24%	23%	30%	19%	23%	35%	23%	15%	24%				21%	15%	16%	27%	6 29%		16%	26%			20%	25%	20%		24%	21%

A5. [Your employer's accommodation and flexibility regarding employees' personal circumstances] How satisfied are you with your current employment when it comes to each of the following:

	Total	Sev	verity of Disabil	ity							C	urrently has condition	on									D	aily activitie	s					Limits on d	laily activiti	ies		Re	elying on Prov Fed Disability Benefits
	Total	Severe	Moderate	Mild	Chronic pain	Visual	Hearing	Physical disability	Mobility issues	Neurological issue	Mental health issue	Developmental/ learning disability	Auto- immune	Chronic health condition	Environmental sensitivities/ allergies	Other	Prefer not to say	No, None of the above	Net: Yes to any	No difficulty at all	A bit of difficulty	Moderate difficulty	A lot of difficulty	Cannot do	Net: No difficulty/ a bit difficulty	Net: A lot of difficulty/ cannot do	Never	Rarely	Occasionally	Often	Always limits daily ctivities	Net: Never/ Off rarely w	ten/Al	A great deal/ Fair Amount
Very Satisfied	37%	35%	39%	36%	37%	44%	37%	23%	30%	12%	31%	35%	40%	38%	34%	100%	,		37%	45%	37%	33%	38%	100%	38%	43%	100%	50%	35%	38%	53%	57%	40%	38%
Satisfied	49%	38%	49%	54%	47%	48%	43%	54%	52%	69%	47%	41%	45%	50%	53%				49%	50%	52%	48%	33%		52%	30%		50%	53%	43%	27%	43%	40%	52%
Dissatisfied	9%	14%	7%	9%	7%	4%	13%	15%	12%	12%	15%	12%	9%	8%	9%				9%	5%	8%	12%	10%		8%	9%			9%	12%	7%		11%	6%
Very Dissatisfied	5%	12%	5%	2%	8%	4%	7%	8%	6%	6%	7%	12%	6%	4%	4%				5%		2%	7%	19%		2%	17%			4%	7%	13%		8%	3%
Net: Very satisfied/ satisfied	86%	74%	88%	89%	85%	92%	80%	77%	82%	81%	78%	76%	85%	88%	87%	100%			86%	95%	90%	81%	71%	100%	90%	74%	100%	100%	87%	81%	80%	100%	81%	90%
Net: Dissatisfied/ very dissatisfied	14%	26%	12%	11%	15%	8%	20%	23%	18%	19%	22%	24%	15%	12%	13%				14%	5%	10%	19%	29%		10%	26%			13%	19%	20%		19%	10%

B1a. Are you currently living with any of the following?

Lives with Disability	858	297	230	320	469		176		320	70	291	20	182	305	188				959	- 40	358	334	120		398	126		40	470	267	98	15	365	
Lives with Disability			rerity of Disabil	323	405	90	170	00	320	, , , ,		urrently has condition	102	303	100	1			636	40	330		aily activities		330	120		13)	Limits on d		30	1 10	F	Relying on Prov or Fed Disability Benefits
	Total	Severe	Moderate	Mild	Chronic pain	Visual	Hearing	Physical disability	Mobility issues	Neurological issue	Mental health issue	Developmental/ learning disability	Auto- immune	Chronic health condition	Environmental sensitivities/ allergies	Other	Prefer not to say	No, None of the above	Net: Yes to any	No difficulty at all	A bit of difficulty	Moderate difficulty	A lot of difficulty	do	Net: No difficulty/ a bit difficulty	Net: A lot of difficulty/ cannot do	Never R	Rarely	Occasionally	Often	Always limits daily activities			A great deal/ Fair Amount
Chronic pain	55%	70%	48%	46%	100%	43%	53%	63%	72%	66%	43%	53%	78%	55%	57%	62%			55%	32%	48%	57%	75%	17%	47%	72%	50%	31%	47%	63%	76%	33%	66%	60%
Visual	11%	10%	13%	10%	9%	100%	18%	20%	13%	14%	8%	8%	10%	14%	14%				11%	8%	13%	10%	8%	33%	12%	10%	50%	23%	10%	13%	8%	27%	12%	12%
Hearing	21%	20%	20%	21%	20%	33%	100%	25%	26%	22%	14%	17%	23%	27%	21%	31%			21%	22%	21%	21%	18%	33%	21%	18%		8%	21%	21%	17%	7%	20%	18%
Physical disability	7%	11%	5%	4%	8%	13%	9%	100%	12%	23%	7%	14%	10%	6%	6%	8%			7%		4%	9%	11%	50%	3%	13%	50%	15%	5%	6%	17%	20%	9%	12%
Mobility issues	37%	60%	32%	21%	49%	46%	47%	63%	100%	59%	24%	33%	55%	45%	36%	31%			37%	10%	25%	44%	63%	33%	24%	62%		15%	23%	52%	67%	13%	56%	45%
Neurological issue / acquired brain injury	9%	13%	9%	6%	11%	12%	10%	30%	15%	100%	10%	31%	13%	11%	11%				9%	2%	8%	8%	17%	50%	8%	18%		8%	6%	11%	21%	7%	14%	16%
Mental health issue	34%	37%	35%	30%	27%	26%	23%	32%	22%	38%	100%	72%	24%	25%	37%				34%	35%	32%	33%	43%	33%	32%	43%	50%	23%	31%	39%	35%	27%	38%	39%
Developmental/learning disability	4%	5%	5%	3%	4%	3%	3%	8%	4%	14%	9%	100%	5%	4%	7%				4%	2%	3%	5%	6%	17%	3%	6%		8%	3%	5%	6%	7%	5%	7%
Auto-immune	21%	31%	16%	16%	30%	20%	23%	32%	31%	29%	15%	25%	100%	21%	29%	23%			21%	12%	16%	22%	36%	50%	16%	37%		15%	16%	26%	35%	13%	28%	27%
Another chronic health condition	36%	41%	30%	34%	36%	45%	47%	28%	43%	42%	26%	31%	36%	100%	38%	23%			36%	28%	36%	35%	39%	50%	35%	40%	50%	23%	32%	40%	42%	27%	41%	36%
Environmental sensitivities/ allergies	22%	23%	23%	20%	23%	29%	22%	20%	21%	25%	24%	36%	30%	24%	100%	31%			22%	32%	19%	23%	23%	33%	21%	24%		23%	21%	24%	20%	20%	23%	19%
Other	2%	2%	1%	2%	2%		2%	2%	1%				2%	1%	2%	100%			2%		2%	1%	3%		2%	3%			1%	1%	2%		2%	1%
Net: Yes to any of the above	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%			100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Mean number of symptoms selected	2.6	3.2	2.4	2.1	3.2	3.7	3.6	4.2	3.6	4.3	2.8	4.2	3.9	3.3	3.6	3.1	-		2.6	1.8	2.3	2.7	3.4	4.0	2.2	3.5	2.5	1.9	2.2	3.0	3.5	2.0	3.1	2.9

B1b. And still thinking about your own overall health and the condition(s) and/or disability you may be living with, how much difficulty, if any, do you have completing daily activities?

		Sev	rerity of Disabil	ity							C	urrently has conditio	n									D	aily activities	3					Limits on da	aily activitie	es		Relying or or Fed Dis Benefi	ability
	Total	Severe	Moderate	Mild	Chronic pain	Visual	Hearing	Physical disability	Mobility issues	Neurological issue	Mental health issue	Developmental/ learning disability	Auto- immune	Chronic health condition	Environmental sensitivities/ allergies	Other	Prefer not to say	No, None of the above	Net: Yes to any	No difficulty at all	A bit of difficulty	Moderate difficulty	A lot of difficulty	Cannot do	Net: No difficulty/ a bit difficulty	Net: A lot of difficulty/ cannot do	Never i	Rarely	Occasionally	Often li	imits N	let: Net: ever/ Often/ rely ways	AI A great o	
No difficulty at all	5%			12%	3%	3%	5%		1%	1%	5%	3%	3%	4%	7%				5%	100%					10%				7%	1%	2%	1	%	2%
A bit of difficulty	42%		30%	88%	37%	48%	43%	22%	28%	37%	39%	28%	32%	42%	37%	46%			42%		100%				90%		50%		60%	22%	9%	7% 19	%	33%
Moderate difficulty	39%	58%	70%		41%	35%	39%	52%	46%	33%	38%	47%	40%	38%	40%	23%			39%			100%					50%	100%	31%	55%	26%	93% 47	%	46%
A lot of difficulty	14%	40%			19%	11%	12%	22%	24%	25%	18%	19%	24%	15%	15%	31%			14%				100%			95%			1%	22%	58%	32	%	17%
Cannot do	1%	2%			*96	2%	1%	5%	1%	4%	1%	3%	2%	1%	1%				1%					100%		5%				*%	5%	2	%	1%
Net: No difficulty/ a bit difficulty	46%		30%	100%	40%	52%	48%	22%	30%	38%	44%	31%	35%	46%	44%	46%			46%	100%	100%				100%		50%		68%	23%	11%	7% 20	%	36%
Net: A lot of difficulty/ cannot do	15%	42%			19%	13%	13%	27%	24%	29%	19%	22%	25%	16%	16%	31%			15%				100%	100%		100%			1%	22%	63%	33	%	18%

B1c. How often are your daily activities limited by your own overall health and the condition(s) and/or disability you may be living with?

	Ŧ1	Sev	verity of Disabil	lity							С	urrently has conditio	n									D	aily activities	3					Limits on da	aily activitie	es		Relying or Fed D Ben	
	Total	Severe	Moderate	Mild	Chronic pain	Visual	Hearing	Physical disability	Mobility issues	Neurological issue	Mental health issue	Developmental/ learning disability	Auto- immune	Chronic health condition	Environmental sensitivities/ allergies	Other	Prefer not to say	No, None of the above	Net: Yes to any	No difficulty at all	A bit of difficulty	Moderate difficulty	A lot of difficulty	Cannot do	Net: No difficulty/ a bit difficulty	Net: A lot of difficulty/ cannot do	Never F	Rarely	Occasionally	on I	imits N	let: Net: ever/ Often/ rely ways		at deal/ Amount
Never limits daily activities	*%				*%	1%		2%			*%			*%					*%		*%	*%			*%		100%					13%		*%
Rarely	2%		6%		1%	3%	1%	3%	1%	1%	1%	3%	1%	1%	2%				2%			4%						100%				87%		2%
Occasionally	56%	2%	65%	98%	48%	49%	58%	38%	35%	34%	52%	44%	42%	50%	54%	54%			56%	88%	81%	45%	4%		81%	4%			100%					44%
Often	31%	69%	26%	1%	36%	38%	32%	28%	44%	38%	35%	36%	38%	35%	34%	31%			31%	8%	16%	44%	48%	17%	16%	47%				100%		73	%	38%
Always limits daily activities	11%	29%	4%	1%	16%	9%	10%	28%	21%	27%	12%	17%	19%	13%	11%	15%			11%	5%	3%	7%	48%	83%	3%	49%					100%	27	%	16%
Net: Never/ rarely	2%		6%		1%	4%	1%	5%	1%	1%	1%	3%	1%	1%	2%				2%		*%	4%			*%		100%	100%				00%		2%
Net: Often/Always	43%	98%	30%	2%	51%	46%	41%	57%	64%	65%	47%	53%	57%	49%	45%	46%			43%	12%	19%	51%	96%	100%	18%	96%				100%	100%	100	%	54%

B1A-B1B-B1C

		Se	verity of Disabi	ility								Cu	urrently has conditio	n									D	aily activitie	s					Limits on d	laily activi	ities		i	Relying on Prov or Fed Disability Benefits
	Total	Severe	Moderate	Mild	Chroni	c Visu	ual Hearin	ng Phy disal		Mobility issues	Neurological issue	Mental health issue	Developmental/ learning disability	Auto- immune	Chronic health condition	Environmental sensitivities/ allergies	Other	Prefer not to say	No, None of the above	Net: Yes to any	No difficulty at all	A bit of difficulty	Moderate difficulty	A lot of difficulty		Net: No difficulty/ a bit difficulty	Net: A lot of difficulty/ cannot do	Never R	arely	Occasionally	Often	Always limits daily activities	Net: Never/ C rarely	Otten/AI	A great deal/ Fair Amount
More severe	60%	100%	94%	1%	67	°% 60	0% 6	0%	73%	78%	75%	64%	72%	70%	62%	63%	62%	6		60%	5%	6 195	96%	100%	100%	18%	100%			32%	99%	100%		99%	72%
-More Severe with 1 symptom	13%	15%	27%	*%		5% 4	4%	2%		2%	1%	15%	6%	3%	4%	4%	8%	6		13%	29	6 49	23%	13%	33%	4%	14%			10%	16%	17%		17%	12%
-More Severe with 2+ symptom	47%	85%	67%	*%	62	2% 56	6% 5	8%	73%	76%	73%	49%	67%	67%	58%	60%	54%	6		47%	29	6 159	73%	87%	67%	14%	86%			22%	82%	83%		82%	60%

ID_DISABILITY

		Sev	verity of Disab	ility							С	urrently has condition	n									D	aily activitie	ıs				Limits on	daily acti	vities		Relying on Prov or Fed Disability Benefits
	Total	Severe	Moderate	Mild	Chronic pain	Visual	Hearing	Physical disability	Mobility issues	Neurological issue	Mental health issue	Developmental/ learning disability	Auto- immune	Chronic health condition	Environmental sensitivities/ allergies	Other	Prefer not to say	No, None of the above	Net: Yes to any	No difficulty at all	A bit of difficulty	Moderate difficulty	A lot of difficulty	do	Net: No difficulty/ a bit difficulty	Net: A lot of difficulty/ cannot do	Never Rarely	Occasionally	Often	Always limits daily activities	Net: Net: Never/ Ofteni rarely way:	Al A great deal/ Fair Amount
Has disability	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%			100%	100%	100%	100%	100%	100%	100%	100%	100% 100%	1009	100%	100%	100% 100	% 100%

Pwd_Severity

		Se	verity of Disab	oility								С	urrently has conditio	n									E	aily activitie	s				Limits on d	aily activi	ities			Relying on Prov or Fed Disability Benefits
	Total	Severe	Moderate	Mild	Chroni		ual Hea			Mobility issues	Neurological issue	Mental health issue	Developmental/ learning disability	Auto- immune	Chronic health condition	Environmental sensitivities/ allergies	Other	Prefer not to say	No, None of the above	Net: Yes to any		A bit of difficulty	Moderate difficulty	A lot of difficulty		Net: No difficulty/ a bit difficulty	Net: A lot of difficulty/ cannot do	Rarely	Occasionally	Often	Always limits daily activities	Net: Never/ rarely	Net: Often/AI ways	A great deal/ Fair Amount
Severe	35%	100%			44	4% 3	11%	34%	57%	56%	51%	37%	44%	51%	40%	36%	46%	,		35%			519	100%	100%		100%		1%	77%	89%		80%	45%
Moderate	27%		100%		24	4% 3	11%	26%	20%	23%	25%	28%	31%	20%	23%	28%	15%	5		27%		19%	49%			17%		100%	31%	22%	9%	87%	19%	28%
Less	38%			100%	32	2% 37	7%	40%	22%	21%	24%	34%	25%	29%	37%	36%	38%	i		38%	100%	81%				83%			68%	1%	2%		1%	27%

C1. Based on that definition, what would be your estimate of how many Canadians are living with disability today?

		Sen	verity of Disabi	lity							С	urrently has conditi	ion									D	aily activitie	s					Limits on d	laily activi	ities		F	Relying on Prov or Fed Disability Benefits
	Total	Severe	Moderate	Mild	Chronic pain	Visual	Hearing	Physical disability	Mobility issues	Neurological issue	Mental health issue	Developmental/ learning disability	Auto- immune	Chronic health condition	Environmental sensitivities/ allergies	Other	Prefer not to say	No, None of the above	Net: Yes to any	No difficulty at all	A bit of difficulty	Moderate difficulty	A lot of difficulty		Net: No difficulty/ a bit difficulty	Net: A lot of difficulty/ cannot do	Never	Rarely	Occasionally	Often		Net: Never/ O rarely	tten/AI	A great deal/ Fair Amount
1 in 3 Canadians (33%) live with disability	30%	28%	29%	33%	28%	27%	26%	22%	24%	29%	36%	44%	30%	27%	30%	31%			30%	38%	33%	25%	34%	17%	33%	33%		23%	31%	32%	26%	20%	30%	25%
1 in 5 (20%)	36% 20%	35%	41%		38%	35%	38%	42%							39%				36%	28%	36%	40%			35%	31%		31%	37%		38%	40%	36%	36%
1 in 10 (10%)	20%	21%	15%		19%	24%	23%	13%			15%				18%				20%	22%	20%	19%		33%	21%	20%		23%	21%	17%	22%	20%	19%	21%
1 in 20 (5%)	10%	11%	13%	6%	10%	13%	10%	18%	10%	5%	9%	8%	11%	10%	10%	15%		1	10%	5%	8%	12%	10%	50%	7%	12%		23%	8%	12%	9%	20%	12%	13%
1 in 100 Canadians (1%) live with disability	4%	4%	2%	5%	4%	1%	3%	5%	5%	5%	2%	3%	5%	4%	4%	8%			4%	8%	4%	4%	4%		4%	4%			4%	4%	5%		4%	4%

C2a. [Never/ rarely summary] How often, if at all, do you think Canadians living with disability encounter the following situations:

		Sev	erity of Disabil	ity							C	urrently has conditio	n									E	aily activitie	s					Limits on d	aily activit	ties		F	Relying on Prov or Fed Disability Benefits
	Total	Severe	Moderate	Mild	Chronic pain	Visual	Hearing	Physical disability	Mobility issues	Neurological issue	Mental health issue	Developmental/ learning disability	Auto- immune	Chronic health condition	Environmental sensitivities/ allergies	Other	Prefer not to say	No, None of the above	Net: Yes to any	No difficulty at all	A bit of difficulty	Moderate difficulty	A lot of difficulty	Cannot do	Net: No difficulty/ a bit difficulty	Net: A lot of difficulty/ cannot do	Never R	tarely	Occasionally	Often			tten/AI	A great deal/ Fair Amount
Unfair discrimination in the job market	9%	9%	10%	8%	10%	16%	13%	15%	7%	9%	4%	8%	5%	8%	99	6 89	6		9%	10%	8%	99	8%	33%	9%	9%		15%	8%	10%	7%	13%	10%	11%
Unfair barriers to education	21%	18%	23%	22%	24%	26%	23%	23%	21%	15%	16%	11%	15%	22%	179	6 239	6		21%	28%	22%	219	17%		22%	16%		31%	22%	21%	14%	27%	19%	22%
Other people under- estimating their ability	5%	3%	6%	5%	6%	10%	6%	10%	4%	4%	3%	3%	5%	4%	29	6			5%	2%	5%	59	2%	17%	5%	2%	50%	8%	5%	4%	2%	13%	4%	7%
Exclusion from everyday events and activities they would enjoy	7%	5%	8%	6%	6%	14%	7%	15%	6%	4%	5%	8%	7%	5%	59	6 89	6		7%	8%	6%	79	4%	17%	7%	5%	50%	15%	7%	7%	3%	20%	6%	10%

C2a. [Frequently/ always summary] How often, if at all, do you think Canadians living with disability encounter the following situations:

	Total	Sev	erity of Disabil	ity							C	urrently has conditio	n									D	aily activitie	s					Limits on d	aily activiti	es		R	Relying on Prov or Fed Disability Benefits
	Total	Severe	Moderate	Mild	Chronic pain	Visual	Hearing	Physical disability	Mobility issues	Neurological issue	Mental health issue	Developmental/ learning disability	Auto- immune	Chronic health condition	Environmental sensitivities/ allergies	Other	Prefer not to say	No, None of the above	Net: Yes to any	No difficulty at all	A bit of difficulty	Moderate difficulty	A lot of difficulty	Cannot do	Net: No difficulty/ a bit difficulty	Net: A lot of difficulty/ cannot do	Never R	Rarely	Occasionally	Often	Always limits daily ctivities		ten/Al	A great deal/ Fair Amount
Unfair discrimination in the job market	65%	71%	61%	63%	63%	58%	57%	70%	64%	77%	78%	75%	74%	67%	70%	62%			65%	70%	62%	65%	75%	50%	63%	74%	50%	62%	62%	66%	79%	60%	69%	68%
Unfair barriers to education	42%	45%	42%	39%	39%	34%	36%	50%	38%	61%	53%	69%	48%	39%	47%	15%			42%	42%	37%	43%	52%	83%	38%	53%	50%	46%	41%	39%	56%	47%	43%	45%
Other people under- estimating their ability	69%	75%	66%	66%	67%	61%	64%	70%	70%	76%	77%	94%	75%	67%	67%	77%			69%	72%	66%	69%	79%	67%	66%	79%	50%	62%	66%	70%	82%	60%	73%	66%
Exclusion from everyday events and activities they would enjoy	58%	65%	56%	53%	58%	52%	56%	58%	59%	71%	66%	69%	67%	61%	63%	62%			58%	52%	55%	55%	73%	67%	55%	73%	50%	54%	52%	60%	81%	53%	66%	61%

C2a. [Unfair discrimination in the job market] How often, if at all, do you think Canadians living with disability encounter the following situations:

	Total	Sev	verity of Disabi	lity							C	urrently has conditio	n									E	Daily activitie	s					Limits on da	ily activitie	es		or F	lying on Prov Fed Disability Benefits
	Total	Severe	Moderate	Mild	Chronic pain	Visual	Hearing	Physical disability	Mobility issues	Neurological issue	Mental health issue	Developmental/ learning disability	Auto- immune	Chronic health condition	Environmental sensitivities/ allergies	Other	Prefer not to say	No, None of the above	Net: Yes to any	No difficulty at all	A bit of difficulty	Moderate difficulty	A lot of difficulty		Net: No difficulty/ a bit difficulty	Net: A lot of difficulty/ cannot do	Never R	arely	Occasionally	Often	imits doily	Net: Ne lever/ Ofter arely war	n/AI A	A great deal/ Fair Amount
Never/Not an issue	4%	4%	4%	3%	4%	9%	5%	8%	4%	5%	1%	3%	3%	4%	4%				4%	5%	3%	49	6 4%		4%	4%		8%	4%	4%	3%	7%	4%	5%
Rarely	5%	5%	6%	5%	6%	8%	9%	7%	3%	4%	2%	6%	2%	4%	5%	8%			5%	5%	5%	5%	6 3%	33%	5%	5%		8%	4%	6%	4%	7%	6%	6%
Occasionally	26%	20%	29%	29%	27%	26%	30%	15%	29%	14%	18%	17%	21%	25%	22%	31%			26%	20%	30%	26%	6 18%	17%	29%	17%	50%	23%	30%	24%	14%	27% 2	21%	21%
Frequently	55%	57%	50%	56%	52%	55%	50%	58%	55%	63%	60%	47%	59%	60%	59%	62%			55%	60%	54%	53%	60%	50%	55%	60%	50%	46%	54%	54%	59%	47%	56%	54%
Always	10%	14%	11%	7%	11%	3%	7%	12%	9%	14%	18%	28%	15%	7%	11%				10%	10%	8%	129	6 15%		8%	14%		15%	8%	12%	19%	13% 1	14%	14%
Net: Never/ not an issue/ Rarely	9%	9%	10%	8%	10%	16%	13%	15%	7%	9%	4%	8%	5%	8%	9%	8%			9%	10%	8%	99	6 8%	33%	9%	9%		15%	8%	10%	7%	13% 1	10%	11%
Net: Frequently/ Always	65%	71%	61%	63%	63%	58%	57%	70%	64%	77%	78%	75%	74%	67%	70%	62%			65%	70%	62%	65%	6 75%	50%	63%	74%	50%	62%	62%	66%	79%	60%	69%	68%

C2a. [Unfair barriers to education] How often, if at all, do you think Canadians living with disability encounter the following situations:

	Total	Sev	rerity of Disabil	ity							Cı	urrently has conditio	n									c	Daily activitie	s					Limits on da	aily activitie	es			lying on Prov Fed Disability Benefits
	Iotai	Severe	Moderate	Mild	Chronic pain	Visual	Hearing	Physical disability	Mobility issues	Neurological issue	Mental health issue	Developmental/ learning disability	Auto- immune	Chronic health condition	Environmental sensitivities/ allergies	Other	Prefer not to say	No, None of the above	Net: Yes to any	No difficulty at all	A bit of difficulty	Moderate difficulty	A lot of difficulty	do	Net: No difficulty/ a bit difficulty	Net: A lot of difficulty/ cannot do	Never R	tarely	Occasionally	Often	limits	Net: Ne Never/ Ofte rarely wa	en/AI A	great deal/ air Amount
Never/Not an issue	5%	6%	5%	5%	7%	9%	7%	12%	7%	8%	5%	6%	5%	7%	5%	8%			5%	5%	5%	69	6%		5%	6%		8%	5%	7%	4%	7%	6%	8%
Rarely	16%	12%	18%	17%	17%	17%	16%	12%	15%	8%	11%	6%	10%	15%	12%	15%			16%	22%	16%	169	6 11%		17%	10%		23%	17%	14%	10%	20%	13%	15%
Occasionally	37%	37%	34%	40%	37%	40%	41%	27%	41%	24%	31%	19%	36%	39%	36%	62%			37%	30%	41%	36%	6 32%	17%	40%	31%	50%	23%	37%	40%	30%	27%	38%	33%
Frequently	36%	38%	34%	35%	33%	32%	32%	38%	33%	51%	42%	47%	41%	36%	39%	15%			36%	38%	33%	36%	6 43%	83%	33%	45%	50%	15%	36%	33%	45%	20%	36%	39%
Always	6%	7%	8%	3%	6%	2%	4%	12%	5%	10%	11%	22%	7%	4%	8%	5			6%	5%	4%	79	6 8%		4%	8%		31%	4%	6%	11%	27%	7%	6%
Net: Never/ not an issue/ Rarely	21%	18%	23%	22%	24%	26%	23%	23%	21%	15%	16%	11%	15%	22%	17%	23%			21%	28%	22%	219	17%		22%	16%		31%	22%	21%	14%	27%	19%	22%
Net: Frequently/ Always	42%	45%	42%	39%	39%	34%	36%	50%	38%	61%	53%	69%	48%	39%	47%	15%			42%	42%	37%	439	6 52%	83%	38%	53%	50%	46%	41%	39%	56%	47%	43%	45%

C2a. [Other people under-estimating their ability] How often, if at all, do you think Canadians living with disability encounter the following situations:

	T-111	Sen	verity of Disab	ility							C	urrently has conditio	n									D	ally activities	3				Li	nits on dail	y activities	s		Relying or or Fed Dis Benefi	sability
	Total	Severe	Moderate	Mild	Chronic pain	Visual	Hearing	Physical disability	Mobility issues	Neurological issue		Developmental/ learning disability	Auto- immune	Chronic health condition	Environmental sensitivities/ allergies	Other	Prefer not to say	No, None of the above		No difficulty at all	A bit of difficulty	Moderate difficulty	A lot of difficulty	Cannot do	Net: No difficulty/ a bit difficulty	Net: A lot of difficulty/ cannot do	Never R	arely Occasi	onally O	ften li	mits Ne	et: Net ver/ Often vely way	Al A great o	
Never/Not an issue	1%	1%	1%	1%	1%	3%	1%	7%	1%	1%	1%		1%	1%	1%				1%	2%	1%	1%	1%	17%	1%	2%			1%	2%	1%		!%	2%
Rarely	3%	2%	5%	4%	4%	6%	5%	3%	3%	3%	2%	3%	4%	3%	1%				3%		4%	4%	1%		4%	1%	50%	8%	4%	3%	1%	13%	1%	5%
Occasionally	26%	22%	29%	29%	27%	29%	30%	20%	26%	20%	20%	3%	20%	30%	31%	23%			26%	25%	29%	27%	19%	17%	29%	19%		31%	29%	25%	16%	27% 23	1%	27%
Frequently	55%	59%	50%	55%	52%	59%	57%	47%	56%	52%	56%	50%	54%	55%	56%	77%			55%	60%	53%	56%	56%	50%	54%	56%	50%	38%	54%	58%	55%	40% 57	%	47%
Always	14%	16%	15%	12%	15%	2%	7%	23%	13%	24%	22%	44%	21%	12%	11%				14%	12%	13%	13%	23%	17%	13%	23%		23%	12%	13%	27%	20% 16	1%	19%
Net: Never/ not an issue/ Rarely	5%	3%	6%	5%	6%	10%	6%	10%	4%	4%	3%	3%	5%	4%	2%				5%	2%	5%	5%	2%	17%	5%	2%	50%	8%	5%	4%	2%	13%	1%	7%
Net: Frequently/ Always	69%	75%	66%	66%	67%	61%	64%	70%	70%	76%	77%	94%	75%	67%	67%	77%			69%	72%	66%	69%	79%	67%	66%	79%	50%	62%	66%	70%	82%	50% 73	1%	66%

C2a. [Exclusion from everyday events and activities they would enjoy] How often, if at all, do you think Canadians living with disability encounter the following situations:

		Sev	erity of Disabil	ity							Cı	urrently has condition	on									D	aily activitie	s				Limits on	daily activ	rities		Relying on Pr or Fed Disabi Benefits
	Total	Severe	Moderate	Mild	Chronic pain	Visual	Hearing	Physical disability	Mobility issues	Neurological issue	Mental health issue	Developmental/ learning disability	Auto- immune	Chronic health condition	Environmental sensitivities/ allergies	Other	Prefer not to say	No, None of the above		No difficulty at all	A bit of difficulty	Moderate difficulty	A lot of difficulty	do	Net: No difficulty/ a bit difficulty	Net: A lot of difficulty/ cannot do	Never Ran	ly Occasionally	Often	Always limits daily activities	Net: Net Never/ Often rarely way	/AI Fair Amour
Never/Not an issue	1%	1%	2%	1%	1%	6%	2%	7%	2%		1%		2%	*%	2%	8%			1%	2%	1%	2%	1%		1%	1%	50%	1%	2%		7%	1%
Rarely	5%	4%	7%	5%	5%	8%	6%	8%	5%	4%	4%	8%	5%	5%	3%				5%	5%	5%	6%	3%	17%	5%	4%	1	% 6%	5%	3%	13%	1%
Occasionally	36%	29%	36%	41%	36%	34%	36%	27%	34%	25%	29%	22%	26%	34%	32%	31%			36%	40%	38%	37%	22%	17%	38%	22%	3	% 41%	33%	16%	27% 2	3% 2
Frequently	50%	55%	49%	47%	49%	48%	49%	37%	52%	51%	53%	44%	57%	54%	54%	62%			50%	50%	49%	49%	58%	33%	49%	56%	50% 3	% 47%	55%	56%	33% 5	3% 4
Always	8%	11%	7%	5%	8%	3%	7%	22%	8%	20%	13%	25%	10%	7%	9%				8%	2%	6%	7%	16%	33%	6%	17%	2	% 5%	5%	24%	20% 1	0% 1
Net: Never/ not an issue/ Rarely	7%	5%	8%	6%	6%	14%	7%	15%	6%	4%	5%	8%	7%	5%	5%	8%			7%	8%	6%	7%	4%	17%	7%	5%	50% 1	% 7%	7%	3%	20%	3% 1
Net: Frequently/ Always	58%	65%	56%	53%	58%	52%	56%	58%	59%	71%	66%	69%	67%	61%	63%	62%			58%	52%	55%	55%	73%	67%	55%	73%	50% 5	% 52%	60%	81%	53% 6	3% 6

C2b. [Never/ Rarely summary] And what about yourself? How often, if at all, do you encounter each of the following situations because of your own personal health condition(s) and/or disability:

	Total	Sev	rerity of Disabi	ility							С	currently has condition	n									D	aily activities	3					Limits on d	daily activ	ities			Relying on Prov or Fed Disability Benefits
	Iotai	Severe	Moderate	Mild	Chronic pain	Visual	Hearing	Physical disability	Mobility issues	Neurological issue	Mental health issue	Developmental/ learning disability	Auto- immune	Chronic health condition	Environmental sensitivities/ allergies	Other	Prefer not to say	No, None of the above	Net: Yes to any	No difficulty at all	A bit of difficulty	Moderate difficulty	A lot of difficulty	Cannot do	Net: No difficulty/ a bit difficulty	Net: A lot of difficulty/ cannot do	Never	Rarely	Occasionally	Often	Always limits daily activities		Net: Often/AI ways	A great deal/ Fair Amount
Unfair discrimination in the job market	58%	46%	59%	68%	569	63%	649	33%	53%	43%	53%	50%	49%	62%	59%	62%			58%	72%	67%	53%	39%	67%	67%	40%	100%	69%	64%	51%	46%	73%	50%	48%
Unfair barriers to education	68%	57%	68%	78%	685	67%	699	47%	67%	54%	60%	33%	62%	70%	63%	77%			68%	78%	78%	63%	52%	50%	78%	52%	50%	77%	73%	61%	59%	73%	61%	57%
Other people under- estimating their ability	35%	20%	34%	48%	335	6 37%	389	17%	24%	14%	32%	22%	27%	35%	33%	23%			35%	65%	43%	29%	18%	17%	45%	17%	100%	69%	43%	23%	18%	73%	22%	22%
Exclusion from everyday events and activities they would enjoy	39%	17%	42%	56%	319	6 47%	419	23%	23%	16%	36%	42%	26%	37%	40%	38%			39%	70%	51%	31%	13%	33%	53%	14%	50%	62%	51%	23%	15%	60%	21%	29%
0 /4	23%	34%	22%	14%	269	6 19%	189						32%		22%	23%			23%	10%	14%	28%	40%	17%	14%			15%	18%		34%	13%	30%	31%
1 /4	15%	17%	15%										12%						15%	8%		15%			14%			8%	13%		17%		17%	20%
2/4	24%	30%	22%				24%						29%		29%				24%	20%	22%	25%	24%	83%			50%	15%	19%		31%	20%	30%	23%
3 /4	17%	13%	21%			6 14%	189		14%				14%		20%	23%	4		17%	12%	18%	18%	12%		18%			8%	20%		13%	7%	13%	15%
4/4	22%	6%	20%	36%	20%	6 25%	23%	8%	13%	5%	16%	8%	13%	21%	16%	15%	-1	l	22%	50%	31%	14%	4%		33%	4%	50%	54%	30%	10%	5%	53%	9%	12%

C2b. [Frequently/ Always summary] How often, if at all, do you encounter each of the following situations because of your own personal health condition(s) and/or disability:

	Total	Sev	erity of Disabil	ity							C	urrently has conditio	n									D	aily activitie	s					Limits on da	aily activit	ties			Relying on Prov or Fed Disability Benefits
	Iotai	Severe	Moderate	Mild	Chronic pain	Visual	Hearing	Physical disability	Mobility issues	Neurological issue	Mental health issue	Developmental/ learning disability	Auto- immune	Chronic health condition	Environmental sensitivities/ allergies	Other	Prefer not to say	No, None of the above	Net: Yes to any	No difficulty at all	A bit of difficulty	Moderate difficulty	A lot of difficulty	Cannot do	Net: No difficulty/ a bit difficulty	Net: A lot of difficulty/ cannot do	Never R	Rarely	Occasionally	Often	Always limits daily activities		Net: Often/AI ways	A great deal/ Fair Amount
Unfair discrimination in the job market	21%	31%	17%	14%	23*	6 16%	15	6 48%	26%	35%	26%	36%	31%	19%	20%	15%	6		21%	12%	15%	23%	34%	17%	14%	33%		8%	15%	26%	36%	7%	28%	33%
Unfair barriers to education	15%	24%	11%	9%	169	6 8%	111	6 33%	17%	29%	22%	39%	23%	15%	19%	8%	6		15%	10%	9%	16%	30%	17%	9%	29%		15%	9%	20%	28%	13%	22%	22%
Other people under- estimating their ability	26%	40%	23%	16%	319	6 23%	26	6 58%	33%	46%	33%	50%	34%	23%	20%	23%	6		26%	8%	20%	26%	50%	67%	19%	51%		15%	18%	34%	50%	13%	38%	38%
Exclusion from everyday events and activities they would enjoy	25%	44%	20%	11%	309	6 17%	24	6 42%	38%	52%	28%	28%	37%	27%	26%	31%	6		25%	2%	16%	25%	57%	50%	15%	56%		8%	12%	35%	61%	7%	42%	38%
0 /4	57%	36%	61%	74%			579				49%		43%		60%				57%	82%	68%	55%	23%	33%			100%	77%	71%		22%	80%	39%	40%
1/4	19%	25%	21%	12%	219					23%	22%		24%		18%	23%	6		19%	8%	16%	19%	30%	17%				15%	14%		30%	13%	25%	
2/4	10%	15%	9%	6%							11%		10%		8%				10%	5%	7%	11%	17%	33%	7%				7%		20%		14%	
3 /4	6%	12%	3%	4%	7*		2			8%	9%		10%		5%	8%	6		6%	5%	4%	7%	12%		4%	12%			4%	12%	6%		10%	12%
4/4	7%	12%	6%	3%	99	6 3%	6	6 28%	10%	20%	9%	22%	12%	7%	9%	8%	6		7%		4%	7%	18%	17%	4%	17%		8%	4%	8%	21%	7%	12%	11%

C2b. [Unfair discrimination in the job market] How often, if at all, do you encounter each of the following situations because of your own personal health condition(s) and/or disability:

		Sev	erity of Disabil	ity							С	urrently has condition	n									D	aily activities	3					Limits on d	aily activit	ies			elying on Prov Fed Disability Benefits
	Total	Severe	Moderate	Mild	Chronic pain	Visual	Hearing	Physical disability	Mobility issues	Neurological issue	Mental health issue	Developmental/ learning disability	Auto- immune	Chronic health condition	Environmental sensitivities/ allergies	Other	Prefer not to say	No, None of the above	Net: Yes to any	No difficulty at all	A bit of difficulty	Moderate difficulty	A lot of difficulty	Cannot do	Net: No difficulty/ a bit difficulty	Net: A lot of difficulty/ cannot do	Never	Rarely	Occasionally	Often	Always limits daily activities	Net: Ne Never/ Ofte rarely wa	n/AI	A great deal/ Fair Amount
Never/Not an issue	37%	33%	36%	42%	36%	43%	44%	23%	39%	30%	27%	17%	36%	44%	34%	62%			37%	45%	43%	33%	27%	33%	43%	27%	50%	46%	37%	36%	38%	47%	36%	32%
Rarely	21%	13%	23%	26%	19%	20%	20%	10%			26%	33%	13%	18%	25%				21%	28%	23%	20%	12%	33%	24%	13%	50%	23%	27%	15%	8%	27%	13%	16%
Occasionally	21%	23%	24%	18%	21%	20%	21%	18%	21%	22%	21%	14%	20%	19%	21%	23%			21%	15%	19%	23%	27%	17%	18%	26%		23%	21%	23%	18%	20%	22%	19%
Frequently	16%	23%	13%	12%	17%	15%	14%	33%	18%	24%	19%	22%	23%	15%	14%	15%			16%	10%	11%	18%	23%	17%	11%	23%			12%	19%	23%		21%	25%
Always	5%	8%	4%	2%	7%	1%	1%	15%	8%	11%	7%	14%	8%	4%	5%				5%	2%	3%	5%	11%		3%	10%		8%	3%	6%	12%	7%	8%	8%
Net: Never/ not an issue Rarely	58%	46%	59%	68%	56%	63%	64%	33%		43%	53%		49%	62%	59%				58%	72%		53%		67%		40%	100%	69%	64%	51%	46%		50%	48%
Net: Frequentit/ Always	21%	31%	17%	14%	23%	16%	15%	48%	26%	35%	26%	36%	31%	19%	20%	15%			21%	12%	15%	23%	34%	17%	14%	33%		8%	15%	26%	36%	7%	28%	33%

C2b. [Unfair barriers to education] How often, if at all, do you encounter each of the following situations because of your own personal health condition(s) and/or disability:

	Total	Sev	erity of Disabil	ity							С	urrently has condition	on									D	aily activitie	·s					Limits on d	laily activi	ities		R	Relying on Prov or Fed Disability Benefits
	Total	Severe	Moderate	Mild	Chronic pain	Visual	Hearing	Physical disability	Mobility issues	Neurological issue	Mental health issue	Developmental/ learning disability	Auto- immune	Chronic health condition	Environmental sensitivities/ allergies	Other	Prefer not to say	No, None of the above	Net: Yes to any	No difficulty at all	A bit of difficulty	Moderate difficulty	A lot of difficulty		Net: No difficulty/ a bit difficulty	Net: A lot of difficulty/ cannot do	Never	Rarely	Occasionally	Often	Always limits daily activities	Net: Never/ Of rarely	ten/Al	A great deal/ Fair Amount
Never/Not an issue	49%	43%	50%	54%	48%	47%	47%	37%	52%	47%	43%	22%	44%	55%	43%	779	,		49%	58%	6 56%	46%	37%	17%	56%	36%		46%	51%	47%	45%	40%	47%	42%
Rarely	19%	14%	18%	23%	20%	19%	22%	10%	15%	8%	17%	11%	18%	15%	20%	5			19%	20%	6 22%	16%	15%	33%	22%	16%	50%	31%	22%	14%	14%	33%	14%	15%
Occasionally	17%	19%	20%	13%	16%	26%	20%	20%	16%	16%	19%	28%	15%	15%	18%	159	,		17%	12%	6 13%	22%	18%	33%	13%	19%	50%	8%	17%	19%	13%	13%	18%	21%
Frequently	11%	19%	9%	7%	12%	6%	10%	20%	12%	19%	16%	22%	18%	13%	13%	89	,		11%	5%	6 79	13%	21%	17%	7%	21%		8%	7%	16%	20%	7%	17%	17%
Always	3%	5%	3%	2%	4%	1%	1%	13%	5%	10%	5%	17%	4%	2%	6%	5			3%	5%	6 29	3%	9%		2%	9%		8%	2%	4%	7%	7%	5%	5%
Net: Never/ not an issue/ Rarely	68%	57%	68%	78%	68%	67%	69%	47%	67%	54%	60%	33%	62%	70%	63%	779			68%	78%	6 789	63%	52%	50%	78%	52%	50%	77%	73%	61%	59%	73%	61%	57%
Net: Frequentit/ Always	15%	24%	11%	9%	16%	8%	11%	33%	17%	29%	22%	39%	23%	15%	19%	89			15%	10%	6 99	16%	30%	17%	9%	29%		15%	9%	20%	28%	13%	22%	22%

C2b. [Other people under-estimating their ability] How often, if at all, do you encounter each of the following situations because of your own personal health condition(s) and/or disability:

		Sev	verity of Disabil	lity							Ci	urrently has conditio	n									D	aily activitie	s					Limits on da	aily activiti	es		or F	lying on Prov Fed Disability Benefits
	Total	Severe	Moderate	Mild	Chronic pain	Visual	Hearing	Physical disability	Mobility issues	Neurological issue	Mental health issue	Developmental/ learning disability	Auto- immune	Chronic health condition	Environmental sensitivities/ allergies	Other	Prefer not to say	No, None of the above	Net: Yes to any	No difficulty at all	A bit of difficulty	Moderate difficulty	A lot of difficulty		Net: No difficulty/ a bit difficulty	Net: A lot of difficulty/ cannot do	Never	Rarely	Occasionally	Often	limits daily	Net: Ne Never/ Ofte arely wa	n/AI A	A great deal/ Fair Amount
Never/Not an issue	12%	7%	9%	19%	10%	9%	13%	7%	9%	6%	8%		9%	14%	8%	15%			12%	30%	6 16%	8%	6%		17%	6%		38%	14%	7%	11%	33%	8%	8%
Rarely	23%	12%	25%	30%	22%	28%	25%	10%	15%	8%	24%		18%	21%	25%	8%	5		23%	35%	6 27%	21%	12%	17%	28%	12%	100%	31%	29%	16%	7%	40%	13%	14%
Occasionally	39% 20%	40%	43%	35%	36%	41%	36%	25%	42%	41%	35%		40%	42%	47%	54%	,		39%	28%	6 37%	45%	32%	17%	36%	32%		15%	39%	43%	32%	13%	40%	40%
Frequently	20%	32%	18%	12%	23%	22%	22%	42%	26%	29%	22%		24%	18%	15%	23%	,		20%	5%	6 14%	22%	38%	50%	13%	38%		8%	14%	25%	37%	7%	28%	30%
Always	6%	9%	5%	5%	8%	1%	3%	17%	7%	16%	11%	25%	9%	5%	5%				6%	2%	6%	4%	12%	17%	6%	13%		8%	4%	8%	13%	7%	10%	8%
Net: Never/ not an issue/ Rarely	35%	20%	34%	48%	33%	37%	38%	17%	24%	14%	32%	22%	27%	35%	33%	23%			35%	65%	43%	29%	18%	17%	45%	17%	100%	69%	43%	23%	18%	73%	22%	22%
Net: Frequently/ Always	26%	40%	23%	16%	31%	23%	26%	58%	33%	46%	33%	50%	34%	23%	20%	23%			26%	8%	6 20%	26%	50%	67%	19%	51%		15%	18%	34%	50%	13%	38%	38%

C2b. [Exclusion from everyday events and activities they would enjoy] How often, if at all, do you encounter each of the following situations because of your own personal health condition(s) and/or disability:

	Total	Sev	erity of Disabil	ity							С	urrently has conditio	n									D	aily activities	3				į	Limits on dail	ly activities	3		Relying on Pro- or Fed Disability Benefits
	Total	Severe	Moderate	Mild	Chronic pain	Visual	Hearing	Physical disability	Mobility issues	Neurological issue	Mental health issue	Developmental/ learning disability	Auto- immune	Chronic health condition	Environmental sensitivities/ allergies	Other	Prefer not to say	No, None of the above	Net: Yes to any	No difficulty at all	A bit of difficulty	Moderate difficulty	A lot of difficulty	do	Net: No difficulty/ a bit difficulty	Net: A lot of difficulty/ cannot do	Never R	rely Occa	sionally C	Often di	mits Ne	et: Net: ver/ Often/A vely ways	A great deal/ Fair Amount
Never/Not an issue	15%	7%	16%	22%	11%	16%	15%	10%	9%	6%	14%	17%	8%	14%	14%	15%			15%	38%	19%	12%	6%		21%	6%		31%	20%	10%	5%	27% 99	% 139
Rarely	24%	10%	26%	34%	20%	31%	26%	13%	14%	10%	21%	25%	19%	23%	26%	23%			24%	32%	32%	19%	8%	33%	32%	9%	50%	31%	32%	13%	10%	33% 129	% 169
Occasionally	36%	38%	38%	33%	38%	35%	35%	35%	39%	32%	36%	31%	36%	36%	34%	31%			36%	28%	33%	43%	30%	17%	33%	29%	50%	31%	36%	42%	23%	33% 379	% 339
Frequently	20%	34%	16%	10%	24%	16%	22%	28%	28%	33%	21%	11%	30%	21%	21%	31%			20%	2%	14%	21%	40%	33%	13%	40%			11%	31%	36%	329	% 279
Always	5%	10%	4%	1%	7%	1%	2%	13%	10%	19%	7%	17%	7%	6%	5%				5%		2%	4%	17%	17%	2%	17%		8%	1%	4%	26%	7% 109	% 119
Net: Never/ not an issue/ Rarely	39%	17%	42%	56%	31%	47%	41%	23%	23%	16%	36%	42%	26%	37%	40%	38%			39%	70%	51%	31%	13%	33%	53%	14%	50%	62%	51%	23%	15%	80% 219	% 299
Net: Frequently/ Always	25%	44%	20%	11%	30%	17%	24%	42%	38%	52%	28%	28%	37%	27%	26%	31%			25%	2%	16%	25%	57%	50%	15%	56%		8%	12%	35%	61%	7% 429	% 389

C3. Overall, what percent of Canadians living with disability would you estimate to be poor?

	Total	Sev	rerity of Disabi	ility							С	urrently has condition	on									D	aily activitie	3				Limits on	daily acti	vities		Relying on Prov or Fed Disability Benefits
	Total	Severe	Moderate	Mild	Chronic pain	Visual	Hearing	Physical disability	Mobility issues	Neurological issue	Mental health issue	Developmental/ learning disability	Auto- immune	Chronic health condition	Environmental sensitivities/ allergies	Other	Prefer not to say	No, None of the above	Net: Yes to any	No difficulty at all	A bit of difficulty	Moderate difficulty	A lot of difficulty	do	Net: No difficulty/ a bit difficulty	Net: A lot of	Never Ra	ely Occasionally	Often	Always limits daily activities	Net: Net: Never/ Ofteni rarely way:	Al A great deal/
1 in 3 (33%) Canadians with disability are poor	52%	58%	48%	49%	55%	41%	43%	60%	54%	65%	60%	61%	62%	52%	52%	77%			52%	48%	50%	51%	62%	33%	50%	61%	50%	8% 489	55%	64%	40% 57	% 56%
1 in 4 (25%)	29%		32%	32%	29%	33%	31%	15%	27%	18%	26%	25%	23%	31%	28%	15%			29%	30%	31%	32%	19%	17%	31%	19%		5% 339	27%	20%	13% 25	% 27%
1 in 10 (10%)	13%	12%	14%	12%	10%	17%	19%	22%	12%	9%	9%	8%	10%	10%	12%				13%	12%	13%	13%	12%	50%	13%	13%	50%	8% 129	13%	10%	40% 12	% 12%
1 in 20 (5%)	5%	4%	5%	6%	49	6%	5%	3%	5%	5%	4%	6%	4%	6%	5%	8%			5%	5%	5%	4%	6%		5%	6%		8% 69	3%	4%	7% 4	% 3%
1 in 100 (1%)	1%	1%	1%	2%	19	2%	2%		1%	4%	1%		2%	1%	3%				1%	5%	1%	1%	1%		2%	1%		19	2%	1%	2	% 1%

C4. What about the cost of living?

	÷	Ser	rerity of Disabil	ity							С	urrently has conditio	n									D	aily activitie	98					Limits on da	aily activi	ities			Relying on Prov or Fed Disability Benefits
	Total	Severe	Moderate	Mild	Chronic pain	Visual	Hearing	Physical disability	Mobility issues	Neurological issue	Mental health issue	Developmental/ learning disability	Auto- immune	Chronic health condition	Environmental sensitivities/ allergies	Other	Prefer not to say	No, None of the above	Net: Yes to any	No difficulty at all	A bit of difficulty	Moderate difficulty	A lot of difficulty		Net: No difficulty/ a bit difficulty	Net: A lot of difficulty/ cannot do	Never i	Rarely	Occasionally	Often	Always limits daily activities	Net: Never/ rarely		A great deal/ Fair Amount
Much higher cost of living	34%	42%	30%	29%	39%	25%	30%	43%	36%	48%	40%	39%	41%	36%	36%	46%			34%	32%	30%	34%	45%	17%	30%	44%		31%	28%	39%	48%	27%	41%	42%
Higher	51%	49%	48%	55%	47%	55%	56%	38%	52%	37%	52%		49%		51%	46%			51%	55%	53%	51%	46%	33%		45%	100%	38%	54%	51%	41%	47%	48%	42%
About the same	10%	5%	18%	9%	9%	15%	11%	8%	8%	11%	5%	8%	7%	10%	11%				10%	8%	11%	11%	5%	33%	11%	6%		23%	12%	7%	7%	20%	7%	11%
Lower	1%	1%	*%	2%	1%		1%		1%		1%		1%	1%					1%	5%	1%	*%	2%		2%	2%			1%	*%	2%		1%	1%
Much lower cost of living	2%	1%	2%	2%	2%	1%	1%	3%	2%	1%	1%	3%	2%	1%	2%	8%			2%		2%	2%	2%		2%	2%			3%	1%	1%		1%	1%
No idea/Can't say	2%	1%	1%	2%	2%	4%	1%	7%	1%	3%	1%	3%	2%	2%	1%				2%		2%	1%	1%	17%	2%	2%		8%	2%	1%	1%	7%	1%	2%
Net: Much higher/ higher	85%	91%	78%	84%	86%	80%	85%	82%	88%	85%	91%	86%	90%	86%	87%	92%			85%	88%	83%	85%	91%	50%	84%	89%	100%	69%	82%	90%	89%	73%	89%	85%
Net: Lower/ much lower	3%	2%	2%	5%	3%	1%	2%	3%	2%	1%	2%	3%	2%	2%	2%	8%			3%	5%	4%	2%	3%		4%	3%			4%	1%	3%		2%	2%

C5. Do you yourself have higher expenses in any of the following areas as a result of your own condition(s) and/or disability?

		Sev	rerity of Disabil	ity							С	urrently has conditio	n									D	aily activities						Limits on da	ily activitie	es		F	Relying on Prov or Fed Disability Benefits
	Total	Severe	Moderate	Mild	Chronic pain	Visual	Hearing	Physical disability	Mobility issues	Neurological issue	Mental health issue	Developmental/ learning disability	Auto- immune	Chronic health condition	Environmental sensitivities/ allergies	Other		No, None of the above	Net: Yes to any	No difficulty at all	A bit of difficulty	Moderate difficulty	A lot of difficulty	Cannot	Net: No difficulty/ a bit difficulty	Net: A lot of difficulty/ cannot do	Never R	arely	Occasionally	Often	limits	Net: Never/ O rarely		A great deal/ Fair Amount
Transportation costs higher	15%	20%	15%	11%	18%	23%	16%	35%	24%	24%	12%	25%	20%	17%	14%				15%		13%	16%	22%	17%	12%	22%		38%	12%	18%	20%	33%	19%	17%
Medical costs/equipment	51%	58%	46%	49%	57%	55%	51%	50%	58%	52%	46%	42%	63%	56%	54%	54%	6		51%	42%	50%	51%	60%		49%	57%		62%	47%	56%	55%	53%	56%	49%
Personal care/support	29%	37%	27%	22%	30%	27%	20%	38%	34%	32%	35%	39%	37%	26%	28%	38%	ő		29%	12%	24%	29%	42%	83%	23%	44%		38%	23%	34%	39%	33%	35%	34%
Food - prep/delivery	24%	30%	22%	19%	27%	31%	22%	33%	29%	28%	24%	36%	41%	26%	34%	15%	ő		24%	25%	19%	25%	34%	17%	20%	33%	50%	31%	20%	29%	27%	33%	28%	31%
Other (specify):	7%	8%	7%	8%	9%	6%	6%	7%	8%	4%	9%	14%	10%	10%	8%	31%	ő		7%	2%	8%	7%	9%		8%	9%			7%	6%	14%		8%	10%
All of the above	9%	14%	6%	5%	9%	9%	10%	23%	12%	22%	10%	17%	9%	9%	11%	8%	6		9%	2%	5%	9%	18%	17%	5%	17%		8%	5%	12%	16%	7%	13%	12%
No, do not have higher expenses	23%	10%	27%	32%	19%	22%	24%	3%	14%	15%	24%	17%	13%	20%	19%	8%			23%	42%	30%	20%	5%		31%	5%	50%	15%	30%	15%	10%	20%	14%	15%
Net: Have higher expenses	77%	90%	73%	68%	81%	78%	76%	97%	86%	85%	76%	83%	87%	80%	81%	92%	6		77%	58%	70%	80%	95%	100%	69%	95%	50%	85%	70%	85%	90%	80%	86%	85%

D1. Overall, how familiar are you with the financial support currently available to Canadians living with disability?

		Sev	verity of Disabi	lity							Ci	urrently has condition	n									C	aily activitie	s					Limits on d	aily activit	ties		F	Relying on Prov or Fed Disability Benefits
	Total	Severe	Moderate	Mild	Chronic pain	Visual	Hearing	Physical disability	Mobility issues	Neurological issue	Mental health issue	Developmental/ learning disability	Auto- immune	Chronic health condition	Environmental sensitivities/ allergies	Other	Prefer not to say	No, None of the above	Net: Yes to any	No difficulty at all	A bit of difficulty	Moderate difficulty	A lot of difficulty	do	Net: No difficulty/ a bit difficulty	Net: A lot of difficulty/ cannot do	Never	Rarely	Occasionally	Often		Net: Never/ Oft rarely w	ten/AI	A great deal/ Fair Amount
Very familiar/Know a lot about it	10%	16%	8%	6%	14%	8%	9%	28%	16%	18%	12%	17%	16%	10%	10%	8%			10%	5%	7%	129	16%	17%	7%	16%		15%	7%	15%	14%	13%	15%	20%
Somewhat familiar	30%	32%	28%	30%	31%	30%	26%	32%	32%	28%	32%	39%	32%	32%	34%	31%			30%	30%	30%	30%	32%	33%	30%	32%	50%	31%	29%	31%	34%	33%	32%	38%
Not very	37%	33%	44%	36%	35%	42%	47%	30%	32%	37%	33%	19%	31%	36%	34%	38%			37%	35%	37%	40%	30%	33%	37%	30%		31%	40%	35%	33%	27%	34%	30%
Don't know anything about it	22%	19%	20%	27%	19%	20%	18%	10%	19%	18%	23%	25%	20%	21%	23%	23%			22%	30%	25%	199	22%	17%	26%	22%	50%	23%	25%	19%	19%	27%	19%	11%
Net: Familiar	40%	48%	37%	36%	45%	38%	35%	60%	48%	46%	44%	56%	48%	43%	43%	38%			40%	35%	37%	42%	48%	50%	37%	48%	50%	46%	36%	46%	48%	47%	46%	58%
Net: Not familiar	60%	52%	63%	64%	55%	62%	65%	40%	52%	54%	56%	44%	52%	57%	57%	62%			60%	65%	63%	58%	52%	50%	63%	52%	50%	54%	64%	54%	52%	53%	54%	42%

D2. How would you describe the financial support provided by the current benefits available for Canadians living with disability?

	Total	Sev	erity of Disabil	ity							C	urrently has conditio	n									C	aily activitie	s					Limits on da	aily activiti	ies		or F	ying on Prov Fed Disability Benefits
	Iotai	Severe	Moderate	Mild	Chronic pain	Visual	Hearing	Physical disability	Mobility issues	Neurological issue	Mental health issue	Developmental/ learning disability	Auto- immune	Chronic health condition	Environmental sensitivities/ allergies	Other		No, None of the above		No difficulty at all	A bit of difficulty	Moderate difficulty	A lot of difficulty		Net: No difficulty/ a bit difficulty	Net: A lot of difficulty/ cannot do	Never i	Rarely	Occasionally	Often	limits	Net: Ne Never/ Ofte rarely wa	n/AI A	great deal/ air Amount
Overly generous	1%	1%	2%	1%	1%	4%	2%	3%	1%		1%		1%	*%	19	6			1%	2%	1%	29	1%		1%	1%	50%		2%	1%		7%	1%	2%
Appropriate	7%	5%	10%	8%	5%	5%	11%	10%	5%	4%	8%	8%	2%	4%	69	15%	,		7%	12%	6%	9%	3%		7%	3%		15%	9%	6%		13%	4%	9%
Inadequate	36%	31%	39%	40%	36%	43%	42%	22%	34%	25%	32%	33%	35%	40%	389	31%	,		36%	32%	40%	37%	24%	50%	39%	25%		31%	40%	35%	23%	27%	32%	33%
Far too little	34%	44%	32%	26%	39%	31%	30%	57%	42%	57%	39%	42%	49%	37%	349	38%	5		34%	22%	30%	33%	54%	33%	29%	53%	50%	23%	27%	39%	57%	27%	44%	44%
No idea/Really can't say	21%	20%	18%	25%	18%	16%	15%	8%	18%	14%	21%	17%	13%	18%	229	15%	5		21%	30%	23%	199	18%	17%	24%	17%		31%	22%	19%	19%	27%	19%	11%
Net: Generous/ appropriate	9%	6%	11%	9%	6%	10%	13%	13%	6%	4%	8%	8%	3%	5%	79	15%			9%	15%	7%	119	4%		8%	4%	50%	15%	11%	7%		20%	5%	12%
Net: Inadequare/ far too little	70%	75%	71%	66%	76%	74%	72%	78%	76%	82%	70%	75%	84%	77%	719	69%			70%	55%	70%	70%	78%	83%	68%	79%	50%	54%	67%	73%	81%	53%	75%	77%

D3a. [Rely a great deal/ rely a fair amount] To what extent, if at all, do you rely on the following sources of income to support yourself?

		Sev	rerity of Disabil	ity							C	urrently has condition	n									D	aily activitie	s					Limits on da	aily activi	ties			Relying on Prov or Fed Disability Benefits
	Total	Severe	Moderate	Mild	Chronic pain	Visual	Hearing	Physical disability	Mobility issues	Neurological issue	Mental health issue	Developmental/ learning disability	Auto- immune	Chronic health condition	Environmental sensitivities/ allergies	Other	Prefer not to say	No, None of the above	Net: Yes to any	No difficulty at all	A bit of difficulty	Moderate difficulty	A lot of difficulty	Cannot do	Net: No difficulty/ a bit difficulty	Net: A lot of difficulty/ cannot do	Never	Rarely	Occasionally	Often		Net: Never/ rarely	Net: Often/AI ways	A great deal/ Fair Amount
Your own employment income	29%	17%	30%	40%	25%	25%	22%	17%	18%	16%	38%	42%	21%	20%	32%	8%			29%	45%	36%	26%	12%	17%	37%	12%		23%	37%	21%	13%	20%	19%	20%
Provincial benefit programs	19%	23%	21%	14%	20%	23%	14%	37%	22%	33%	23%	42%	27%	19%	19%	8%			19%	8%	15%	22%	22%	33%	15%	23%		31%	16%	22%	21%	27%	22%	62%
Federal disability benefits (such as EI, CPP, or veterans disability benefits)	19%	25%	20%	13%	22%	26%	20%	33%	24%	34%	20%	25%	22%	19%	16%	15%			19%	8%	15%	25%	18%	33%	14%	19%	50%	23%	15%	24%	26%	27%	24%	63%
Long-term disability leave	8%	13%	9%	2%	10%	8%	6%	15%	9%	20%	8%	8%	8%	6%	6%	15%			8%		4%	10%	15%		3%	14%		15%	4%	12%	12%	13%	12%	18%
Pension/savings	33%	34%	33%	32%	35%	46%	51%	23%				11%	30%	41%	30%	54%			33%	18%	34%	36%	28%	17%			100%	31%	32%	38%	22%	40%	34%	33%
Your spouse	33%	28%	36%	35%	34%	34%	31%	23%		34%	30%	25%	30%	31%	34%	15%			33%	42%	36%	31%	24%	50%	37%	25%		31%	35%	32%	27%	33%	30%	32%
Other family support	10%	10%	12%	8%	9%	12%	4%	12%	7%	15%	16%	22%	8%	7%	12%				10%	8%	8%	11%	11%	33%	8%	12%	50%	23%	10%	9%	11%	27%	9%	16%

D3a. [Your own employment income] To what extent, if at all, do you rely on the following sources of income to support yourself?

	Ŧ	Sev	erity of Disabili	ity							C	urrently has conditio	n									D	aily activitie	s					Limits on da	aily activit	ties		or	telying on Prov r Fed Disability Benefits
	Total	Severe	Moderate	Mild	Chronic pain	Visual	Hearing	Physical disability	Mobility issues	Neurological issue	Mental health issue	Developmental/ learning disability	Auto- immune	Chronic health condition	Environmental sensitivities/ allergies	Other	Prefer not to say	No, None of the above	Net: Yes to any	No difficulty at all	A bit of difficulty	Moderate difficulty	A lot of difficulty		Net: No difficulty/ a bit difficulty	Net: A lot of difficulty/ cannot do	Never	Rarely	Occasionally	Often		Net: Never/ Off rarely w	en/AI	A great deal/ Fair Amount
Rely a great deal/Main income source	25%	14%	25%	34%	22%	19%	16%	12%	15%	10%	32%	33%	17%	18%	27%	8%			25%	35%	30%	23%	10%		31%	10%		15%	32%	17%	9%	13%	15%	14%
Rely a fair amount	5%	3%	5%	6%	4%	5%	6%	5%	3%	6%	7%	8%	4%	3%	5%				5%	10%	6%	4%	2%	17%	6%	2%		8%	5%	4%	4%	7%	4%	7%
It helps	3%	2%	3%	4%	3%	1%	2%	3%	1%	1%	3%	6%	1%	2%	3%				3%	2%	3%	3%	1%	17%	3%	2%		8%	4%	2%	1%	7%	2%	3%
Don't receive/rely on at all	4%	3%	4%	4%	4%	1%	2%	2%	2%	3%	3%		3%	1%	5%	8%			4%		4%	3%	4%		4%	4%	50%	15%	4%	3%	1%	20%	2%	*%
Rather not say	*%	*%		*%	*%								1%		1%				*%	2%			1%		*%	1%				1%			1%	
Not employed	64%	78%	63%	52%	68%	73%	74%	78%	79%	80%	56%	53%	74%	76%	60%	85%			64%	50%	57%	67%	82%	67%	56%	82%	50%	54%	55%	74%	85%	53%	77%	76%
Net: Rely a great deal/ Rely a fair amount	29%	17%	30%	40%	25%	25%	22%	17%	18%	16%	38%	42%	21%	20%	32%	8%			29%	45%	36%	26%	12%	17%	37%	12%		23%	37%	21%	13%	20%	19%	20%

D3a. [Provincial benefit programs] To what extent, if at all, do you rely on the following sources of income to support yourself?

		Ser	verity of Disabi	lity							C	urrently has conditio	n									D	aily activities	3					Limits on d	aily activiti	es		or F	lying on Prov Fed Disability Benefits
	Total	Severe	Moderate	Mild	Chronic pain	Visual	Hearing	Physical disability	Mobility issues	Neurological issue	Mental health issue	Developmental/ learning disability	Auto- immune	Chronic health condition	Environmental sensitivities/ allergies	Other	Prefer not to say	No, None of the above	Net: Yes to any	No difficulty at all	A bit of difficulty	Moderate difficulty	A lot of difficulty	Cannot	Net: No difficulty/ a bit difficulty	Net: A lot of difficulty/ cannot do	Never F	Rarely	Occasionally	Often	limits	Net: Ne Never/ Ofter rarely way	1/AI A	A great deal/ Fair Amount
Rely a great deal/Main income source	12%	15%	13%	8%	13%	13%	7%	23%	14%	22%	15%	31%	18%	13%	11%	8%			12%	5%	9%	14%	14%	33%	9%	15%		15%	9%	15%	18%	13% 1	16%	39%
Rely a fair amount	7%	8%	7%	6%	6%	10%	7%	13%		11%	8%	11%	9%	6%	8%				7%	2%	6%	9%	8%		6%	8%		15%	7%	8%	3%	13%	7%	23%
It helps	11%	10%	15%	10%	10%	11%	12%	18%	9%	10%	13%	6%	6%	11%	13%	23%			11%	8%	10%	14%	4%	33%	10%	6%		8%	12%	10%	8%	7% 1	10%	7%
Don't receive/rely on at all	67%	63%	60%	74%	67%	62%	71%	43%	64%	56%	61%	53%	62%	65%	65%	69%			67%	78%	72%	59%	68%	33%	73%	66%	100%	54%	69%	63%	65%	60%	3%	28%
Rather not say	3%	4%	4%	2%	4%	4%	2%	2%	5%	1%	2%		5%	4%	3%				3%	8%	2%	4%	6%		3%	6%		8%	3%	4%	5%	7%	5%	3%
Net: Rely a great deal/ Rely a fair amount	19%	23%	21%	14%	20%	23%	14%	37%	22%	33%	23%	42%	27%	19%	19%	8%			19%	8%	15%	22%	22%	33%	15%	23%		31%	16%	22%	21%	27% 2	22%	62%

D3a. [Federal disability benefits] To what extent, if at all, do you rely on the following sources of income to support yourself?

		Sen	verity of Disabi	lity							С	urrently has condition	on									D	aily activities	s					Limits on da	aily activiti	es		or F	lying on Prov Fed Disability Benefits
	Total	Severe	Moderate	Mild	Chronic pain	Visual	Hearing	Physical disability	Mobility issues	Neurological issue	Mental health issue	Developmental/ learning disability	Auto- immune	Chronic health condition	Environmental sensitivities/ allergies	Other	Prefer not to say	No, None of the above	Net: Yes to any	No difficulty at all	A bit of difficulty	Moderate difficulty	A lot of difficulty	do	Net: No difficulty/ a bit difficulty	Net: A lot of difficulty/ cannot do	Never	Rarely	Occasionally	Often	limits	Net: Net Never/ Often rarely way	AI A	great deal/ air Amount
Rely a great deal/Main income source	11%	17%	11%	6%	149	16%	13%	20%	15%	24%	14%	22%	14%	13%	9%				11%	5%	7%	15%	16%	17%	7%	16%	50%	8%	8%	13%	22%	13% 1	6%	37%
Rely a fair amount	8%	8%	9%	7%	79	10%	7%	13%	9%	10%	6%	3%	8%	7%	7%	159	5		8%	2%	8%	11%	2%	17%	7%	3%		15%	7%	10%	3%	13%	8%	26%
It helps	13%	13%	13%	12%	149	10%	18%	15%	15%	16%	12%	8%	13%	11%	11%	89			13%	12%	12%	12%	16%	33%	12%	17%			13%	12%	13%	1	3%	4%
Don't receive/rely on at all	65%	58%	63%	73%	619	61%	59%	45%	58%	47%	66%	67%	62%	66%	70%	779			65%	75%	72%	59%	62%	17%	72%	60%	50%	69%	69%	60%	59%	67% 6	0%	30%
Rather not say	3%	4%	4%	2%	3%	3%	2%	7%	2%	3%	2%		3%	4%	3%	5			3%	5%	1%	4%	4%	17%	2%	5%		8%	3%	4%	2%	7%	4%	2%
Net: Rely a great deal/ Rely a fair amount	19%	25%	20%	13%	22%	26%	20%	33%	24%	34%	20%	25%	22%	19%	16%	159			19%	8%	15%	25%	18%	33%	14%	19%	50%	23%	15%	24%	26%	27% 2	4%	63%

D3a. [Long-term disability leave] To what extent, if at all, do you rely on the following sources of income to support yourself?

		Sen	verity of Disabi	ility							Cu	urrently has conditi	on									D	aily activitie	s				Limits o	n daily acti	vities		Relying on Prov or Fed Disability Benefits
	Total	Severe	Moderate	Mild	Chronic pain	Visual	Hearing	Physical disability	Mobility issues	Neurological issue	Mental health issue	Developmental/ learning disability	Auto- immune	Chronic health condition	Environmental sensitivities/ allergies	Other	Prefer not to say	No, None of the above	Net: Yes to any	No difficulty at all	A bit of difficulty	Moderate difficulty	A lot of difficulty	do	Net: No difficulty/ a bit difficulty	Net: A lot of	Never Ra	ely Occasionally	Often	Always limits daily activities	Net: Net Never/ Often rarely way	/AI A great deal/
Rely a great deal/Main income source	5%	10%	5%	2%	8%	2%	3%	10%	7%	16%	5%	6%	7%	4%	49	5 159	6		5%		3%	7%	12%		2%	11%		3	% 8%	11%		9% 12%
Rely a fair amount	2%	3%	4%	1%	2%	5%	2%	5%	2%	4%	2%	3%	1%	2%	39	6			2%		1%	3%	3%		1%	3%		5% 1	% 3%	1%	13%	3% 6%
It helps	5%	5%	7%	5%	3%	6%	4%	8%	3%	4%	5%	8%	2%	5%	79	6			5%	2%	4%	6%	4%	33%	4%	6%			% 4%	5%		1% 7%
Don't receive/rely on at all	84%	80%	80%	91%	84%	84%	88%	73%	85%	73%	85%	83%	86%	86%	849	859	6		84%	95%	90%	80%	78%	67%	90%	77%	100%	7% 87	% 81%	81%	80% 8	1% 73%
Rather not say	3%	3%	4%	2%	3%	2%	3%	3%	3%	3%	2%		4%	3%	39	6			3%	2%	2%	3%	3%		2%	3%		8% 2	% 4%	2%	7%	3% 2%
Net: Rely a great deal/ Rely a fair amount	8%	13%	9%	2%	10%	8%	6%	15%	9%	20%	8%	8%	8%	6%	69	159	6		8%		4%	10%	15%		3%	14%		5% 4	% 12%	12%	13% 1:	2% 18%

D3a. [Pension/savings] To what extent, if at all, do you rely on the following sources of income to support yourself?

		Sen	rerity of Disabil	lity							Cu	urrently has condition	on									D	aily activities	3				Limits on	daily activ	vities		Relying or Fed D Ben	Disability
	Total	Severe	Moderate	Mild	Chronic pain	Visual	Hearing	Physical disability	Mobility issues	Neurological issue	Mental health issue	Developmental/ learning disability	Auto- immune	Chronic health condition	Environmental sensitivities/ allergies	Other		No, None of the above		No difficulty at all	A bit of difficulty	Moderate difficulty	A lot of difficulty	do	Net: No difficulty/ a bit difficulty	Net: A lot of	Never Ras	Occasionally	Often	Always limits daily activities	Net: Net Never/ Often rarely way	AI A grea	eat deal/ Amount
Rely a great deal/Main income source	22%	24%	22%	21%	23%	30%	38%	13%	29%	20%	10%	6%	21%	32%	22%	38%			22%	12%	24%	24%	18%	17%	23%	18%	50%	5% 219	27%	19%	20% 2	5%	20%
Rely a fair amount	10%	10%	11%	10%	11%	16%	12%	10%	13%	9%	8%	6%	9%	9%	9%	15%	,		10%	5%	11%	12%	9%		10%	9%	50% 1	5% 119	12%	3%	20%	9%	13%
It helps	16%	15%	18%	16%	16%	13%	16%	22%	14%	18%	19%	22%	14%	15%	18%	15%	5		16%	18%	15%	16%	18%	50%	15%	19%		189	12%	26%	1:	5%	14%
Don't receive/rely on at all	48%	48%	43%	50%	46%	39%	31%	53%	42%	51%	60%	61%	52%	40%	50%	31%			48%	60%	48%	45%	52%	33%	49%	51%		2% 479	46%	52%	53% 4	3%	50%
Rather not say	3%	2%	5%	2%	3%	2%	2%	2%	2%	3%	2%	6%	4%	3%	2%				3%	5%	3%	3%	3%		3%	3%		3% 39	4%		7%	3%	3%
Net: Rely a great deal/ Rely a fair amount	33%	34%	33%	32%	35%	46%	51%	23%	42%	29%	18%	11%	30%	41%	30%	54%			33%	18%	34%	36%	28%	17%	33%	27%	100%	1% 329	38%	22%	40% 3	1%	33%

D3a. [Your spouse] To what extent, if at all, do you rely on the following sources of income to support yourself?

		Sev	erity of Disabil	ity							С	urrently has condition	n									D	aily activities	3					Limits on da	aily activiti	ies		Ri	telying on Prov r Fed Disability Benefits
	Total	Severe	Moderate	Mild	Chronic pain	Visual	Hearing	Physical disability	Mobility issues	Neurological issue	Mental health issue	Developmental/ learning disability	Auto- immune	Chronic health condition	Environmental sensitivities/ allergies	Other		No, None of the above	Net: Yes to any	No difficulty at all	A bit of difficulty	Moderate difficulty	A lot of difficulty	do	Net: No difficulty/ a bit difficulty	Net: A lot of difficulty/ cannot do	Never R	arely	Occasionally	Often	Always limits daily ctivities		ten/AI	A great deal/ Fair Amount
Rely a great deal/Main income source	19%	17%	21%	19%	21%	16%	16%	12%	18%	29%	19%	14%	19%	18%	21%				19%	20%	21%	17%	17%	17%	21%	17%	50%	8%	19%	20%	18%	13%	19%	19%
Rely a fair amount	14%	10%	15%	17%	13%	18%	15%	12%	13%	5%	11%	11%	12%			15%	6		14%	22%	15%	14%	8%	33%	16%	9%		23%	16%	12%	8%	20%	11%	13%
It helps	16%	15%	14%	19%	16%	16%	22%	15%	15%	19%	12%	17%	14%	19%	11%	15%	6		16%	22%	17%	16%	13%	17%	18%	13%		15%	18%	13%	16%	13%	14%	15%
Don't receive/rely on at all	47%	54%	43%	43%	46%	45%	44%	53%	48%	42%	56%	58%	51%	46%	52%	69%	6		47%	28%	44%	48%	58%	33%	42%	57%	50%	38%	43%	50%	56%	40%	52%	50%
Rather not say	4%	4%	6%	3%	4%	4%	3%	8%	5%	5%	2%		5%	4%	3%				4%	8%	3%	6%	4%		3%	4%		15%	4%	5%	1%	13%	4%	3%
Net: Rely a great deal/ Rely a fair amount	33%	28%	36%	35%	34%	34%	31%	23%	32%	34%	30%	25%	30%	31%	34%	15%	6		33%	42%	36%	31%	24%	50%	37%	25%	50%	31%	35%	32%	27%	33%	30%	32%

D3a. [Other family support] To what extent, if at all, do you rely on the following sources of income to support yourself?

	Total	Sev	rerity of Disabil	ity							С	urrently has conditio	n									D	aily activities	3					Limits on da	ally activit	ies		Re	elying on Prov Fed Disability Benefits
	Total	Severe	Moderate	Mild	Chronic pain	Visual	Hearing	Physical disability	Mobility issues	Neurological issue	Mental health issue	Developmental/ learning disability	Auto- immune	Chronic health condition	Environmental sensitivities/ allergies	Other	Prefer not to say	No, None of the above	Net: Yes to any	No difficulty at all	A bit of difficulty	Moderate difficulty	A lot of difficulty	Cannot do	Net: No difficulty/ a bit difficulty	Net: A lot of difficulty/ cannot do	Never F	Rarely	Occasionally	Often	Always limits daily activities	Never/ Of		A great deal/ Fair Amount
Rely a great deal/Main income source	3%	4%	4%	3%	4%	4%	2%		3%	4%	6%	8%	3%	2%	5%				3%	2%	3%	3%	6%		3%	6%		15%	3%	3%	5%	13%	4%	5%
Rely a fair amount	6%	6%	8%	5%	5%	8%	2%	12%	4%	11%	10%	14%	5%	5%	7%				6%	5%	5%	7%	5%	33%	5%	6%	50%	8%	7%	5%	6%	13%	5%	11%
It helps	16%	15%	16%	17%	13%	13%	12%	32%	12%	16%	24%	22%	14%	13%	16%	23%			16%	22%	15%	16%	18%		15%	17%		8%	18%	14%	11%	7%	13%	18%
Don't receive/rely on at all	70%	71%	69%	70%	75%	72%	80%	52%	77%	66%	58%	53%	74%	75%	69%	69%			70%	62%	73%	69%	68%	67%	72%	68%	50%	62%	68%	73%	76%	60%	74%	62%
Rather not say	4%	4%	3%	5%	4%	3%	4%	5%	5%	3%	2%	3%	5%	4%	3%	8%	5		4%	8%	4%	4%	3%		5%	3%		8%	5%	4%	2%	7%	4%	3%
Net: Rely a great deal/ Rely a fair amount	10%	10%	12%	8%	9%	12%	4%	12%	7%	15%	16%	22%	8%	7%	12%				10%	8%	8%	11%	11%	33%	8%	12%	50%	23%	10%	9%	11%	27%	9%	16%

D4. [Your provincial government] Thinking broadly about support and benefits for Canadians living with disability, how much confidence do you have in each of the following to manage this area well?

		Sev	rerity of Disabi	lity							С	urrently has condition	on									D	aily activitie	s					Limits on d	laily activit	ties		F	Relying on Prov or Fed Disability Benefits
	Total	Severe	Moderate	Mild	Chronic pain	Visual	Hearing	Physical disability	Mobility issues	Neurological issue	Mental health issue	Developmental/ learning disability	Auto- immune	Chronic health condition	Environmental sensitivities/ allergies	Other	Prefer not to say	No, None of the above	Net: Yes to any	No difficulty at all	A bit of difficulty	Moderate difficulty	A lot of difficulty	Cannot	Net: No difficulty/ a bit difficulty	Net: A lot of difficulty/ cannot do	Never	Rarely	Occasionally	Often	Always limits daily activities	Net: Never/ Of rarely	ten/AI	A great deal/ Fair Amount
A great deal of confidence	4%	4%	5%	3%	4%	4%	4%	8%	2%	5%	2%	8%	1%	3%	4%				4%		3%	5%	2%		3%	2%		8%	3%	4%	2%	7%	4%	5%
A fair amount	19%	13%	23%	22%	16%	29%	19%	22%	19%	14%	16%	14%	15%	16%	20%	15%			19%	18%	21%	20%	11%	33%	20%	12%	50%	46%	23%	14%	10%	47%	13%	22%
Not much	49%	48%	48%	51%	51%	45%	53%	50%	49%	49%	48%	42%	53%	52%	51%	54%			49%	50%	51%	47%	48%	33%	51%	47%		23%	49%	52%	43%	20%	50%	45%
No confidence at all	28%	35%	25%	25%	29%	22%	24%	20%	31%	32%	34%	36%	31%	28%	25%	31%			28%	32%	25%	27%	40%	33%	25%	40%	50%	23%	24%	29%	45%	27%	33%	28%
Net: Have confidence	23%	17%	27%	25%		33%	23%	30%							24%	15%			23%	18%	24%	25%		33%		13%		54%	26%	18%	12%		17%	28%
Net: No confidence	77%	83%	73%	75%	80%	67%	77%	70%	79%	81%	82%	78%	84%	80%	76%	85%			77%	82%	76%	75%	88%	67%	77%	87%	50%	46%	74%	82%	88%	47%	83%	72%

D4. [The Canadian federal governmentThinking broadly about support and benefits for Canadians living with disability, how much confidence do you have in each of the following to manage this area well?

	Total	Sev	verity of Disabi	lity							С	urrently has condition	n									D	aily activitie	s					Limits on o	daily activ	ities		F	Relying on Prov or Fed Disability Benefits
	Total	Severe	Moderate	Mild	Chronic pain	Visual	Hearing	Physical disability	Mobility issues	Neurological issue	Mental health issue	Developmental/ learning disability	Auto- immune	Chronic health condition	Environmental sensitivities/ allergies	Other	Prefer not to say	No, None of the above	Net: Yes to any	No difficulty at all	A bit of difficulty	Moderate difficulty	A lot of difficulty		Net: No difficulty/ a bit difficulty	Net: A lot of difficulty/ cannot do	Never	Rarely	Occasionally		Always limits daily activities	Net: Never/ Of rarely	ften/Al	A great deal/ Fair Amount
A great deal of confidence	3%	4%	4%	2%	39	4%	2%	3%	2%	3%	2%	3%	2%	2%	3%				3%		3%	4%	2%		3%	2%			3%	4%	2%		4%	7%
A fair amount	23%	18%	22%	28%	20%	35%	19%	30%	22%	23%	24%	28%	22%	19%	23%	46%			23%	30%	25%	22%	15%	17%	25%	15%	50%	31%	27%	18%	15%	33%	17%	25%
Not much	48%	47%	48%	48%	489	45%	49%	40%	48%	42%	49%	31%	51%	52%	51%	23%			48%	42%	50%	46%	47%	67%	49%	48%	50%	31%	48%	49%	50%	33%	49%	42%
No confidence at all	26%	31%	26%	22%	299	15%	29%	27%	28%	33%	25%	39%	26%	27%	23%	31%			26%	28%	22%	27%	36%	17%	23%	35%		38%	23%	30%	33%	33%	30%	27%
Net: Have confidence	26%	21%	26%				22%						24%		26%				26%		28%	27%		17%		17%			30%		17%		21%	32%
Net: No confidence	74%	79%	74%	70%	769	60%	78%	67%	76%	75%	75%	69%	76%	79%	74%	54%			74%	70%	72%	73%	82%	83%	72%	83%	50%	69%	70%	78%	83%	67%	79%	68%

E1. Have you heard, read, or seen anything about this proposed Canadian Disability Benefit?

		Sev	verity of Disabi	lity							C	urrently has condition	n									E	aily activitie	ıs.					Limits on d	laily activit	ties		I	Relying on Prov or Fed Disability Benefits
	Total	Severe	Moderate	Mild	Chronic pain	Visual	Hearing	Physical disability	Mobility issues	Neurological issue	Mental health issue	Developmental/ learning disability	Auto- immune	Chronic health condition	Environmental sensitivities/ allergies	Other	Prefer not to say	No, None of the above	Net: Yes to any	No difficulty at all	A bit of difficulty	Moderate difficulty	A lot of difficulty		Net: No difficulty/ a bit difficulty	Net: A lot of difficulty/ cannot do	Never	Rarely	Occasionally	Often		Net: Never/ rarely	Otten/AI	A great deal/ Fair Amount
No, have heard nothing about it (until now)	74%	76%	71%	75%	72%	69%	68%	68%	73%	77%	76%	67%	72%	76%	70%	77%			74%	70%	76%	739	76%	50%	75%	75%	100%	54%	73%	75%	80%	60%	76%	71%
Just a little bit	16%	15%	18%	17%	17%	20%	21%	25%	18%	18%	17%	25%	19%	16%	21%	8%	5		16%	20%	16%	179	14%	33%	16%	15%		31%	18%	15%	13%	27%	15%	17%
Heard some info about it	8%	8%	10%	7%	9%	9%	9%	7%	8%	5%	7%	8%	7%	7%	7%	8%			8%	8%	7%	99	8%	17%	7%	8%		15%	8%	9%	6%	13%	8%	10%
Yes, quite familiar with this	1%	1%	1%	1%	1%	2%	2%		2%		1%		2%	1%	2%	8%			1%	2%	1%	19	2%		1%	2%			1%	1%	1%		1%	2%
Net: Yes	26%	24%	29%	25%	28%	31%	32%	32%	27%	23%	24%	33%	28%	24%	30%	23%	5		26%	30%	24%	27%	24%	50%	25%	25%		46%	27%	25%	20%	40%	24%	29%

E2. Based on what you've seen read or heard – including in this survey questionnaire – what is your own reaction to the plan to create a new CDB?

		Se	verity of Disabi	ility							c	urrently has condition	on									C	Daily activitie	es					Limits on d	laily activi	ities			Relying on Prov or Fed Disability Benefits
	Total	Severe	Moderate	Mild	Chroni	Visu	al Hearin	Physical disability	Mobility issues	Neurological issue	Mental health issue	Developmental/ learning disability	Auto- immune	Chronic health condition	Environmental sensitivities/ allergies	Other	Prefer not to say	No, None of the above	Net: Yes to any	No difficulty at all	A bit of difficulty	Moderate difficulty	A lot of difficulty	Cannot do	Net: No difficulty/ a bit difficulty	Net: A lot of difficulty/ cannot do	Never	Rarely	Occasionally	Often	Always limits daily activities	Net: Never/ rarely	Net: Often/AI ways	A great deal/ Fair Amount
Pleased about this	54%	56%	51%	54%	54	% 54	1% 49	% 439	60%	53%	53%	47%	60%	52%	55%	62%			54%	58%	53%	52%	61%	33%	54%	60%	100%	38%	54%	53%	59%	47%	55%	56%
No feelings either way	41%	39%	43%	42%	42	% 38	3% 45	% 485	6 37%	42%	40%	44%	37%	45%	39%	23%	,		41%	35%	43%	42%	6 35%	33%	42%	35%		62%	42%	42%	34%	53%	40%	39%
Against this	5%	5%	6%	4%		% 9	1 % 6	% 85	6 3%	5%	7%	8%	3%	3%	6%	15%	,		5%	8%	4%	69	6 4%	33%	4%	6%			5%	5%	7%		6%	5%

E3. As mentioned, the federal budget provides for 3 years of consultation as to what a new Canadian Disability Benefit would look like. Does that strike you as:

		Sev	erity of Disab	ility								c	urrently has condition	on									D	aily activitie	s					Limits on o	daily acti	vities			Relying on Prov or Fed Disability Benefits
	Total	Severe	Moderate	Mild	Chroni	ic Visu	ual He	aring	Physical disability	Mobility issues	Neurological issue	Mental health issue	Developmental/ learning disability	Auto- immune	Chronic health condition	Environmental sensitivities/ allergies	Other	Prefer not to say	No, None of the above	Net: Yes to any	No difficulty at all	A bit of difficulty	Moderate difficulty	A lot of difficulty	Cannot do	Net: No difficulty/ a bit difficulty	Net: A lot of difficulty/ cannot do	Never	Rarely	Occasionally	Often	Always limits daily activities	Net: Never/ rarely	Net: Often/AI ways	A great deal/ Fair Amount
Moving too slow	79%	84%	76%	78%	8:	2% 8	11%	76%	75%	87%	81%	78%	81%	87%	86%	79%	77%	6		79%	70%	81%	77%	85%	50%	80%	83%	50%	62%	76%	84%	87%	60%	85%	79%
About right	19%	13%	21%	22%	19	5% 10	6%	20%	18%	11%	14%	20%	14%	12%	13%	18%	23%	6		19%	28%	18%	21%	12%	17%	19%	13%	50%	38%	23%	13%	7%	40%	12%	18%
Moving too fast	2%	3%	3%	1%		3% :	3%	3%	7%	2%	5%	2%	6%	2%	1%	3%				2%	2%	1%	3%	2%	33%	1%	4%			1%	2%	6%		3%	2%

E4. How confident are you in the federal government to follow through on this commitment and establish a new CDB in the next few years or so?

	Total	Sevi	erity of Disabili	ty							Cu	urrently has condition	1									D	aily activities						Limits on da	ily activitie	es		Re	elying on Prov Fed Disability Benefits
	Iotai	Severe	Moderate	Mild	Chronic pain	Visual	Hearing	Physical disability	Mobility issues	Neurological issue	Mental health issue	Developmental/ learning disability	Auto- immune	Chronic health condition	Environmental sensitivities/ allergies	Other	Prefer not to say	No, None of the above	Net: Yes to any	No difficulty at all	A bit of difficulty	Moderate difficulty	A lot of difficulty	do	Net: No difficulty/ a bit difficulty	Net: A lot of difficulty/ cannot do	Never Ra	arely	Occasionally	Often	limits N		ten/AI	A great deal/ Fair Amount
Confident this will happen	3%	2%	4%	4%	3%	5%	4%	3%	1%		3%		2%	3%	5%	8%			3%	2%	4%	4%			4%				4%	3%	1%		2%	5%
Pretty sure it will	16%	11%	15%	22%	14%	17%	15%	15%	12%	14%	20%	11%	13%	13%	17%	31%			16%	28%	19%	15%	10%		20%	10%		8%	21%	11%	8%	7%	10%	17%
Doubt it will	50%	52%	47%	51%	50%	52%	53%			53%			59%		51%				50%	55%	51%	46%	53%	83%		55%		23%	49%	53%	53%		53%	48%
Sure it won't happen	19%	23%	23%	12%	21%	15%	20%	20%	21%	19%	16%	11%	16%	17%	18%	15%			19%	5%	13%	24%	23%	17%	13%	23%		38%	15%	21%	27%	33%	22%	19%
Can't say/Don't know	12%	12%	11%	12%	11%	11%	9%	7%	11%	14%	14%	19%	10%	12%	10%	8%			12%	10%	13%	10%	13%		13%	13%	50%	31%	10%	13%	11%	33%	12%	10%
Net: confident this will happen/ pretty sure it will	20%	13%	19%	26%	18%	23%	19%	18%	12%	14%	23%	11%	14%	16%	22%	38%			20%	30%	23%	19%	10%		23%	10%		8%	26%	14%	9%	7%	13%	22%
Net: Doubt it will/ sure it won't happen	69%	75%	70%	62%	71%	67%	73%	75%	77%	72%	63%	69%	75%	72%	69%	54%			69%	60%	65%	71%	77%	100%	64%	78%	50%	62%	64%	73%	80%	60%	75%	67%

F1. consider most important

		Ser	verity of Disabi	lity							С	urrently has condition	n									D	aily activities	•					Limits on da	aily activiti	ies			Relying on Prov or Fed Disability Benefits
	Total	Severe	Moderate	Mild	Chronic pain	Visual	Hearing	Physical disability	Mobility issues	Neurological issue	Mental health issue	Developmental/ learning disability	Auto- immune	Chronic health condition	Environmental sensitivities/ allergies	Other	Prefer not to say	No, None of the above	Net: Yes to any	No difficulty at all	A bit of difficulty	Moderate difficulty	A lot of difficulty	Cannot	Net: No difficulty/ a bit difficulty	Net: A lot of difficulty/ cannot do	Never	Rarely	Occasionally				Net: Often/Al ways	A great deal/ Fair Amount
The right thing to do. Too many people with disabilities live in poverty.	64%	72%	56%	63%	66%	62%	53%	65%	71%	73%	70%	69%	79%	68%	63%	85%			64%	55%	64%	62%	74%	50%	63%	73%	100%	54%	60%	68%	76%	60%	70%	70%
People with disabilities need more support to participate and thrive in society	60%	64%	60%	57%	58%	58%	56%	55%	63%	67%	67%	78%	65%	59%	59%	77%			60%	45%	60%	61%	65%	50%	58%	64%	100%	69%	56%	63%	68%	73%	64%	63%
Should be a national program consistent across the country	55%	55%	53%	56%	52%	49%	57%	40%	58%	53%	55%	39%	59%	61%	53%	38%			55%	55%	56%	51%	60%	67%	56%	60%	100%	31%	55%	55%	57%	40%	56%	55%
Cut red tape and hurdles to access benefits	52%	54%	50%	52%	54%	44%	50%	52%	53%	47%	53%	53%	57%	55%	52%	23%			52%	58%	51%	52%	54%	33%	51%	53%	50%	38%	51%	51%	58%	40%	53%	50%
Disability means extra expenses to cover	40%	43%	41%	37%	43%	46%	41%	42%	43%	39%	39%	36%	40%	40%	48%	38%			40%	35%	39%	41%	43%		39%	41%		46%	38%	41%	51%	40%	44%	40%
Risk of people abusing and faking eligibility	33%	29%	35%	35%	32%	35%	42%	22%	31%	25%	28%	25%	30%	32%	31%	38%			33%	48%	34%	32%	28%	17%	35%	28%		31%	35%	34%	22%	27%	31%	24%
Cost of such a major new program	19%	12%	25%	21%	19%	20%	22%	18%	15%	14%	16%	17%	14%	17%	19%	23%			19%	15%	21%	21%	8%		21%	8%		8%	24%	15%	7%	7%	13%	15%
Other priorities should take precedence	4%	3%	5%	4%	4%	-,-	3%	12%	4%	3%	5%	6%	1%	3%	3%				4%	8%	4%	4%	2%	33%	5%	4%			5%	4%	4%		4%	3%
Other consideration:	3%	4%	1%	2%	3%	2%	2%	3%	2%	5%	3%	6%	3%	3%	3%	8%			3%	2%	3%	2%	4%		3%	4%			2%	3%	6%		4%	2%

F2. What is your overall view on this?

	F	Ser	rerity of Disabi	ility							С	urrently has conditi	on									D	aily activitie	s					Limits on c	daily activi	ities		i	Relying on Prov or Fed Disability Benefits
	Total	Severe	Moderate	Mild	Chronic pain	Visua	Hearing	Physical disability	Mobility issues	Neurological issue	Mental health issue	Developmental/ learning disability	Auto- immune	Chronic health condition	Environmental sensitivities/ allergies	Other	Prefer not to say	No, None of the above	Net: Yes to any	No difficulty at all	A bit of difficulty	Moderate difficulty	A lot of difficulty	Cannot do	Net: No difficulty/ a bit difficulty	Net: A lot of difficulty/ cannot do	Never	Rarely	Occasionally	Often	Always limits daily activities	Net: Never/ rarely	Net: ften/Al ways	A great deal/ Fair Amount
Definitely maintain	45%	51%	44%	41%	49	% 449	43%	58%	50%	53%	46%	53%	57%	49%	47%	46%			45%	359	% 45%	44%	51%	67%	44%	52%	50%	69%	40%	52%	52%	67%	52%	56%
Probably maintain	26%	25%	25%	28%	25	% 299	28%	23%	25%	23%	27%	19%	20%	25%	22%	15%			26%	189	% 27%	28%	20%	17%	26%	20%	50%	8%	28%	24%	22%	13%	23%	23%
Probably cut	10%	7%	13%	12%	10	% 99	10%	8%	8%	5%	7%	3%	8%	8%	11%	8%			10%	25%	% 9%	10%	7%	17%	11%	7%		8%	13%	7%	6%	7%	7%	6%
Definitely cut	3%	3%	4%		3	% 29	3%	2%		3%				4%	3%				3%	29	% 3%	4%			3%	2%		1	4%		2%		3%	3%
Don't know	15%	15%	14%	16%	14	% 169	16%	8%	14%	16%	15%	17%	13%	15%	17%	31%			15%	209	% 16%	13%	21%		16%	20%		15%	15%	14%	17%	13%	15%	12%
Net: Maintain	71%	75%	69%	69%	73	% 739	71%	82%	75%	76%	73%	72%	77%	73%	70%	62%			71%	529	% 72%	73%	71%	83%	70%	71%	100%	77%	68%	75%	74%	80%	75%	80%
Net: Cut	13%	9%	17%	15%	13	% 119	13%	10%	11%	8%	12%	11%	10%	12%	13%	8%			13%	289	% 12%	15%	8%	17%	14%	9%		8%	16%	10%	8%	7%	10%	8%

G1. Broadly speaking, where do you think the Canadian Disability Benefit should set that minimum income level?

	Total	Se	rerity of Disabi	lity							C	urrently has conditi	on									D	aily activitie	ıs				Limits on	daily acti	vities		Relying on Prov or Fed Disability Benefits
	Iotai	Severe	Moderate	Mild	Chronic pain	Visual F	learing	Physical disability	Mobility issues	Neurological issue	Mental health issue	Developmental/ learning disability	Auto- immune	Chronic health condition	Environmental sensitivities/ allergies	Other	Prefer not to say	No, None of the above	Net: Yes to any	No difficulty at all	A bit of difficulty	Moderate difficulty	A lot of difficulty	do	Net: No difficulty/ a bit difficulty	Net: A lot of	Never Rare	ly Occasionally	Often	Always limits daily activities	Net: Net: Never/ Often/ rarely ways	Al A great deal/
Below the poverty level	6%	6%	9%	3%	6%	6%	6%	3%	5%	13%	7%	6%	8%	5%	7%	8%	6		6%	10%	3%	7%	7%	17%	4%	7%	15	% 59	6%	6%	13% 6	% 8%
Equal to the poverty level	22%	16%	24%	24%	20%	31%	23%	17%	18%	20%	19%	17%	15%	20%	23%	23%	6		22%	22%	24%	21%	16%	17%	24%	16%	50% 15	% 25%	19%	13%	20% 18	% 18%
Above the poverty level	69%	73%	61%	71%	70%	59%	68%	72%	72%	59%	71%	72%	75%	71%	67%	69%	6		69%	65%	71%	67%	74%	33%	70%	72%	50% 69	% 689	70%	76%	67% 72	% 72%
Nothing – don't have a disability benefit at all	3%	4%	5%	2%	4%	3%	3%	8%	4%	8%	3%	6%	2%	3%	3%				3%	2%	2%	4%	3%	33%	2%	5%		35	4%	5%	4	% 2%

G2. Overall, do you support or oppose this proposed Canadian Disability Benefit?

		Se	verity of Disabi	lity							c	currently has condition	n									D	aily activitie	s					Limits on d	laily activ	ities			elying on Prov r Fed Disability Benefits
	Total	Severe	Moderate	Mild	Chron		ual Hearin	Physic disabil			Mental health issue	Developmental/ learning disability	Auto- immune	Chronic health condition	Environmental sensitivities/ allergies	Other	Prefer not to say	No, None of the above	Net: Yes to any	No difficulty at all	A bit of difficulty	Moderate difficulty	A lot of difficulty	Cannot do	Net: No difficulty/ a bit difficulty	Net: A lot of difficulty/ cannot do	Never	Rarely	Occasionally	Often	Always limits daily activities	Net: Never/ C rarely	often/AI	A great deal/ Fair Amount
Strongly Support	52%	57%	48%	50%		4% 4	8% 43	1%	52% 5	7% 58%	56%	64%	65%	51%	51%	46%	5		52%	45%	52%	48%	64%	50%	52%	63%	50%	46%	48%	54%	65%	47%	57%	58%
Moderately Support	41%	36%	43%	43%	3	19% 4	2% 49	1%	40% 3	7% 33%	38%	28%	32%	43%	41%	46%	5		41%	42%	41%	45%	28%	33%	41%	29%	50%	46%	45%	38%	28%	47%	35%	33%
Moderately Oppose	5%	5%	7%	5%		4% (6% 7	%	5%	1% 6%	4%	8%	3%	4%	6%	8%			5%	10%	5%	6%	4%		6%	4%		8%	5%	7%	2%	7%	6%	6%
Strongly Oppose	2%	2%	2%	2%		2%	3% 2	%	3%	2% 3%	1%			2%	2%				2%	2%	2%	2%	3%	17%	2%	4%			2%	1%	5%		2%	2%
Net: Support	93%	93%	91%	93%	9	4% 9	0% 91	%	92% 9	1% 91%	94%	92%	97%	94%	93%	92%			93%	88%	93%	93%	92%	83%	93%	92%	100%	92%	93%	92%	93%	93%	92%	92%
Net: Oppose	7%	7%	9%	7%		6% 10	0% 9	1%	8%	3% 9%	6%	8%	3%	6%	7%	8%			7%	12%	7%	7%	8%	17%	7%	8%		8%	7%	8%	7%	7%	8%	8%

G3. Agreement- A Canada Disability Benefit is an essential commitment for the government to make. It's time the country came together to end disability poverty.

	Total	Se	verity of Disabi	ility							c	currently has condition	n									D	aily activitie	·s					Limits on d	daily activ	ities		F	Relying on Prov or Fed Disability Benefits
	Total	Severe	Moderate	Mild	Chron		al Hearin	Physi disabi			Mental health issue	Developmental/ learning disability	Auto- immune	Chronic health condition	Environmental sensitivities/ allergies	Other	Prefer not to say	No, None of the above	Net: Yes to any	No difficulty at all	A bit of difficulty	Moderate difficulty	A lot of difficulty	Cannot do	Net: No difficulty/ a bit difficulty	Net: A lot of difficulty/ cannot do	Never	Rarely	Occasionally		Always limits daily activities	Net: Never/ rarely	Otten/AI	A great deal/ Fair Amount
Strongly Agree	65%	71%	63%	60%	- 6	55% 59	9% 6:	2%	68%	59% 70%	72%	78%	74%	64%	65%	54%			65%	58%	62%	65%	76%	67%	62%	75%	100%	62%	60%	69%	77%	67%	71%	72%
Moderately Agree	28%	24%	27%	33%	2	8% 35	5% 3	9%	23%	24% 225	22%	14%	22%	30%	26%	46%			28%	28%	32%	27%	19%	17%	32%	19%		31%	31%	26%	18%	27%	24%	23%
Moderately Disagree	5%	3%	7%	5%		5% 4	1%	3%	5%	4% 35	4%	8%	3%	4%	5%				5%	10%	4%	7%	2%	17%	5%	2%		8%	6%	4%	2%	7%	3%	4%
Strongly Disagree	2%	2%	3%	2%		2% 1	1%	2%	3%	2% 65	2%		1%	2%	3%				2%	5%	2%	2%	3%		2%	3%			2%	2%	3%		2%	*%
Net: Agree	93%	95%	90%		9	13% 95	5% 9	1%	92%	94% 91%	93%		96%	93%	91%	100%			93%	85%	94%	92%	95%	83%	93%	94%	100%	92%	91%	94%	95%	93%	95%	95%
Net: Disagree	7%	5%	10%	7%	1 -	7% 5	5%	9%	8%	6% 93	7%	8%	4%	7%	9%	1 -			7%	15%	6%	8%	5%	17%	7%	6%		8%	9%	6%	5%	7%	5%	5%

Province

		Sev	verity of Disabil	lity							Cu	urrently has conditio	n									D	aily activities	3					Limits on da	aily activit	ties		R	telying on Prov r Fed Disability Benefits
	Total	Severe	Moderate	Mild	Chronic pain	Visual	Hearing	Physical disability	Mobility issues	Neurological issue		Developmental/ learning disability	Auto- immune	Chronic health condition	Environmental sensitivities/ allergies	Other	Prefer not to say	No, None of the above	Net: Yes to any	No difficulty at all	A bit of difficulty	Moderate difficulty	A lot of difficulty	Cannot do	Net: No difficulty/ a bit difficulty	Net: A lot of difficulty/ cannot do	Never	Rarely	Occasionally	Often	Always limits daily activities		tten/AI	A great deal/ Fair Amount
British Columbia	15%	14%	13%	16%	17%	6 17%	15%	18%	14%	19%	14%	6%	16%	16%	17%	23%			15%	15%	16%	12%	18%		16%	17%			15%	16%	13%		15%	15%
Alberta	10%	9%	11%	12%	10%	6 13%	11%	12%	11%	11%	9%	3%	8%	9%	6%	31%			10%	12%	12%	10%	8%	17%	12%	8%		23%	11%	10%	7%	20%	10%	13%
Saskatchewan	6%	5%	7%	6%	7%	6 2%	7%	3%	7%	4%	5%	3%	10%	7%	6%	31%			6%	5%	7%	6%	4%		7%	4%		8%	6%	7%	4%	7%	6%	4%
Manitoba	7%	8%	3%	8%	7%	6 4%	7%	7%	7%	6%	7%	8%	4%		6%				7%	20%		5%	12%		7%	12%			7%	5%	10%	7%	7%	5%
Ontario	33%	37%	31%	29%		6 32%	34%	42%			40%	50%	34%		37%	8%			33%	25%	30%	35%	34%	50%		35%		23%	30%	35%	40%	27%	36%	39%
Quebec	19%	15%	26%	19%	17%	6 19%	12%	13%	15%	13%	16%	17%	18%	19%	20%	8%			19%	18%	19%	21%	17%	33%	19%	17%		38%	21%	18%	12%	33%	16%	15%
New Brunswick	3%	2%	3%	3%	3%	6 1%	4%	3%	3%	1%	3%	6%	3%	2%	1%				3%	2%	3%	3%	2%		3%	2%			4%	2%	2%		2%	2%
Nova Scotia	5%	4%	6%	5%	4%	6 9%	8%	2%	5%	3%	3%	6%	6%	5%	6%				5%	2%	5%	6%	2%		5%	2%		8%	5%	4%	6%	7%	4%	4%
Prince Edward Island	1%	2%		1%	1%	6 1%	1%		1%		1%		1%	1%	1%				1%		1%	1%	2%		1%	2%			*%	1%	2%		2%	1%
Newfoundland and Labrador	1%	1%	1%	1%	1%	6 1%	1%		1%		2%	3%	1%	1%	1%				1%		1%	1%	2%		1%	2%			1%	1%	3%		2%	2%

Gende

	T-11-1	Se	verity of Disabi	lity							С	urrently has condition	n									E	Daily activitie	es					Limits on d	laily activit	ties		F	Relying on Prov or Fed Disability Benefits
	Total	Severe	Moderate	Mild	Chronic pain		I Hearing	Physical disability	Mobility issues	Neurological issue	Mental health issue	Developmental/ learning disability	Auto- immune	Chronic health condition	Environmental sensitivities/ allergies	Other	Prefer not to say	No, None of the above	Net: Yes to any	No difficulty at all	A bit of difficulty	Moderate difficulty	A lot of difficulty		Net: No difficulty/ a bit difficulty	Net: A lot of difficulty/ cannot do		Rarely	Occasionally	Often	Always limits daily activities	Net: Never/ rarely	Net: Often/AI ways	A great deal/ Fair Amount
Male	41%	39%	39%	44%	42	% 449	6 59%	47%	41%	42%	37%	28%	25%	44%	32%	15%			41%	38%	41%	459	6 32%	17%	41%	32%	50%	46%	44%	38%	34%	47%	37%	42%
Female	57%	58%	60%	55%	57	% 569	6 40%	53%	58%	54%	59%	61%	74%	55%	68%	85%			57%	62%	58%	53%	64%	83%	59%	65%	50%	54%	55%	60%	63%	53%	61%	57%
Other	1%	3%	1%	1%	1	%	19		1%	4%	4%	11%	2%	1%	1%				1%		1%	25	6 3%		1%	3%			1%	2%	3%		2%	2%

Which of the following categories includes your age?

	Total	Sev	erity of Disabil	ity							C	urrently has condition	'n									Đ	aily activitie	s					Limits on da	aily activit	ies		Relying on or Fed Disa Benefit	ability
	Iotai	Severe	Moderate	Mild	Chronic pain	Visual	I Hearing	Physical disability	Mobility issues	Neurological issue	Mental health issue	Developmental/ learning disability	Auto- immune	Chronic health condition	Environmental sensitivities/ allergies	Other	Prefer not to say	No, None of the above	Net: Yes to any	No difficulty at all	A bit of difficulty	Moderate difficulty	A lot of difficulty	Cannot do	Net: No difficulty/ a bit difficulty	Net: A lot of difficulty/ cannot do	Never	Rarely	Occasionally	Often	Always limits daily activities	Net: Ne Never/ Ofter rarely way	: A great de	
18-24	5%	4%	7%	5%	39	6%	6 2%	5%	2%	6%	13%	22%	2%	4%	7%				5%	5%	4%	6%	4%	33%	5%	6%		31%	6%	3%	6%	27%	4%	7%
25-34	12%	11%	13%	12%	85	6 9%	6%	12%	2%	10%	24%	22%	5%	6%	16%	8%	6		12%	22%	11%	13%	9%	17%	13%	10%	50%		13%	14%	4%	7% 1	2%	12%
35-44	12%	13%	12%	11%	125	6%	6%	12%	6%	11%	17%	25%	11%	8%	13%	15%	ő		12%	18%	11%	12%	14%		11%	13%		15%	11%	14%	10%	13% 1	3%	14%
45-54	18%	16%	18%	20%	195	6 9%	6 12%	32%	18%	24%	19%	17%	24%	15%	13%	8%	6		18%	10%	19%	16%	21%	33%	18%	21%		31%	20%	12%	22%	27% 1	5%	19%
55-64	20%	21%	20%	19%	269	6 16%	6 16%	17%	24%	25%	16%	8%	21%	19%	16%	38%	6		20%	25%	20%	19%	21%		21%	20%		8%	19%	21%	24%	7% 2	2%	22%
65+	33%	36%	30%	32%									37%	49%	34%		6		33%	20%		34%		17%				15%	31%		33%			26%
Net: 18-34	17%	15%	20%	18%	10%	6 15%	6 7%	17%	4%	16%	36%	44%	7%	10%	23%	8%	6	1	17%	28%	16%	19%	13%	50%	17%	15%	50%	31%	19%	17%	10%	33% 1	5%	18%
Net: 35-54	30%	29%	30%	31%	325	6 15%	6 18%	43%	24%	35%	36%	42%	35%	23%	26%	23%	6		30%	28%	30%	28%	35%	33%	30%	35%		46%	31%	26%	33%	40% 2	B%	33%
Net: 55+	53%	56%	50%	51%	58%	6 70%	6 75%	40%	72%	48%	27%	14%	59%	68%	51%	69%	6	1	53%	45%	54%	53%	52%	17%	53%	50%	50%	23%	50%	57%	57%	27% 5	7%	48%

Gender-Age

	ŦI	Se	verity of Disab	ility							C	urrently has condition	n									D	aily activities	s					Limits on da	aily activi	ities		or F	ying on Prov Fed Disability Benefits
	Total	Severe	Moderate	Mild	Chronic pain	Visual	Hearing	Physical disability	Mobility issues	Neurological issue	Mental health issue	Developmental/ learning disability	Auto- immune	Chronic health condition	Environmental sensitivities/ allergies	Other	Prefer not to say	No, None of the above	Net: Yes to any	No difficulty at all	A bit of difficulty	Moderate difficulty	A lot of difficulty	do	Net: No difficulty/ a bit difficulty	Net: A lot of difficulty/ cannot do	Never R	Rarely	Occasionally	Often		Net: Never/ Oft rarely w	en/AI E	great deal/ air Amount
Male 18-34	6%	5%	6%	6%	3%	6%	3%	5%	*%	5%	10%	6%	1%	2%	7%				6%	18%	4%	8%	1%	17%	5%	2%		8%	6%	6%	1%	7%	4%	5%
Male 35-54	11%	9%	9%	14%	12%	6%	6%	18%	7%	14%	14%	14%	9%	7%	5%				11%	8%	13%	10%	9%		12%	9%		15%	13%	7%	7%	13%	7%	13%
Male 55+	25%	26%		24%	27%	31%				23%		8%	15%		19%				25%			28%			23%	21%		23%	24%	25%	26%		25%	24%
Female 18-34	11%	9%	13%		8%	9%	3%	12%		10%	24%	31%			16%				11%			10%			12%	12%		23%	12%	11%	7%		10%	13%
Female 35-54	18%	19%			19%	9%		25%			20%	25%			21%				18%			17%		33%	17%	25%		31%	17%	18%	24%	27%	19%	20%
Female 55+	28%	30%	26%	27%	30%	39%		17%			15%	6%			31%	54%			28%	32%		25%	28%	17%	30%	28%			26%	31%	32%		32%	24%
Other (Gender)	1%	3%	1%	1%	1%		1%		1%	4%	4%	11%	2%	1%	1%				1%		1%	2%	3%		1%	3%			1%	2%	3%		2%	2%

Household Income. Which of the following categories best describes your total annual household income before taxes?

		Se	verity of Disabi	lity	Currently has condition															D	aily activitie	s				Limits on daily activities							
	Total	Severe	Moderate	Mild	Chronic pain	Visual	Hearing	Physical disability	Mobility issues	Neurological issue	Mental health issue	Developmental/ learning disability	Auto- immune	Chronic health condition	Environmental sensitivities/ allergies	Other	Prefer not to say		Net: Yes to any	No difficulty at all	A bit of difficulty	Moderate difficulty	A lot of difficulty	Cannot do	Net: No difficulty/ a bit difficulty	Net: A lot of difficulty/ cannot do	Never Ra	ely Occasions	lly Often	Always limits daily activitie	Net: Never/	Net: Often/Al ways	A great deal/ Fair Amount
Under \$25,000	15%	23%	11%	12%	16%	18%	10%	32%	17%	24%	20%	31%	18%	16%	16%	8%			15%	10%	11%	16%	25%	50%	11%	26%		11%	12% 189	% 24	% 27%	20%	28%
\$25,000 to less than \$50,000	23%	27%	26%	19%	22%	31%	25%	8%	27%	20%	23%	14%	27%	25%	23%	46%			23%	18%	22%	24%	28%	33%	21%	29%		13%	20% 319	% 21	% 20%	28%	25%
\$50,000 to less than \$100,000	31%	24%	33%	35%	30%	25%	39%	30%	30%	29%	28%	19%	29%	33%	32%	31%			31%	30%	35%	31%	18%	17%	35%	18%	50%	11%	34% 269	% 26'	% 33%	26%	27%
\$100,000 to less than \$150,000	13%	11%	13%	14%	13%	10%	10%	13%	10%	10%	13%	11%	12%	9%	13%	15%			13%	32%	11%	13%	12%		13%	12%		8%	15% 99	% 11'	% 7%	9%	7%
\$150,000 to less than \$200,000	3%	3%	3%	4%	3%	2%	3%	3%	2%	3%	2%	6%	1%	3%	2%				3%	2%	3%	4%	2%		3%	2%			4% 39	% 3'	%	3%	2%
Over \$200,000	3%	3%	2%	5%	3%	2%	1%	2%	3%	1%	4%		3%	3%	4%				3%		5%	1%	4%		5%	4%			4% 3%	% 1	%	3%	1%
Don"t know / Rather not say	11%	10%		12%	13%	12%	12%	12%	11%	13%	9%	19%	11%		10%				11%	8%	13%	11%			12%	9%			11% 109				10%
Net: <\$50K	39%	49%	37%	31%	38%	49%	35%	40%	44%	44%		44%	45%		39%				39%	28%	33%	40%		83%	32%	55%			31% 49%				53%
Net: \$50K-<\$100K	31%	24%	33%	35%	30%	25%	39%	30%	30%	29%	28%	19%	29%	33%	32%				31%	30%	35%	31%		17%	35%	18%			34% 269				
Net: \$100K+	19%	16%	18%	23%	19%	14%	14%	18%	15%	14%	20%	17%	15%	15%	19%	15%	-1	1	19%	35%	19%	18%	19%	1	21%	18%		8%	23% 15%	% 15	% 7%	15%	10%

What is the highest level of education that you yourself completed?

	Total	Sev	erity of Disabil	ity	Currently has condition																	Da	aily activities						F	Relying on Prov or Fed Disability Benefits				
	Total	Severe	Moderate	Mild	Chronic pain	Visual	Hearing	Physical disability	Mobility issues	Neurological issue	Mental health issue	Developmental/ learning disability	Auto- immune	Chronic health condition	Environmental sensitivities/ allergies	Other	Prefer not to say	No, None of the above	Net: Yes to any	No difficulty at all	A bit of difficulty	Moderate difficulty	A lot of difficulty	Cannot do	Net: No difficulty/ a bit difficulty	Net: A lot of difficulty/ cannot do	Never	Rarely	Occasionally	Often				A great deal/ Fair Amount
Some elementary or high school	5%	6%	4%	5%	5%	12%	7%	3%	8%	8%	7%	6%	3%	7%	5%	8%			5%	5%	6%	4%	8%		6%	8%		15%	5%	7%	4%	13%	6%	5%
High school graduate	19%	21%	25%	15%	21%	27%	19%	28%	21%	18%	18%	14%	19%	22%	16%				19%	18%	15%	23%	22%	17%	16%	21%		31%	19%	20%	20%	27%	20%	24%
Some college/trade school	17%	22%	15%	15%	18%	12%	20%	18%	16%	16%	16%	14%	18%	20%	19%	23%			17%	10%	15%	19%	18%	67%	14%	21%		23%	15%	19%	21%	20%	20%	20%
Graduated from college/trade school	21%	21%	22%	21%	23%	20%	22%	17%	23%	22%	20%	19%	28%	18%	20%	46%			21%	20%	22%	21%	23%	17%	21%	23%	50%	15%	21%	22%	20%	20%	21%	22%
Some university	12%	9%	14%	13%	11%	10%	11%	17%	10%	11%	14%	19%	13%	11%	15%				12%	8%	14%	11%	10%		14%	10%		8%	14%	11%	9%	7%	10%	8%
University undergraduate degree, such as a Bachelor's Degree	17%	13%	12%	22%	14%	10%	14%	10%	16%	18%	17%	25%	15%	17%	17%	15%			17%	30%	20%	13%	13%		21%	13%	50%	8%	19%	14%	13%	13%	14%	15%
University graduate degree, such as a Master's or PhD	8%	7%	7%	9%	8%	10%	8%	7%	6%	8%	9%	3%	5%	5%	7%	8%			8%	10%	9%	7%	5%		9%	5%			8%	7%	11%		8%	6%
Net: <=HS	42%	49%	44%	35%	44%	51%	45%	50%	44%	42%	40%	33%	40%	49%	40%	31%			42%	32%	36%	47%	48%	83%	35%	50%		69%	38%	46%	46%	60%	46%	49%
Net: College/Trade school	33%	31%	36%	34%	34%	30%	33%	33%	33%	33%	34%	39%	41%	29%	36%	46%			33%	28%	36%	32%	33%	17%	35%	33%	50%	23%	35%	33%	30%	27%	32%	30%
Net: Univ+	24%	21%	20%	31%	22%	19%	22%	17%	22%	25%	26%	28%	20%	22%	24%	23%			24%	40%	28%	21%	18%		30%	17%	50%	8%	27%	21%	24%	13%	22%	20%

Last fed vote

	Total	Se	verity of Disab	ility		Currently has condition															D	aily activitie	es			Relying on Prov or Fed Disability Benefits							
	Total	Severe	Moderate	Mild	Chronic pain	Visual	Hearing	Physical disability	Mobility issues	Neurological issue	Mental health issue	Developmental/ learning disability	Auto- immune	Chronic health condition	Environmental sensitivities/ allergies	Other	Prefer not to say	No, None of the above	Net: Yes to any	No difficulty at all	A bit of difficulty	Moderate difficulty	A lot of difficulty		Net: No difficulty/ a bit difficulty	Net: A lot of difficulty/ cannot do	Never I	Rarely	Occasionally	Often	Always limits daily activities	Net: Net: Never/ Often/ rarely way:	
CPC	28%	29%	29%	27%	30%	24%	44%	25%	33%	30%	18%	14%	24%	31%	22%	31%			28%	32%	27%	29%	28%	17%	28%	27%		23%	28%	28%	33%	20% 29	% 30%
Lib	26%	27%	23%	26%	25%	28%	19%	25%	29%		23%	17%	29%	31%	23%	15%			26%	18%	28%	24%	26%	50%	27%	27%	50%		25%	27%	27%	20% 27	% 24%
NDP	17%	12%	17%	21%	13%	17%	14%	13%	12%	16%	25%	36%	18%	15%	19%	31%			17%	28%	19%	15%	13%		20%	13%	50%	23%	20%	13%	11%	27% 13	% 17%
BLOC	5%	5%	8%	3%	5%	8%	3%	3%	4%	3%	3%		5%	4%	10%				5%	5%	3%	7%	6%	17%	4%	6%		15%	5%	5%	3%	13% 5	% 3%
Green	8%	9%	4%	10%	99	6%	7%	10%	6%	9%	11%	6%	10%	5%	12%	15%			8%	5%	10%	7%	8%		9%	8%			8%	8%	9%	8	% 7%
Other	3%	4%	3%	2%	49	2%	3%	7%	3%	4%	5%	3%	2%	2%	3%				3%	2%	2%	4%	3%		2%	3%			3%	3%	3%	3	% 3%
No vote	13%	14%	15%	10%	13%	15%	10%	17%	12%	11%	15%	25%	12%	11%	12%	8%			13%	10%	11%	14%	16%	17%	11%	16%		23%	11%	15%	14%	20% 15	% 16%