

**West Kootenay Women's  
Association**  
307 VERNON ST., NELSON, B.C.  
Phone 352 - 9916

To The Women Of The Household;

The Women's Advocacy Programme (WA Programme) would like to hear your thoughts, ideas, ideals, and gripes about your life. The programme has been designed to find out what your lives in Nelson are like. We want to know what your needs are, what your hopes and dreams are and what should or could be improved to make Nelson a better place for you to live.

This survey has been distributed throughout Nelson and it is set up for you to answer, in your own words and with your own opinions.

The questionnaire is confidential and you are welcome to answer it anonymously.

Please fill out the questionnaire as completely and as honestly as you possibly can. It is a long survey so your patience in answering will be greatly appreciated. Answer all the questions to the best of your ability and use the back of pages if more writing space is needed.

The WA Programme hopes to get some ideas and direction, from you, the women we were organized to assist, on how to better Nelson for you now and for our future women residents.

If you feel we have omitted a major question or would just like to write more, feel free to do so. Or come down to the Nelson Women's Centre, 307 Vernon Street and discuss the survey.

Please complete the questionnaire as soon as possible, then place it in a mailbox. It is self addressed and pre-stamped for your convenience.

Thank you all for your time.

If you do not wish to answer our survey, we would appreciate knowing why.

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SECTION ONE: You and the People You Live With:

- 1/ Do You Live Alone? \_\_\_\_\_ or with others? \_\_\_\_\_ (Please check one)  
2/ If you live alone, please describe what you like or don't like about living alone: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you think you will live alone permanently? Yes \_\_\_\_\_ No \_\_\_\_\_

If not, what do you foresee, or hope for, in the future? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- 3/ If you live with others, how many other people do you live with? \_\_\_\_\_

What is your relationship with them?(ie. friend, husband, daughter, son)? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please describe the kinds of problems you encounter living with other people? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How have you, or how do you think these problems might be resolved? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SECTION TWO: Your Home and Neighbourhood

- 4/ Do you: Rent \_\_\_\_\_ Own \_\_\_\_\_ Board \_\_\_\_\_ Other (please explain) \_\_\_\_\_  
\_\_\_\_\_
- 5/ Is your home a : House \_\_\_\_\_ Trailer \_\_\_\_\_ Apartment \_\_\_\_\_ Other \_\_\_\_\_  
\_\_\_\_\_
- 6/ If you own your home, is it in: Your name \_\_\_\_\_ Your husband's name \_\_\_\_\_  
Other \_\_\_\_\_ Please explain \_\_\_\_\_
- 7/ Describe your neighbourhood \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SECTION THREE: Finances

- 8/ Are you the only one in your household with an income? \_\_\_\_\_
- 9/ Do you financially support yourself? Yes \_\_\_\_\_ NO \_\_\_\_\_
- 10/ Do you financially support others? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, do you totally or partially support the others? Totally \_\_\_\_\_  
Partially \_\_\_\_\_
- 11/ If you share financial responsibility for your household, please explain  
how that is done \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 12/ How are you financially supported now? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Are you satisfied with your present means of support? Yes \_\_\_\_\_ No \_\_\_\_\_  
Please explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Are your finances adequate: Yes \_\_\_\_\_ No \_\_\_\_\_  
If no what things do you need more money for? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SECTION FOUR: Work

13/ Are you employed outside the home? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, are you employed Full time \_\_\_\_\_ Part time \_\_\_\_\_

14/ If you are not employed outside the home, would you like to be:

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what is keeping you from being employed? Please explain \_\_\_\_\_

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15/ Do you work inside the home? Yes \_\_\_\_\_ No \_\_\_\_\_

Please explain \_\_\_\_\_

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Describe in detail the work you do, ( ie. a typical day) \_\_\_\_\_

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16/ How do you feel about this work? \_\_\_\_\_

In your opinion, how do the other members of your household feel about it?

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17/ Do you do unpaid work outside the home? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please describe the work you do \_\_\_\_\_

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Describe a typical day at work \_\_\_\_\_

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18/ How do you feel about this work? And in your opinion, how do the other members of your household feel about it? \_\_\_\_\_

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19/ Do you get along with your employer? Please EXplain. \_\_\_\_\_

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Do you get along with the others you work with? Please explain. \_\_\_\_\_

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Are you satisfied with your job? \_\_\_\_\_

If you could have ANY job, what would it be? \_\_\_\_\_

Please explain why \_\_\_\_\_

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#### SECTION FOUR: Social Life

20/ With whom do you spend most of your spare time with? (family, friends, work associates, etc) \_\_\_\_\_

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Who are your closest friends? (Old school mates, married friends, family, work associates, etc.) \_\_\_\_\_

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21/ What do you do in your spare time? \_\_\_\_\_

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Are there things you would like to be doing in your spare time, but can't do or don't do? Please explain \_\_\_\_\_

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SECTION FIVE: Nelson

22/ How long have you lived in Nelson? \_\_\_\_\_

Why did you move to Nelson? \_\_\_\_\_

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Does Nelson have adequate facilities and services? (government offices, medical, schools, shopping, recreation facilities, etc.) \_\_\_\_\_

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Do you like living here? \_\_\_\_\_

Why or why not? \_\_\_\_\_

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What things could be improved to make Nelson a better place to live, for you? \_\_\_\_\_

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SECTION SIX: Women

23/ How do you think life in Nelson is different for women than for men? \_\_\_\_\_

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What do you think is the most important issue for w men in Nelson? Why? \_\_\_\_\_

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Do you think the position of women is society has improved over the last twenty (20) years? Yes \_\_\_\_\_ No \_\_\_\_\_ How? \_\_\_\_\_

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24/ Have you ever used the services of the NELSON WOMEN'S CENTRE? Yes \_\_\_ No \_\_\_

If yes, which services? \_\_\_\_\_

Were you satisfied with the help you received? \_\_\_\_\_

If not, are there circumstances under which you would go to the CENTRE?

Yes \_\_\_ No \_\_\_ Please explain \_\_\_\_\_

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Do you know the services that the NELSON WOMEN'S CENTRE offers? \_\_\_\_\_

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