Variable Name	Description	Section	Page
ADL_04A	Able to walk without help	ADL	157
ADL_06A	Able to bath or shower without help	ADL	157
ADLDCLS	Instrumental & Basic Activities of Daily Living Class (D)	ADL	158
ADLDTOI	Trouble getting to bathroom on time - (G)	ADL	158
ADM_N09	Interview by telephone or in person	ADM	2
ADM_N10	Respondent alone during interview	ADM	3
ADM_N11	Answers affected by presence of another person	ADM	3
ADM_PRX	Health Component completed by proxy	ADM	4
ADM_RNO	Sequential record number	ADM	1
ALC_1	Drank alcohol in past 12 months	ALC	127
ALC_2	Frequency of drinking alcohol	ALC	128
ALC_3	Frequency of having 5 or more drinks	ALC	129
ALC_5B	Ever had a drink	ALC	130
ALCDTTM	Type of drinker (12 months) - (D)	ALC	130
CAG_01A	Provided assistance – personal care	CAG	233
CAG_01B	Provided assistance – medical care	CAG	234
CAG_01C	Provided assistance – managing care	CAG	234
CAG_01D	Provided assistance – house activities	CAG	235
CAG_01E	Provided assistance – transportation	CAG	235
CAG_01F	Provided assistance – meals	CAG	236
CAG_01G	Provide assistance - none	CAG	236
CAG_01H	Provide assistance - other	CAG	237
CAG_02A	Activity provided most assistance	CAG	238
CAG_02E	Provided respite care	CAG	239
CAG_02F	Provided palliative care	CAG	239
CAG_02G	Provided financial assistance	CAG	240
CAG_03B	Main care recipient - situation	CAG	241
CAG_03C	Main care rec comfortable answering (if rec. deceased)	CAG	242
CAG_06BA	Assist. provided to care recipient –personal care	CAG	244
CAG_06BB	Assist. provided to care recipient –medical care	CAG	245
CAG_06BC	Assist. provided to care recipient –managing care	CAG	246
CAG_06BD	Assist. provided to care recipient –household activities	CAG	247
CAG_06BE	Assist. provided to care recipient –transportation	CAG	248
CAG_06BF	Assist. provided to care recipient - meals	CAG	249
CAG_06BG	Assist. provided to care recipient –other	CAG	250
CAG_07A	Main care recipient - time	CAG	251
CAG_07C	Main care recipient - freq. regular	CAG	252

Variable Name	Description	Section	Page
CAG_07D	Main care recipient - daily/weekly/monthly	CAG	253
CAG_07E	Main care recipient - average time with	CAG	254
CAG_08	Main care rec main reason for care	CAG	255
CAG_20	Most rewarding aspect to providing assist	CAG	256
CAG_21	Most challenging aspect to providing assist.	CAG	257
CAG_23A	Assist. caused or worsened health condition	CAG	258
CAG_23B	Alternate assistance provider available	CAG	259
CAG_24	Received respite care past 12 months	CAG	260
CAG_25A	Impact to work-related activities	CAG	261
CAG_25BA	Type of impact on work – stop/retire	CAG	262
CAG_25BB	Type of work impact – reduce/modify hours	CAG	263
CAG_25BC	Type of work impact – take less demanding job	CAG	264
CAG_25BD	Type of work impact – increase hours or work more	CAG	265
CAG_25BE	Type of work impact – use vacation/sick leave	CAG	266
CAG_25BF	Type of work impact – take unpaid leave	CAG	267
CAG_25BG	Type of work impact – turn down job offer or promotion	CAG	268
CAG_25BH	Type of work impact – other	CAG	269
CAGDFAP	Main care recipient - freq (D)	CAG	270
CAGDIAR	Main care recipient - intensity (D)	CAG	271
CAGFPAS	Flag for providing assistance - (F)	CAG	269
CAGG03A	Provide assist number of care beneficiaries - (G)	CAG	240
CAGG06A	Main care recipient - relationship - (G)	CAG	243
CCC_031	Has asthma	CCC	18
CCC_051	Has arthritis	CCC	19
CCC_053	Has osteoporosis	CCC	19
CCC_061	Has back problems excluding fibromyalgia and arthritis	CCC	20
CCC_071	Has high blood pressure	CCC	20
CCC_072	Ever diagnosed with high blood pressure	CCC	21
CCC_073	Medication - high blood pressure - past month	CCC	21
CCC_073A	Pregnant with high blood pressure	CCC	22
CCC_073B	Diagnosed with high blood pressure - not pregnant	CCC	22
CCC_081	Has migraine headaches	CCC	23
CCC_101	Has diabetes	CCC	25
CCC_119	Has angina	CCC	25
CCC_120	Had a heart attack	CCC	26
CCC_121	Has heart disease	CCC	26
CCC_131	Has cancer	CCC	27

Variable Name	Description	Section	Page
CCC_132	Ever had cancer	ccc	27
CCC_141	Has stomach or intestinal ulcers	CCC	28
CCC_151	Suffers from the effects of a stroke	CCC	28
CCC_161	Has urinary incontinence	CCC	29
CCC_171	Has a bowel disorder / Crohn's Disease or colitis	CCC	29
CCC_191	Has cataracts	CCC	30
CCC_201	Has glaucoma	CCC	30
CCC_211	Has a thyroid condition	CCC	31
CCC_280	Has a mood disorder	CCC	31
CCC_290	Has an anxiety disorder	CCC	32
CCC_91A	Has chronic bronchitis	CCC	23
CCC_91E	Has emphysema	CCC	24
CCC_91F	Has chronic obstructive pulmonary disease	CCC	24
CCCD901	Has other long-term physical or mental condition - (G)	CCC	32
CCCDCPD	Has Chronic Obstructive Pulmonary Disease (COPD) - (D)	CCC	33
CCCF1	Has a chronic condition	CCC	33
CGE_01	Assistance - incurred out-of-pocket expenses	CGE	272
CGE_02	Assistance - amount spent per month	CGE	273
CGE_03A	Assistance - Expenses – purchasing items	CGE	274
CGE_03B	Assistance - Expenses – paying for services	CGE	275
CGE_03C	Assistance - Expenses – increases in expenses	CGE	276
CGE_03D	Assistance - Expenses – transportation	CGE	277
CGE_03E	Assistance - Expenses – other	CGE	278
CGE_04	Received financial assistance	CGE	279
CIH_1	Did something to improve health	CIH	131
CIH_2	Most important change to improve health	CIH	132
CIH_3	Thinks should do something to improve health	CIH	133
CIH_4	Most important thing to improve health	CIH	134
CIH_5	Barrier to improving health	CIH	135
CIH_6A	Barrier to improving health - lack of will power	CIH	135
CIH_6B	Barrier to improving health - work schedule	CIH	136
CIH_6E	Barrier to improving health - too costly	CIH	139
CIH_6F	Barrier to improving health - too stressed	CIH	138
CIH_6G	Barrier to improving health - disability / health problem	CIH	138
CIH_6H	Barrier to improving health - other	CIH	141
CIH_6I	Barrier to improving health - family responsibilities	CIH	136

Variable Name	Description	Section	Page
CIH_6K	Barrier to improving health - physical condition	CIH	137
CIH_6L	Barrier to improving health - not available - in area	CIH	139
CIH_6M	Barrier to improving health - transportation problems	CIH	140
CIH_6N	Barrier to improving health - weather problems	CIH	140
CIH_7	Intending to improve health over next year	CIH	141
CIH_8A	Health improvement - more exercise	CIH	142
CIH_8B	Health improvement - lose weight	CIH	142
CIH_8C	Health improvement - improve eating habits	CIH	143
CIH_8G	Health improvement - reduce stress level	CIH	144
CIH_8H	Health improvement - take vitamins	CIH	145
CIH_8I	Health improvement - other	CIH	146
CIH_8J	Health improvement - quit smoking	CIH	143
CIH_8K	Health improvement - drink less alcohol	CIH	144
CIH_8L	Health improvement - receive medical treatment	CIH	145
CR1_01A	Received professional assistance– personal care	CR1	169
CR1_01B	Received professional assistance–medical care	CR1	169
CR1_01C	Received professional assistance- managing care	CR1	170
CR1_01D	Received professional assistance– house activities	CR1	170
CR1_01E	Received professional assistance- transportation	CR1	171
CR1_01F	Received professional assistance– meals	CR1	171
CR1_01G	Received professional assistance-none	CR1	172
CR1_01H	Received professional assistance- other	CR1	172
CR1_02	Activity requiring most prof. assistance	CR1	173
CR1_03	Did not receive prof. services needed	CR1	174
CR1_04A	No services – not available area	CR1	174
CR1_04B	No services – not available time	CR1	175
CR1_04C	No services – wait time too long	CR1	175
CR1_04D	No services – inadequate	CR1	176
CR1_04E	No services – cost	CR1	176
CR1_04F	No services – too busy	CR1	177
CR1_04G	No services – did not bother	CR1	177
CR1_04H	No services – did not know where to go/call	CR1	178
CR1_04I	No services – language problem	CR1	178
CR1_04J	No services – personal/family responsibilities	CR1	179
CR1_04K	No services – decided not to seek	CR1	179
CR1_04L	No services – not necessary – doctor	CR1	180
CR1_04M	No services – did not qualify home care	CR1	180

Variable Name	Description	Section	Page
CR1_04N	No services – still waiting home care	CR1	181
CR1_04O	No services – other	CR1	181
CR1_05A	Recent home care – personal care	CR1	182
CR1_05B	Recent home care – medical care	CR1	182
CR1_05C	Recent home care – managing care	CR1	183
CR1_05D	Recent home care – house activities	CR1	183
CR1_05E	Recent home care – transportation	CR1	184
CR1_05F	Recent home care – meals	CR1	184
CR1_05G	Recent home care – other	CR1	185
CR1DTRE	Type of reason for unmet home care needs -(D)	CR1	186
CR1FRHC	Flag for receiving formal home care services -(F)	CR1	185
CR2_01AA	Received assistance – personal care	CR2	186
CR2_01AB	Received assistance – medical care	CR2	187
CR2_01AC	Received assistance – managing care	CR2	187
CR2_01AD	Received assistance – house activities	CR2	188
CR2_01AE	Received assistance – transportation	CR2	188
CR2_01AF	Received assistance – meals	CR2	189
CR2_01AG	Received assistance – none	CR2	189
CR2_01AH	Received assistance – other	CR2	190
CR2_01B	Activity requiring most assistance	CR2	191
CR2_04	Main care giver - situation	CR2	192
CR2_16	Main care giver - time	CR2	194
CR2_17A	Main care giver - freq. regular	CR2	195
CR2_17B	Main care giver - daily/weekly/monthly	CR2	196
CR2_18	Main care giver - average time with	CR2	197
CR2DFAR	Main care giver - freq (D)	CR2	198
CR2DIAR	Main care giver - intensity (D)	CR2	199
CR2DTHC	Receipt of Formal or Informal Home Care -(D)	CR2	198
CR2FRHC	Flag for receiving informal home care -(F)	CR2	197
CR2G15	Main care giver - relationship - (G)	CR2	193
DHH_SEX	Sex	DHH	5
DHHG45P	Number of persons 45+ years old in household - (G)	DHH	6
DHHG65P	Number of persons 65+ years old in household - (G)	DHH	7
DHHGAGE	Age - grouped	DHH	4
DHHGDWE	Dwelling Type - (G)	DHH	8
DHHGHSZ	Household Size - (G)	DHH	7
DHHGLVG	Living/Family Arrangement of Selected Respondent - (G)	DHH	8

Variable Name	Description	Section	Page
DHHGMS	Marital Status - (G)	DHH	5
DHHGYKD	Number of Persons in Household Less Than 16 Years of Age	DHH	6
DPS_02	Felt sad/blue/depressed - 2 weeks or more - 12 mo	DEP	279
DPS_03	Sad/depressed - length feelings lasted - 2 wk	DEP	280
DPS_04	Sad/depressed - frequency - 2 wk	DEP	281
DPS_05	Sad/depressed - lose interest in things - 2 wk	DEP	281
DPS_06	Sad/depressed - felt tired out / low on energy - 2 wk	DEP	282
DPS_07	Sad/depressed - weight change - 2 wk	DEP	282
DPS_08A	Sad/depressed - weight change (amount) - 2 wk	DEP	283
DPS_08B	Sad/depressed - weight change (lb/kg) - 2 wk	DEP	283
DPS_09	Sad/depressed - trouble falling asleep - 2 wk	DEP	284
DPS_10	Sad/depressed trouble falling asleep - frequency - 2 wk	DEP	284
DPS_11	Sad/depressed - trouble concentrating - 2 wk	DEP	285
DPS_12	Sad/depressed - felt down on self - 2 wk	DEP	285
DPS_13	Sad/depressed - thought a lot about death - 2 wk	DEP	286
DPS_14	Sad/depressed - number of weeks - 12 mo	DEP	286
DPS_15	Sad/depressed - most recent month - 2 wk	DEP	287
DPS_16	Loss of interest - things that usually give pleasure - 12 mo	DEP	288
DPS_17	Loss of interest - frequency - 12 mo	DEP	289
DPS_18	Loss of interest - frequency - 2 wk	DEP	290
DPS_19	Loss of interest - felt tired all the time - 2 wk	DEP	291
DPS_20	Loss of interest - weight change - 2 wk	DEP	292
DPS_21A	Loss of interest - weight change (amount)	DEP	293
DPS_21B	Loss of interest - weight change (lb/kg) - 2 wk	DEP	293
DPS_22	Loss of interest - trouble falling asleep - 2 wk	DEP	294
DPS_23	Loss of interest - trouble falling asleep/frequency - 2 wk	DEP	295
DPS_24	Loss of interest - trouble concentrating - 2 wk	DEP	296
DPS_25	Loss of interest - felt down on self - 2 wk	DEP	297
DPS_26	Loss of interest - thought a lot about death - 2 wk	DEP	298
DPS_27	Loss of interest - number of weeks - 12 mo	DEP	299
DPS_28	Loss of interest - most recent month - 2 wk	DEP	300
DPSDMT	Specific month last felt depressed - 2 weeks in a row - (D)	DEP	301
DPSDPP	Depression scale - Predicted probability - (D)	DEP	302
DPSDSF	Depression scale - short form score - (D)	DEP	302
DPSDWK	Number of weeks felt depressed - (D)	DEP	303
DS2_01	Past month - frequency of taking multivitamin supplements	DS2	112
DS2_02	Past month - frequency of taking calcium supplements	DS2	112

Variable Name	Description	Section	Page
DS2_03	Past month - frequency of taking vitamin D supplements	DS2	113
DS2_04	Past month - frequency of taking vitamin B12 supplements	DS2	114
EDUDH04	Highest level of education – household, 4 levels - (D)	EDU	363
EDUDR04	Highest level of education - respondent, 4 levels - (D)	EDU	364
FAL_01	Past 12 months - Had any falls	FAL	146
FAL_04A	Medical attention after injury - 48 hours	FAL	148
FAL_04B	Hospitalized after injury	FAL	148
FAL_07	Location of fall	FAL	149
FAL_08	Factor - snow or ice	FAL	150
FAL_09	Time of fall - using assistive device	FAL	150
FAL_10	Getting follow-up care - presently	FAL	151
FAL_11	Worried or concerned might fall	FAL	151
FAL_12	Stopped doing things used to do	FAL	152
FALDFOF	Fear of falling - (D)	FAL	152
FALDSTA	Fall Status - 12 months - (D)	FAL	153
FALG02	Number of falls - past 12 months - (G)	FAL	147
FALG03	Fall - most serious injury - (G)	FAL	147
FALG06	Reason for fall - (G)	FAL	149
FALGCBP	Circumstance fall resulting in most serious inj12 mo- (G)	FAL	153
GEN_01	Self-perceived health	GEN	9
GEN_02	Self-perceived health compared to one year ago	GEN	9
GEN_02AA	Satisfaction with life in general - 11 point scale	GEN	10
GEN_02B	Self-perceived mental health	GEN	11
GEN_07	Perceived life stress	GEN	12
GEN_10	Sense of belonging to local community	GEN	14
GEND08	Worked at a job or business - (D)	GEN	12
GEND09	Self-perceived work stress - (D)	GEN	13
GENDHDI	Perceived Health - (D)	GEN	14
GENDMHI	Perceived Mental Health - (D)	GEN	15
GEO_PRV	Province of residence of respondent	GEO	1
GEOGCMA2	2006 Census Metropolitan Area (CMA) - 2 groups	GEO	2
HC2_01	Has regular medical doctor	HC2	159
HC2_02	Place goes to when sick or need advice	HC2	159
HC2_03	Kind of place	HC2	160
HC2_04	Past 12 months - patient overnight in hospital	HC2	161
HC2_06A	Prof family doctor or general practitioner	HC2	162
HC2_06B	Prof eye specialist	HC2	162

Variable Name	Description	Section	Page
HC2_06C	Prof any other medical doctor or specialist	HC2	163
HC2_06D	Prof nurse for care or advice	HC2	163
HC2_06E	Prof dentist, dental hygienist or orthodontist	HC2	164
HC2_06F	Prof chiropractor	HC2	164
HC2_06G	Prof physiotherapist	HC2	165
HC2_06H	Prof psychologist	HC2	165
HC2_06I	Prof social worker or counsellor	HC2	166
HC2_06J	Prof speech, audiology or occupational therapist	HC2	166
HC2_06K	Prof other	HC2	167
HC2_06L	Prof did not see any health professional	HC2	167
HC2_07	Used alternative or complementary medicine	HC2	168
HC2FCOP	Consultations with health professionals - (F)	HC2	168
HC2G05	Number of nights - 12 mo - (G)	HC2	161
HUIDCOG	Cognition problems - function code - (D)	HUI	34
HUIDEMO	Emotion (function code) - (D)	HUI	35
HUIDHSI	Health utilities index - (D)	HUI	36
HUIGDEX	Dexterity Trouble (Function Code) - (G)	HUI	34
HUIGHER	Hearing Problems (Function Code) - (G)	HUI	35
HUIGMOB	Mobility Trouble (Function Code) - (G)	HUI	36
HUIGSPE	Speech Trouble (Function Code) - (G)	HUI	37
HUIGVIS	Vision Trouble (Function Code) - (G)	HUI	37
HUPDPAD	Pain (function code) - (D)	HUP	38
HWT_4	Respondent's opinion of own weight - self-reported	HWT	16
HWTGBMI	Body mass index - (G)	HWT	16
HWTGHTM	Height (Metres) - Self-Reported - (G)	HWT	17
HWTGISW	BMI classification (self reported) - (G)	HWT	17
HWTGWTK	Weight (kilograms) - self-reported - (G)	HWT	18
IAL_01A	Use telephone without help	IAL	154
IAL_02A	Get to places out of walking distance without help	IAL	154
IAL_03A	Go shopping without help with transportation	IAL	155
IAL_04A	Prepare own meals without help	IAL	155
IAL_05A	Do housework without help	IAL	156
IAL_06A	Able to take medicine without help	IAL	156
IN2_12	Current hhld income – difficulty meeting basic expenses	IN2	356
IN2DRCA	Distribution of household income - national level - (D)	IN2	359
IN2DRPR	Distribution of household income - provincial level - (D)	IN2	360
IN2G02	Source of household income - main source - (G)	IN2	355

Variable Name	Description	Section	Page
IN2G05	Source of personal income - main source - (G)	IN2	356
IN2G13	Approx. savings/investments of respondent and spouse/partner	IN2	357
IN2GHH	Total Household Income - All Sources - (G)	IN2	357
IN2GPER	Personal Income - All Sources - (G)	IN2	358
LBF_31B	Has employees	LBF	315
LBF_37A	Job permanency status	LBF	316
LBF_46	Work on weekends - main job or business	LBF	318
LBF_46B	Opportunities to work after official retirement age	LBF	318
LBF_52	More than one job or business - reason	LBF	319
LBF_54	Work on weekends - other job or business	LBF	320
LBFDMJS	Multiple job status - (D)	LBF	323
LBFDPFT	Full-time/part-time working status (tot. usual hrs) - (D)	LBF	324
LBFFHNW	Flag for never worked in the labour force - (F)	LBF	325
LBFG31	Type of employment - (G)	LBF	315
LBFG38	Job not permanent - reason - (G)	LBF	316
LBFG44	Usual work schedule - main job or business - (G)	LBF	317
LBFG45	Usual work schedule - reason - (G)	LBF	317
LBFG73	Did not look for work - main reason - (G)	LBF	321
LBFGHPW	Total usual hours worked per week - (D, G)	LBF	323
LBFGJST	Job status over past year - (G)	LBF	324
LBFGOCG	Occupational group - (G)	LBF	325
LBFGRNW	Main reason for not working last week - (G)	LBF	322
LBFGWSL	Working status last week - (G)	LBF	322
LON_01	Lack companionship	LON	303
LON_02	Felt left out	LON	304
LON_03	Felt isolated from others	LON	304
LONDSCR	Three Item Loneliness Scale - Score - (D)	LON	305
MED_1A	Medication - pain relievers - past mo.	MED	94
MED_1AA	Medication - pain relievers - daily basis	MED	95
MED_1B	Medication - tranquilizers - past mo.	MED	95
MED_1BB	Medication - tranquilizers - daily basis.	MED	96
MED_1C	Medication - diet pills - past mo.	MED	96
MED_1CC	Medication - diet pills - daily basis	MED	97
MED_1D	Medication - anti-depressants - past mo.	MED	97
MED_1DD	Medication - anti-depressants -daily basis	MED	98
MED_1E	Medication - codeine, Demerol or morphine - past mo.	MED	98
MED_1EE	Medication - codeine, Demerol or morphine - daily basis	MED	99

Variable Name	Description	Section	Page
MED_1G	Medication - asthma medications - past mo.	MED	99
MED_1GG	Medication - asthma medications - daily basis	MED	100
MED_1I	Medication - penicillin or other antibiotics - past mo.	MED	100
MED_1II	Medication - penicillin or other antibiotics - daily basis	MED	101
MED_1J	Medication - medicine for the heart - past mo.	MED	101
MED_1JJ	Medication - medicine for the heart - daily basis	MED	102
MED_1L	Medication - diuretics - past mo.	MED	102
MED_1LL	Medication - diuretics - daily basis	MED	103
MED_1M	Medication - steroids - past mo.	MED	103
MED_1MM	Medication - steroids - daily basis	MED	104
MED_1P	Medication - sleeping pills - past month	MED	104
MED_1PP	Medication - sleeping pills - daily basis	MED	105
MED_1Q	Medication - stomach remedies - past mo.	MED	105
MED_1QQ	Medication - stomach remedies - daily basis	MED	106
MED_1R	Medication - laxatives - past mo.	MED	106
MED_1RR	Medication - laxatives - daily basis	MED	107
MED_1T	Medication - hormones for menopause - past mo.	MED	107
MED_1TT	Medication - hormones for menopause - daily basis	MED	108
MED_1U	Medication - thyroid medication - past mo.	MED	108
MED_1UU	Medication - thyroid medication - daily basis	MED	109
MED_1V	Medication - other - past mo.	MED	109
MED_1VV	Medication - other - daily basis	MED	110
MEDDNM	Number of types of medication used (past month) - (D)	MED	110
MEDDNMD	Number of types of medication used daily (past mo.) - (D)	MED	111
MEDF1	Flag indicating medication use (past month) - (F)	MED	111
NUR_01	Gained, lost or stayed same weight - 6 months	NUR	70
NUR_02	Amount of weight change	NUR	71
NUR_03	Frequency of skipping meals	NUR	72
NUR_04	Describe appetite	NUR	73
NUR_05	Frequency of pain swallowing food or fluid	NUR	74
NUR_06	# of servings of fruits and vegetables in a day	NUR	75
NUR_07	Amount of fluid consumed in a day	NUR	76
NUR_08	Frequency - eat one or more meals a day with someone	NUR	77
NUR_09	Usually cook own meals	NUR	77
NUR_10	Describe meal preparation - self	NUR	78
NUR_11	Describe meal preparation - other	NUR	78
NURDHNR	High Nutritional Risk - (D)	NUR	79

Variable Name	Description	Section	Page
NURDSCR	Nutritional risk - Score - (D)	NUR	79
OH3_01	Health of your mouth	ОНЗ	80
OH3_02	Has one or more of own teeth	ОНЗ	80
OH3_03	Wear dentures or false teeth	ОНЗ	81
OH3_04	Frequency - uncomfortable to eat any food	ОНЗ	81
OH3_05	Freq avoid eating particular foods - problem with mouth	ОНЗ	82
OH3_09A	Last saw dental professional	ОНЗ	83
OH3_09BA	Reason not seen dentist – time	ОНЗ	83
OH3_09BB	Reason not seen dentist – respondent felt it unnecessary	ОНЗ	84
OH3_09BC	Reason not seen dentist – dentist felt it unnecessary	OH3	84
OH3_09BD	Reason not seen dentist – personal/family responsibilities	ОНЗ	85
OH3_09BE	Reason not seen dentist – not available at time required	ОНЗ	85
OH3_09BF	Reason not seen dentist – not available in area	ОНЗ	86
OH3_09BG	Reason not seen dentist – wait time too long	ОНЗ	86
OH3_09BH	Reason not seen dentist – transportation problems	OH3	87
OH3_09BI	Reason not seen dentist – language problem	OH3	87
OH3_09BJ	Reason not seen dentist – cost	ОНЗ	88
OH3_09BK	Reason not seen dentist – uninformed	ОНЗ	88
OH3_09BL	Reason not seen dentist – fear	ОНЗ	89
OH3_09BM	Reason not seen dentist – wears dentures	OH3	89
OH3_09BN	Reason not seen dentist – can't leave house/health problem	OH3	90
OH3_09BO	Reason not seen dentist – other	ОНЗ	90
OH3_10A	Has insurance to cover dental expenses	ОНЗ	91
OH3_10BA	Dental plan - employer-sponsored	OH3	91
OH3_10BC	Dental plan - private	OH3	92
OH3G10B	Dental plan - government sponsored	ОНЗ	92
OH3GBRU	Daily Brushing - (G)	ОНЗ	94
OH3GFLO	Daily Flossing - (G)	ОНЗ	93
OWNFTEN	Flag for tenure of dwelling - (F)	OWN	355
OWNGHEQ	Approximate Home Equity - (G)	OWN	354
PA2_01A	Frequency of participating in sitting activities	PA2	45
PA2_01BA	Sitting activities participated in – bingo, cards, etc.	PA2	45
PA2_01BB	Sitting activities participated in – computer activities	PA2	46
PA2_01BC	Sitting activities participated in – crossword, puzzles, etc	PA2	46
PA2_01BD	Sitting activities participated in - handicrafts	PA2	47
PA2_01BE	Sitting activities participated in – listening to radio/mus.	PA2	47
PA2_01BF	Sitting activities participated in – playing mus. inst.	PA2	48
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Variable Name	Description	Section	Page
PA2_01BG	Sitting activities participated in - reading	PA2	48
PA2_01BH	Sitting activities participated in – visiting others	PA2	49
PA2_01BI	Sitting activities participated in – watching TV	PA2	49
PA2_01BJ	Sitting activities participated in – other	PA2	50
PA2_01C	Number of hours per day - sitting activities	PA2	50
PA2_02A	Frequency of taking a walk outside home/yard	PA2	51
PA2_03A	Frequency engage in light sports or recreational activities	PA2	52
PA2_04A	Freq. engage in moderate sports or recreational activities	PA2	53
PA2_05A	Freq. engage in strenuous sports or recreational activities	PA2	54
PA2_06A	Freq. exercise to increase muscle strength and endurance	PA2	55
PA2_07	Past 7 days - done light housework	PA2	56
PA2_08	Past 7 days - done heavy housework or chores	PA2	56
PA2_09A	Past 7 days - done home repairs	PA2	57
PA2_09B	Past 7 days - done lawn work or yard care	PA2	57
PA2_09C	Past 7 days - outdoor gardening, sweeping balcony or stairs	PA2	58
PA2_09D	Past 7 days - caring for another person	PA2	58
PA2_10A	Past 7 days - work for pay or as a volunteer	PA2	59
PA2_10B	Number of hours per week - work for pay/volunteer	PA2	59
PA2_10C	Amount of physical activity required on job or volunteer	PA2	60
PA2_11A	Representative of activity level last 12 months	PA2	61
PA2_11B	Past 7 days – activity level lower or higher than usual	PA2	62
PA2_12	Past 12 months wanted to participate more phys. act.	PA2	62
PA2_13A	Barriers to phys. act cost	PA2	63
PA2_13B	Barriers to phys. act transportation problem	PA2	63
PA2_13C	Barriers to phys. act not available - area	PA2	64
PA2_13D	Barriers to phys. act not physically accessible	PA2	64
PA2_13E	Barriers to phys. act too far	PA2	65
PA2_13F	Barriers to phys. act health condition/limitation	PA2	65
PA2_13G	Barriers to phys. act illness/injury	PA2	66
PA2_13H	Barriers to phys. act fear of injury	PA2	66
PA2_13I	Barriers to phys. act lack of time	PA2	67
PA2_13J	Barriers to phys. act lack of energy	PA2	67
PA2_13K	Barriers to phys. act lack of motivation	PA2	68
PA2_13L	Barriers to phys. act lack of skills/knowledge	PA2	68
PA2_13M	Barriers to phys. act other	PA2	69
PA2DSCR	PASE Score - (D)	PA2	69
PA2FLEI	Flag for participant in leisure physical activities - (F)	PA2	70

Variable Name	Description	Section	Page
PA2G02B	Number of hours per day - walking - (G)	PA2	51
PA2G03C	Nb hours per day - light sport or recreat. activities - (G)	PA2	52
PA2G04C	No. hours per day - moderate sport or recreational act (G)	PA2	53
PA2G05C	No. hours per day - strenuous sport or recreat. act (G)	PA2	54
PA2G06C	No. hours per day - exerc. To increase muscle strength - (G)	PA2	55
RET_02	Has retired from a job	RET	326
RET_03	Retired more than one time	RET	326
RET_05AA	Reason retired - completed req'd years of service to qualify	RET	327
RET_05AB	Reason retired - financially possible	RET	327
RET_05AC	Reason retired – health/disability reasons	RET	328
RET_05AD	Reason retired – employer incentives	RET	328
RET_05AE	Reason retired - organizational restructuring/job eliminated	RET	329
RET_05AF	Reason retired - caregiving for family or friend	RET	329
RET_05AG	Reason retired - employer had a mandatory retirement policy	RET	330
RET_05AH	Reason retired – pursue other activities	RET	330
RET_05AI	Reason retired - wanted to stop work	RET	331
RET_05AJ	Reason retired - agreement with spouse/partner	RET	331
RET_05AK	Reason retired – other	RET	332
RET_08	Voluntary retirement	RET	332
RET_09	Current ability to work for pay – value	RET	333
RET_10	Went back to work after retirement	RET	334
RET_11	Looked for paid work after retirement	RET	334
RET_12A	Reason back to work - financial considerations	RET	335
RET_12B	Reason back to work - caregiving duties no longer required	RET	335
RET_12C	Reason back to work - improvement in health	RET	336
RET_12D	Reason back to work - liked working/being active	RET	336
RET_12E	Reason back to work - interesting work opportunity	RET	337
RET_12F	Reason back to work - preferred gradual retirement	RET	337
RET_12G	Reason back to work - wanted to make contribution	RET	338
RET_12H	Reason back to work - wanted challenge	RET	338
RET_12I	Reason back to work - did not like retirement	RET	339
RET_12J	Reason back to work - other	RET	339
RETDRS	Retirement status - objective - (D)	RET	341
RETDWAR	Work after retirement - (D)	RET	342
RETFSRS	Flag for subjective retirement status - (F)	RET	340
RETGAPR	Age at Partial Retirement - (G)	RET	341
RETGARE	Age at First Retirement - (G)	RET	340

Variable Name	Description	Section	Page
RPL_01B	Reason for no plans to retire	RPL	343
RPL_02A	Prep decreased number of work hours	RPL	344
RPL_02B	Prep increased number of work hours	RPL	344
RPL_02C	Prep changed jobs	RPL	345
RPL_02D	Prep increased physical activities	RPL	345
RPL_02E	Prep increased other leisure activities and hobbies	RPL	346
RPL_02F	Prep enrolled in an educational or training program	RPL	346
RPL_02G	Prep gathered retirement information	RPL	347
RPL_02H	Prep contributed to an RRSP	RPL	347
RPL_02I	Prep built up savings or make other investments	RPL	348
RPL_02J	Prep paid-off mortgage or debts	RPL	348
RPL_02K	Prep downsized living arrangements	RPL	349
RPL_02L	Prep none	RPL	349
RPL_02M	Prep other	RPL	350
RPL_03	Retirement Planning - ability to work for pay	RPL	351
RPL_04	Retirement plan contributed to an employer pension plan	RPL	352
RPL_08	Retirement Planning - prepared financially	RPL	353
RPLFPRE	Flag for preparation made for retirement -(F)	RPL	354
RPLG01A	Age plan to retire - (G)	RPL	342
SDCFIMM	Immigrant - (F)	SDC	362
SDCGCBG	Country of Birth - (G)	SDC	363
SDCGCGT	Culture / Race Flag - (G)	SDC	360
SDCGLHM	Language(s) spoken at home - (G)	SDC	361
SDCGLNG	Language(s) in which respondent can converse - (G)	SDC	361
SDCGRES	Length of time in Canada since immigration - (G)	SDC	362
SLP_02	Frequency - trouble sleeping	SL2	15
SLS_01	Life close to ideal	SLS	39
SLS_02	Conditions of life excellent	SLS	40
SLS_03	Satisfied with life	SLS	41
SLS_04	Gotten important things wanted in life	SLS	42
SLS_05	Live life over would change nothing	SLS	43
SLSDCLS	Satisfaction with Life Scale - Classification - (D)	SLS	44
SLSDSCR	Satisfaction with Life Scale - Score - (D)	SLS	44
SMK_01A	Smoked 100 or more cigarettes - life	SMK	114
SMK_01B	Ever smoked whole cigarette	SMK	115
SMK_05B	Number of cigarettes smoked per day (occasional smoker)	SMK	117
SMK_05C	Number of days - smoked 1 cigarette or more (occ. smoker)	SMK	118

Variable Name	Description	Section	Page
SMK_05D	Ever smoked cigarettes daily	SMK	118
SMK_06A	Stopped smoking - when (was never a daily smoker)	SMK	119
SMK_09A	Stopped smoking daily - when stopped (former daily smoker)	SMK	121
SMK_10	Quit smoking completely (former daily smoker)	SMK	122
SMK_10A	Stopped smoking completely - when (former daily smoker)	SMK	123
SMK_202	Type of smoker	SMK	116
SMK_204	Number of cigarettes smoked per day (daily smoker)	SMK	117
SMK_208	Number of cigarettes smoked per day (former daily smoker)	SMK	121
SMKDSTY	Type of smoker - (D)	SMK	126
SMKDYCS	Number of years smoked (current daily smokers) - (D)	SMK	126
SMKG01C	Age - smoked first whole cigarette - (G)	SMK	115
SMKG06C	Number of years since stopped smoking - (G)	SMK	120
SMKG09C	Number of years since stopped smoking (former daily smoker)	SMK	122
SMKG10C	Number of years since stopped smoking (daily) - (G)	SMK	124
SMKG203	Age - started smoking daily (daily smoker) - (G)	SMK	116
SMKG207	Age - started smoking daily (former daily smoker) - (G)	SMK	120
SMKGSTP	Number of Years Since Stopping Smoking Completely - (G)	SMK	125
SPA_09	Felt wanted to participate more	SPA	225
SPA_10A	Prevent - cost	SPA	226
SPA_10B	Prevent - transportation problems	SPA	226
SPA_10C	Prevent - activities not available in the area	SPA	227
SPA_10D	Prevent - location not physically accessible	SPA	227
SPA_10E	Prevent - location is too far	SPA	228
SPA_10F	Prevent - health condition limitation	SPA	228
SPA_10G	Prevent - time of the activities not suitable	SPA	229
SPA_10H	Prevent - don't want to go alone	SPA	229
SPA_10I	Prevent - personal or family responsibilities	SPA	230
SPA_10J	Prevent - language related reasons	SPA	230
SPA_10K	Prevent - too busy	SPA	231
SPA_10L	Prevent - afraid or concerns about safety	SPA	231
SPA_10M	Prevent - other	SPA	232
SPAFPAR	Flag for participation in community-related activities - (F)	SPA	233
SPAG01	Frequency of participation - family/friendship activities	SPA	221
SPAG02	Frequency of participation - church or religious activities	SPA	222
SPAG03	Frequency of participation - sports or physical activities	SPA	222
SPAG04	Freq. of participation - educational and cultural activities	SPA	223
SPAG05	Freq. participation - service club or fraternal organization	SPA	223

Variable Name	Description	Section	Page
SPAG06	Freq. of participation - neighbourhood, community or prof.	SPA	224
SPAG07	Frequency of participation - volunteer or charity work	SPA	224
SPAG08	Frequency of participation - any other recreational activity	SPA	225
SPAGFRE	Freq. of Community-Related Activity Participation - (G)	SPA	232
SSA_01	Number of close friends and relatives	SSA	200
SSA_02	Has someone to give help if confined to bed	SSA	200
SSA_03	Has someone to listen	SSA	201
SSA_04	Has someone to provide/give advice about a crisis	SSA	202
SSA_05	Has someone to take them to a doctor	SSA	203
SSA_06	Has someone who shows love and affection	SSA	204
SSA_07	Has someone to have a good time with	SSA	205
SSA_08	Has someone to help understand a situation	SSA	206
SSA_09	Has someone to confide in	SSA	207
SSA_10	Has someone who gives hugs	SSA	208
SSA_11	Has someone to get together with for relaxation	SSA	209
SSA_12	Has someone to prepare meals	SSA	210
SSA_13	Has someone to give advice	SSA	211
SSA_14	Has someone to do things with to get mind off things	SSA	212
SSA_15	Has someone to help with daily chores if sick	SSA	213
SSA_16	Has someone to share most private worries and fears with	SSA	214
SSA_17	Has someone to turn to for suggestions for personal problems	SSA	215
SSA_18	Has someone to do something enjoyable with	SSA	216
SSA_19	Has someone who understands problems	SSA	217
SSA_20	Has someone who loves and makes feel wanted	SSA	218
SSA_21	Has a household pet	SSA	219
SSADAFF	Affection - MOS subscale - (D)	SSA	219
SSADEMO	Emotional or informational support - MOS subscale - (D)	SSA	220
SSADSOC	Positive social interaction - MOS subscale - (D)	SSA	220
SSADTNG	Tangible social support - MOS subscale - (D)	SSA	221
TRA_01	Has a valid driver's license	TRA	305
TRA_02	Frequency of driving (in the past month)	TRA	306
TRA_03AA	Reason not used public transportation - service not needed	TRA	307
TRA_03AB	Reason not used public transportation - prefer not to use	TRA	308
TRA_03AC	Reason not used public transportation - unavailable in area	TRA	308
TRA_03AD	Reason not used public transport. – limitation/health cond.	TRA	309
TRA_03AE	Reason not used public transportation -inconvenient schedule	TRA	309
TRA_03AF	Reason not used public transportation - too costly	TRA	310

March 2011

Variable Name	Description	Section	Page
TRA_03AG	Reason not used public transportation - other	TRA	310
TRA_03BA	Reason not used accessible transit - service not needed	TRA	311
TRA_03BB	Reason not used accessible transit - prefer not to use	TRA	311
TRA_03BC	Reason not use accessible transit - unavailable in area	TRA	312
TRA_03BD	Reason not used acces. transit – limitation/health condition	TRA	312
TRA_03BE	Reason not used accessible transit - inconvenient schedule	TRA	313
TRA_03BF	Reason not used accessible transit - too costly	TRA	313
TRA_03BG	Reason not used accessible transit - other	TRA	314
TRA_03C	Used - public transportation	TRA	306
TRA_03D	Used - accessible transit	TRA	307
TRAG04	Most common form of transportation in past month - (D,G)	TRA	314
VERDATE	Date of file creation	SAM	1
WTS_M	Weights - Master	WTS	364

Page 17