

SEQU	Sequence number	1
SURMNTH	Survey month	1
TYPE62	Form Type - English or French	2
PROXY	Questionnaire a proxy	2
A2	Respondents state of health compared to others	2
A3	Date blood pressure was last checked by doctor	3
A4	Told by medical person - have high blood pressure?	3
A5	Any medical treatment prescribed for condition?	4
A6	Any trouble with your heart - heart attack, etc.?	4
A7CAP	At what age were you first diagnosed	5
A8	Do you have diabetes?	5
A9CAP	At what age were you first diagnosed with diabetes	6
A10A	Do you have arthritis, rheumatism or bursitis?	6
A10B	Do you have asthma?	7
A10C	Do you have emphysema, chronic bronchitis etc.?	7
A10D	Do you have hay fever?	7
A10E	Do you have skin or other allergies?	8
A10F	Do you have a stomach ulcer?	8
A10G	Do you have other digestive problems?	8
A10H	Do you have recurring migraine headaches?	9
A10I	Do you have high blood cholesterol?	9
A10J	Do you have any emotional disorders?	9
DVHLTHPR	Any health problems?	10
B1	Main activity the last two weeks	10
B2	In the last two weeks - stay in bed due to health?	10
B3	Number of days in bed - all or most of the day	11
B4	Interviewer check - respondent s main activity	11
B5	Number of activity loss bed days	12
B6	Excluding bed-days, did you cut down main activity?	12
B7	Did you cut down normal activities due to health?	12
B8	Number of days cut down all or most of the day	13
B9	Interviewer check - respondent s main activity	13
B10	Number of activity loss cut down days	14
B11	During 14 days see/talk to a medical doctor?	14
B12	What was the main reason for this contact	15
DVDISDYS	Derived disability days	15
DVACTLDY	Activity-loss days	16
C1ACAP	During 12 months - Number of contacts: Doctor	16
C1BCAP	During 12 months - Number of contacts: Specialist	17
C1CCAP	During 12 months - Number of contacts: Dentist	17
C1DCAP	During 12 months - Number of contacts: Nurse	18
C1ECAP	During 12 months - Number of contacts: Optometrist	18
C1FCAP	During 12 months- Number of contacts: Chiropractor	19
C1GCAP	During 12 months-Number of contacts: Psychologist	19
C1HCAP	During 12 months - Contact with Physiotherapist	20
C1ICAP	During 12 months - Number of contacts: Other	20
DVHPCON	Consultations with any health professionals	21
DVMDCAP	Number of consultations with Medical doctor	21
C2	During 12 months, - time spent in hospital etc.?	22
C2A	Number of nights in hospital, nursing home etc.	22
C3	During 12 months, - delays in obtaining care?	22
C4	Type of medical service delayed	23
C5HOURS	How long was this delay - Hours	23
C5DAYS	How long was this delay - Days	24

C5WEEKS	How long was this delay - Weeks	24
D1	Doctor/nurse recommend you get a flu shot (90/91)?	25
D3	Did you have a flu shot during fall/winter 90/91?	25
D4C01	Why not - doctor did not mention?	25
D4C02	Why not - doctor did not think necessary?	26
D4C03	Why not - never thought about it?	26
D4C04	Why not - flu not serious?	26
D4C05	Why not - have not heard about it?	27
D4C06	Why not - too busy?	27
D4C07	Why not - hardly ever get the flu?	27
D4C08	Why not - fear of side effects?	28
D4C09	Why not - flu shot does not work?	28
D4C10	Why not - costs too much?	28
D4C11	Why not - other?	29
D4C12	Why not - do not know?	29
E2	See newsprint without glasses/contact lenses?	29
E3	See newsprint with glasses/contact lenses?	30
E5	See friend across street without glasses/contacts?	30
E6	See a friend across street with glasses/contacts?	30
DVVISFCC	Vision trouble - function code	31
E7	Hear a group conversation without a hearing aid?	31
E8	Hear a group conversation with a hearing aid?	32
E9	Hear a conversation without a hearing aid?	32
DVHEAFCC	Hearing problems - function code	32
E11	Speech completely understood by strangers?	33
DVSPEFCC	Speech trouble - function code	33
E16	Walk around without any help/mechanical support?	33
E18	Do you need mechanical support to walk around?	34
DVMOBFCC	Mobility trouble - function code	34
E23	Do you have full use of two hands/ten fingers?	34
DVDEXFCC	Dexterity trouble - function code	35
E27	Would you describe yourself as usually...	35
E28CAP	How would you describe your ability to remember	36
E29CAP	Describe ability to think/solve problems	36
DVCOGFCC	Cognition - function code	37
E30	Do you have trouble with pain or discomfort?	37
E31	Describe your usual intensity of pain/discomfort	38
E32	How many activities your pain/discomfort prevents	38
DVPAAFC	Activities prevented due to pain	39
DVPASFC	Severity of pain - function code	39
F1	Limited in amount/kind of activity - long term?	40
DVF2RCDE	How are you limited	40
DVF3RCDC	Main health problem which caused this condition	41
G2CAP	How tall are you without your shoes on (in cm.)	41
G3CAP	How much do you weigh (in kilograms)	42
DVBMIMDF	Body mass index	42
DVBMCMDF	Derived standard weight	43
G4	Do you consider yourself to be ...	43
G5A	Hours per day spent standing/walking not lifting	44
G5B	Hours per day spent lifting/carrying light loads	44
G5C	Hours per day spent lifting/carrying heavy loads	45
G6A	Leisure time light physical activity - hours/week	45
G6B	Leisure time moderate physical activity	46
G6C	Leisure time vigorous physical activity hours/week	46

DVPAINDX	Physical activity index classified	47
DVPACLAS	Derived physical activity class	47
G7	Adequacy of amount of physical activity you get	48
H2HRS	Hours spent sleeping each night	48
H2MNS	Minutes spent sleeping each night	49
H3	Trouble sleeping or staying asleep?	49
H4	How often do you find your sleep refreshing	49
H5	Difficulty staying awake when you want to	50
J2	Do you smoke cigarettes	50
J3	How many cigarettes do you smoke each day	50
J4	At what age did you start smoking daily	51
J5	Have you ever smoked cigarettes daily?	51
J6	At what age did you start smoking daily	52
J7CAP	What age did you last stop smoking daily	52
J8	How many other people in your household smoke	53
DVTYPSMK	Type of smoker	53
DVYRSMOD	Number of years smoked (regular and former smoker)	54
DVHHDSMK	Number of smokers in household	54
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K3	In the last 12 months, have you taken a drink?	55
K4	Past 12 months, how often have you had a drink	56
K5	In the past seven days, have you taken a drink?	56
K6MON	How many drinks did you have on Monday	57
K6TUE	How many drinks did you have on Tuesday	57
K6WED	How many drinks did you have on Wednesday	58
K6THU	How many drinks did you have on Thursday	58
K6FRI	How many drinks did you have on Friday	59
K6SAT	How many drinks did you have on Saturday	59
K6SUN	How many drinks did you have on Sunday	60
DVTYPDNK	Type of drinker	60
DVWKVOL	Weekly volume	61
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M2	Were you studying full-time or part-time	62
M3	Past 12 months - did you have a job/self-employed?	62
M4	Did you look for a job in the last four weeks?	62
M5CAP	How long have you been looking for a job	63
M6	Have you ever worked at a job or business etc.?	63
M8CAP	For how many years did you do this kind of work	64
M11CAP	In what year did you last work	64
M12	Did you do any work at a job/business last week?	65
M13	Did you have a job you expected to return to?	65
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M15CAP	Length of time unemployed and looking for a job	66
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M17CAP	During those weeks - hours/week usually worked	67
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M18	Describe the hours you usually worked	68
M19	How often did you work a night shift	69
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DVSICCAT	Grouped Standard Industry Codes	71
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M25A	Employer provide you with a pension plan?	73

M25B	Employer provide you with disability insurance?	73
M25C	Employer provide you with survivor benefits?	73
M25D	Employer provide you with medical benefits?	74
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DVHHINC	Household income	119
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DVAGRYC	Age of respondent s youngest child living in HH	124
DVRCO24C	Number of respondent s single children < 25 years	125
FINALWT	Final weight	125