

1993 BRFSS QUESTIONNAIRE

Note: SAS variable names in all capital letters are provided in square brackets with each question [VARIABLE]. The column numbers for the original ASCII files are provided in parentheses.

The interview will only take a short time, and all the information obtained in this study will be confidential.

Section A: Health Status

- | | | | |
|----|--|---------|------|
| 1. | Would you say that in general your health is: | (33) | [A1] |
| | Please Read | | |
| | a. Excellent | 1 | |
| | b. Very good | 2 | |
| | c. Good | 3 | |
| | d. Fair | 4 | |
| | or | | |
| | e. Poor? | 5 | |
| | Do not read these responses | | |
| | Don't know/Not Sure | 7 | |
| | Refused | 9 | |
| 2. | Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good? | (34-35) | [A2] |
| | a. Number of days | | |
| | b. None | 8 | 8 |
| | Don't know/Not sure | 7 | 7 |
| | Refused | 9 | 9 |
| 3. | Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good? | (36-37) | [A3] |
| | a. Number of days | | |

b. None	8	8
Don't know/Not sure	7	7
Refused	9	9

4. During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation? (38-39) [A4]

a. Number of days

b. None	8	8
Don't know/Not sure	7	7
Refused	9	9

Section B: Health Care Access

5. Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs (health maintenance organizations), or government plans such as Medicare? (40) [B5]
- a. Yes Go to Q. 7 (pg. 3) 1
 - b. No 2
 - Don't know/Not sure Go to Q. 7 (pg. 3) 7
 - Refused Go to Q. 7 (pg. 3) 9
6. About how long has it been since you had health care coverage? (41)[B6]
- Read Only if Necessary
- a. Within the past 6 months (1 to 6 months ago) 1
 - b. Within the past year (7 to 12 months ago) 2
 - c. Within the past 2 years (1 to 2 years ago) 3
 - d. Within the past 5 years (2 to 5 years ago) 4
 - e. 5 or more years ago 5
 - Don't know/Not sure 7
 - Never 8
 - Refused 9
7. Was there a time during the last 12 months when you needed to see a doctor, but could not because of the cost? (42) [B7]
- a. Yes 1
 - b. No 2
 - Don't know/Not sure 7
 - Refused 9

8. Is there one particular clinic, health center, doctor's office,
or other place that you usually go to if you are sick or need
advice about your health? (43) [B8]

Do not probe for more than one place	a. Yes, one particular place	1
	b. Yes, more than one particular place	2
	c. No	3
	Don't know/Not sure	7
	Refused	9

9. About how long has it been since you last visited a doctor for a
routine checkup? (44) [B9]

Read Only if Necessary

a. Within the past year (1 to 12 months ago)	1
b. Within the past 2 years (1 to 2 years ago)	2
c. Within the past 5 years (2 to 5 years ago)	3
d. 5 or more years ago	4
Don't know/Not sure	7
Never	8
Refused	9

Section C: Hypertension Awareness

10. About how long has it been since you last had your blood pressure taken by a doctor, nurse, or other health professional? (45)[C10]

Read Only if Necessary

- | | |
|---|---|
| a. Within the past 6 months (1 to 6 months ago) | 1 |
| b. Within the past year (7 to 12 months ago) | 2 |
| c. Within the past 2 years (1 to 2 years ago) | 3 |
| d. Within the past 5 years (2 to 5 years ago) | 4 |
| e. 5 or more years ago | 5 |
| Don't know/Not sure | 7 |
| Never Go to Q. 13 (pg. 5) | 8 |
| Refused | 9 |
11. Have you ever been told by a doctor, nurse, or other health professional that you have high blood pressure? (46) [C11]
- | | |
|---------------------------------|---|
| a. Yes | 1 |
| b. No Go to Q. 13 | 2 |
| Don't know/Not sure Go to Q. 13 | 7 |
| Refused Go to Q. 13 | 9 |
12. Have you been told on more than one occasion that your blood pressure was high, or have you been told this only once? (47) [C12]
- | | |
|---------------------|---|
| a. More than once | 1 |
| b. Only once | 2 |
| Don't know/Not sure | 7 |
| Refused | 9 |

Section D: Cholesterol Awareness

13. Blood cholesterol is a fatty substance found in the blood. Have you ever had your blood cholesterol checked? (48) [D13]

- a. Yes 1
- b. No Go to Q. 16 (pg. 6) 2
- Don't know/Not sure Go to Q. 16 (pg. 6) 7
- Refused Go to Q. 16 (pg. 6) 9

14. About how long has it been since you last had your blood cholesterol checked? (49) [D14]

Read Only if Necessary

- a. Within the past year (1 to 12 months ago) 1
- b. Within the past 2 years (1 to 2 years ago) 2
- c. Within the past 5 years (2 to 5 years ago) 3
- d. 5 or more years ago 4
- Don't know/Not sure 7
- Refused 9

15. Have you ever been told by a doctor or other health professional that your blood cholesterol is high? (50) [D15]

- a. Yes 1
- b. No 2
- Don't know/Not sure 7
- Refused 9

Section E: Diabetes

16. Have you ever been told by a doctor that you have diabetes? (51)[E16]

Code

- "No" for a. Yes 1

gesta- tional diabetes	b. No	2
	Don't know/Not sure	7
	Refused	9

Section F: Injury Control

17.	How often do you use seatbelts when you drive or ride in a car? (52)[F17]	
	Would you say: Please Read	
	a. Always	1
	b. Nearly Always	2
	c. Sometimes	3
	d. Seldom	4
	or	
	e. Never	5
Do not read these responses	Don't know/Not sure	7
	Never drive or ride in a car	8
	Refused	9
18.	How many children less than 18 years of age live in your household? (53-54) [F18]	
	Number children	
	None Go to Q. 21 (pg. 8)	8 8
	Refused	9 9
19.	What is the age of the oldest child in your household under the age of 15? (55-56) [F19]	
Code		
<1 yr. as "01"	a. Code age in years	
	b. No children under age 15 Go to Q. 21 (pg. 8)	8 8
	Don't know/Not sure Go to Q. 21 (pg. 8)	7 7
	Refused Go to Q. 21 (pg. 8)	9 9

20. How often does the oldest child (of children under age 15) in
your household use a... (57) [F20]

car safety seat [for child under 5]

seatbelt [for child 5 or older]

...when they ride in a car?

Would you say: Please Read

- a. Always 1
- b. Nearly always 2
- c. Sometimes 3
- d. Seldom 4
- or
- e. Never 5
- Do not Don't know/Not sure 7
- read these
- responses Never rides in a car 8
- Refused 9

21. Can you swim or tread water for 5 minutes in water that is over
your head? (58) [F21]

- a. Yes 1
- b. No 2
- Don't know/Not sure 7
- Refused 9

22. Do you have a specific plan for how you would escape from your
house or apartment in case of fire? (59) [F22]

- a. Yes 1
- b. No 2
- Don't know/Not sure 7
- Refused 9

Section G: Tobacco Use

23. Have you smoked at least 100 cigarettes in your entire life?	(60)[G23]
5 packs	
= 100 a. Yes	1
ciga-	
rettes b. No Go to Q. 29 (pg. 10)	2
Don't know/Not sure Go to Q. 29 (pg. 10)	7
Refused Go to Q. 29 (pg. 10)	9
24. Do you smoke cigarettes now?	(61) [G24]
a. Yes	1
b. No Go to Q. 28 (pg. 10)	2
Refused Go to Q. 29 (pg. 10)	9
25. On the average, about how many cigarettes a day do you now smoke?	(62-63)[G25]
1 pack	
= 20 a. Number of cigarettes	
ciga-	
rettes b. Don't smoke regularly	8 8
Refused	9 9
26. During the past 12 months, have you quit smoking for 1 day or longer?	(64) [G26]
a. Yes	1
b. No	2
Don't know/Not sure	7
Refused	9

27.	Would you like to stop smoking?	(65) [G27]
a.	Yes Go to Q. 29	1
b.	No Go to Q. 29	2
	Don't know/Not sure Go to Q. 29	7
	Refused Go to Q. 29	9
28.	About how long has it been since you last smoked cigarettes regularly (that is, daily)?	(66) [G28]
	Read Only if Necessary	
a.	Within the past month (0 to 1 month ago)	1
b.	Within the past 3 months (1 to 3 months ago)	2
c.	Within the past 6 months (3 to 6 months ago)	3
d.	Within the past year (6 months to 1 year ago)	4
e.	Within the past 5 years (1 year to 5 years ago)	5
f.	Five or more years ago	6
	Don't know/Not sure	7
	Never smoked regularly	8
	Refused	9

Section H: Alcohol Consumption

29. During the past month, have you had at least one drink of any alcoholic beverage such as beer, wine, wine coolers, or liquor? (67) [H29]
- a. Yes 1
 - b. No Go to Q. 34 (pg. 12) 2
 - Don't know/Not sure Go to Q. 34 (pg. 12) 7
 - Refused Go to Q. 34 (pg. 12) 9
30. During the past month, how many days per week or per month did you drink any alcoholic beverages, on the average? (68-70) [H30]
- a. Days per week 1
 - b. Days per month 2
 - Don't know/Not sure Go to Q. 32 7 7 7
 - Refused Go to Q. 32 9 9 9
31. A drink is 1 can or bottle of beer, 1 glass of wine, 1 can or bottle of wine cooler, 1 cocktail, or 1 shot of liquor. On the days when you drank, about how many drinks did you drink on the average? (71-72) [H31]
- Number of drinks
- Don't know/Not sure 7 7
 - Refused 9 9
32. Considering all types of alcoholic beverages, how many times during the past month did you have 5 or more drinks on an occasion? (73-74) [H32]
- a. Number of times
 - b. None 8 8
 - Don't know/Not sure 7 7
 - Refused 9 9

33. During the past month, how many times have you driven when you've had perhaps too much to drink? (75-76) [H33]

a. Number of times

b. None 8 8

Don't know/Not sure 7 7

Refused 9 9

34. During the past month, how many times have you ridden with a driver who has had perhaps too much to drink? (77-78) [H34]

a. Number of times

b. None 8 8

Don't know/Not sure 7 7

Refused 9 9

Section I: Demographics

35. What is your age? (79-80) [AGE]

Code age in years

Don't know/Not sure 0 7

Refused 0 9

36. What is your race? (81) [RACE]

Would you say: Please Read

a. White 1

b. Black 2

c. Asian, Pacific Islander 3

d. American Indian, Alaska Native 4

or

e. Other: (specify) 5

Do not Don't know/Not sure 7

read these

responses Refused 9

37. Are you of Spanish/Hispanic origin? (82) [I37]

a. Yes 1

b. No 2

Don't know/Not sure 7

Refused 9

38. Are you: (83) [RSTATUS]

Please Read

- | | |
|------------------------------------|---|
| a. Married | 1 |
| b. Divorced | 2 |
| c. Widowed | 3 |
| d. Separated | 4 |
| e. Never been married | 5 |
| or | |
| f. A member of an unmarried couple | 6 |
| Refused | 9 |

39. What is the highest grade or year of school you completed? (84) [EDUCA]

Read Only if Necessary

- | | |
|---|---|
| a. Never attended school or kindergarten only | 1 |
| b. Grades 1 through 8 (Elementary) | 2 |
| c. Grades 9 through 11 (Some high school) | 3 |
| d. Grade 12 or GED (High school graduate) | 4 |
| e. College 1 year to 3 years (Some college or technical school) | 5 |
| f. College 4 years or more (College graduate) | 6 |
| Refused | 9 |

40. Are you currently:

(85) [EMPLOY]

Please Read

- | | |
|-------------------------------------|---|
| a. Employed for wages | 1 |
| b. Self-employed | 2 |
| c. Out of work for more than 1 year | 3 |
| d. Out of work for less than 1 year | 4 |
| e. Homemaker | 5 |
| f. Student | 6 |
| g. Retired | 7 |
| or | |
| h. Unable to work | 8 |
| Refused | 9 |

41. Which of the following categories best describes your annual household income from all sources? (86) [INCOME]

Please Read

- a. Less than \$10,000 1
- b. \$10,000 to less than \$15,000 2
- c. \$15,000 to less than \$20,000 3
- d. \$20,000 to less than \$25,000 4
- e. \$25,000 to less than \$35,000 5
- f. \$35,000 to \$50,000 6
- or
- g. Over \$50,000 7

Do not read these responses Don't know/Not sure 8
Refused 9

42. About how much do you weigh without shoes? (87-89) [I42]

Round Weight / pounds
fractions
up
Don't know/Not sure 7 7 7
Refused 9 9 9

43. About how tall are you without shoes? (90-92) [I43F, I43I]

Round Height /
fractions ft/inches
down
Don't know/Not sure 7 7 7
Refused 9 9 9

44. What county do you live in? (93-95) [I44]

County code
Don't know/not sure 7 7 7

Refused

9 9 9

45.	Do you have more than one telephone number in your household?	(96) [I45]
a.	Yes	1
b.	No Go to Q. 47	2
	Refused Go to Q. 47	9
46.	How many residential telephone numbers do you have?	(97) [I46]
	Total telephone numbers Code 1 - 8; 8 = 8 or more	
	Refused	9
47.	Indicate sex of respondent. Ask Only if Necessary	(98) [SEX]
	Male Go to Q. 59 (pg. 19)	1
	Female	2

Section J: Women's Health

48. A mammogram is an x-ray of the breast to look for cancer. Have you ever had a mammogram? (99) [J48]
- a. Yes 1
 - b. No Go to Q. 51 (pg. 17) 2
 - Don't know/Not sure Go to Q. 51 (pg. 17) 7
 - Refused Go to Q. 51 (pg. 17) 9
49. How long has it been since you had your last mammogram? (100) [J49]
- Read only if Necessary
- a. Within the past year (1 to 12 months ago) 1
 - b. Within the past 2 years (1 to 2 years ago) 2
 - c. Within the past 3 years (2 to 3 years ago) 3
 - d. Within the past 5 years (3 to 5 years ago) 4
 - e. 5 or more years ago 5
 - Don't know/Not sure 7
 - Refused 9
50. Was your last mammogram done as part of a routine checkup, because of a breast problem other than cancer, or because you've already had breast cancer? (101) [J50]
- a. Routine checkup 1
 - b. Breast problem other than cancer 2
 - c. Had breast cancer 3
 - Don't know/Not sure 7
 - Refused 9

51. A clinical breast exam is when a doctor, nurse, or other health professional feels the breast for lumps. Have you ever had a clinical breast exam? (102) [J51]
- a. Yes 1
 - b. No Go to Q. 54 (pg. 18) 2
 - Don't know/Not sure Go to Q. 54 (pg. 18) 7
 - Refused Go to Q. 54 (pg. 18) 9
52. How long has it been since your last breast exam? (103) [J52]
- Read Only if Necessary
- a. Within the past year (1 to 12 months ago) 1
 - b. Within the past 2 years (1 to 2 years ago) 2
 - c. Within the past 3 years (2 to 3 years ago) 3
 - d. Within the past 5 years (3 to 5 years ago) 4
 - e. 5 or more years ago 5
 - Don't know/Not sure 7
 - Refused 9
53. Was your last breast exam done as part of a routine checkup, because of a breast problem other than cancer, or because you've already had breast cancer? (104) [J53]
- a. Routine Checkup 1
 - b. Breast problem other than cancer 2
 - c. Had breast cancer 3
 - Don't know/Not sure 7
 - Refused 9

54. A Pap smear is a test for cancer of the cervix. Have you ever had a Pap smear? (105) [J54]
- a. Yes 1
 - b. No Go to Q. 57 (pg. 19) 2
 - Don't know/Not sure Go to Q. 57 (pg. 19) 7
 - Refused Go to Q. 57 (pg. 19) 9
55. How long has it been since you had your last Pap smear? (106) [J55]
- Read Only if Necessary
- a. Within the past year (1 to 12 months ago) 1
 - b. Within the past 2 years (1 to 2 years ago) 2
 - c. Within the past 3 years (2 to 3 years ago) 3
 - d. Within the past 5 years (3 to 5 years ago) 4
 - e. 5 or more years ago 5
 - Don't know/Not sure 7
 - Refused 9
56. Was your last Pap smear done as part of a routine exam, or to check a current or previous problem? (107) [J56]
- a. Routine exam 1
 - b. Check current or previous problem 2
 - Other 3
 - Don't know/Not sure 7
 - Refused 9
57. Have you had a hysterectomy (that is, an operation to remove the uterus/womb)? (108) [J57]
- a. Yes Go to Q. 59 1
 - b. No 2

Don't know/Not sure	7
Refused	9

If respondent 45 years old or older, go to Q. 59.

58. To your knowledge, are you now pregnant?	(109) [J58]
a. Yes	1
b. No	2
Don't know/Not sure	7
Refused	9

Section K: Immunization

59.	During the past 12 months, have you had a flu shot?	(110) [K59]
a.	Yes	1
b.	No	2
	Don't know/Not sure	7
	Refused	9
60.	Have you ever had a pneumonia vaccination?	(111) [K60]
a.	Yes	1
b.	No	2
	Don't know/Not sure	7
	Refused	9

If respondent 40 years old or older, continue with Q. 61. Otherwise, go to Section M: AIDS (pg. 21).

Section L: Colorectal Cancer Screening

61. A digital rectal exam is when a doctor or other health professional inserts a finger in the rectum to check for cancer and other health problems. Have you ever had this exam? (112) [L61]
- a. Yes 1
 - b. No Go to Q. 63 2
 - Don't know/Not sure Go to Q. 63 7
 - Refused Go to Q. 63 9
62. When did you have your last digital rectal exam? (113) [L62]
- Read Only if Necessary
- a. Within the past year (1 to 12 months ago) 1
 - b. Within the past 2 years (1 to 2 years ago) 2
 - c. Within the past 5 years (2 to 5 years ago) 3
 - d. 5 or more years ago 4
 - Don't know/Not sure 7
 - Refused 9
63. A proctoscopic exam is when a tube is inserted in the rectum to check for cancer and other health problems. Have you ever had this exam? (114) [L63]
- a. Yes 1
 - b. No Go to Section M: AIDS (pg. 21) 2
 - Don't know/Not sure Go to Section M: AIDS (pg. 21) 7
 - Refused Go to Section M: AIDS section (pg. 21) 9

64. When did you have your last proctoscopic exam? (115) [L64]

Read Only if Necessary

- | | |
|---|---|
| a. Within the past year (1 to 12 months ago) | 1 |
| b. Within the past 2 years (1 to 2 years ago) | 2 |
| c. Within the past 5 years (2 to 5 years ago) | 3 |
| d. 5 or more years ago | 4 |
| Don't know/Not sure | 7 |
| Refused | 9 |

Section M: AIDS Knowledge and Testing

If respondent is 65 years old or older, go to Closing Statement

The next few questions are about the national health problem of AIDS. Please remember that your answers are strictly confidential and that you don't have to answer every question if you don't want to.

65. Can you tell by looking at a person if he or she has the AIDS virus? (116) [M65]
- a. Yes 1
 - b. No 2
 - Don't know/Not sure 7
 - Refused 9
66. Would you be willing to work next to or near a person who you know is infected with the AIDS virus? (117) [M66]
- a. Yes 1
 - b. No 2
 - Don't know/Not sure 7
 - Refused 9
67. If you had a child in school, would you allow him or her to be in the same classroom with another child who is infected with the AIDS virus? (118) [M67]
- a. Yes 1
 - b. No 2
 - c. Don't have children 3
 - Don't know/Not sure 7
 - Refused 9

68. If you had a teenager who was sexually active, would you encourage him or her to use a condom? (119) [M68]
- a. Yes 1
 - b. No 2
 - Don't know/Not sure 7
 - Refused 9
69. Some people use condoms to keep from getting the AIDS virus through sexual activity. How effective do you think a properly used condom is for this purpose? (120) [M69]
- Would you say: Please read
- a. Very effective 1
 - b. Somewhat effective 2
 - or
 - c. Not at all effective 3
 - Do not read these responses Don't know how effective 4
 - Don't know method 5
 - Refused 9
70. To your knowledge is there medical treatment available that may help a person who is infected with the AIDS virus live longer? (121) [M70]
- a. Yes 1
 - b. No 2
 - Don't know/Not sure 7
 - Refused 9

71.	What are your chances of getting the AIDS virus?	(122) [M71]
	Would you say: Please read	
	a. High	1
	b. Medium	2
	c. Low	3
	or	
	d. None	4
	Do not Don't know/Not sure	7
	read these	
	responses Refused	9
72.	In the past five years (that is, since 1988), have your chances of getting the AIDS virus increased, decreased, or stayed the same?	(123) [M72]
	a. Increased	1
	b. Decreased	2
	c. Stayed the same	3
	Don't know/Not sure	7
	Refused	9
73.	Except for donating or giving blood, have you ever had your blood tested for the AIDS virus infection?	(124) [M73]
	a. Yes	1
	b. No Go to Closing Statement	2
	Don't know/Not sure Go to Closing Statement	7
	Refused Go to Closing Statement	9
74.	When was your last test?	(125-128) [M74M, M74Y]
	Code month and year	/
	Don't know/Not sure	7 7 7 7

Refused

9 9 9 9

75. What was the main reason you had your last AIDS blood test?
(129-130) [M75]

Reason code

Read only if necessary

- | | |
|--|----|
| a. For hospitalization or surgical procedure | 01 |
| b. To apply for health insurance | 02 |
| c. To apply for life insurance | 03 |
| d. For employment | 04 |
| e. To apply for a marriage license | 05 |
| f. For military induction or military service | 06 |
| g. For immigration | 07 |
| h. Just to find out if you were infected | 08 |
| i. Because of referral by a doctor | 09 |
| j. Because of referral by the Health Department | 10 |
| k. Referred by your sex partner | 11 |
| l. Because it was part of a blood donation process | 12 |
| m. For routine check-up | 13 |
| n. Because of occupational exposure | 14 |
| o. Because of illness | 15 |
| p. Other | 87 |
| Don't know/Not sure | 77 |
| Refused | 99 |

76. Where did you have your last blood test for the AIDS virus? (131-132)
[M76]

Facility Code	
Read only if necessary	
a. Private doctor,HMO	01
b. Blood bank, plasma center, Red Cross	02
c. Health department	03
d. AIDS clinic, counseling, testing site	04
e. Hospital, emergency room, outpatient clinic	05
f. Family planning clinic	06
g. Prenatal clinic	07
h. Tuberculosis clinic	08
i. STD clinic	09
j. Community health clinic	10
k. Clinic run by employer	11
l. Insurance company clinic	12
m. Other public clinic	13
n. Drug treatment facility	14
o. Military induction or military service site	15
p. Immigration site	16
q. At home, home visit by nurse or health worker	17
r. Other	87
Don't know/Not sure	77
Refused	99

77. If you received the results of your last test, did you receive counseling or talk with a health care professional about how to lower your chances of becoming infected with the AIDS virus or how to avoid passing it on to another person? (133) [M77]
- a. Yes (received results and was counseled) 1
 - b. No (received results and was not counseled) 2
 - c. Did not get results 3
 - Don't know/Not sure 7
 - Refused 9

Module 1: Smokeless Tobacco Use

1. Have you ever used or tried any smokeless tobacco products such as chewing tobacco or snuff? (134) [ST1]

- | | | |
|-----------|---------------------------------------|---|
| Probe for | a. Yes, chewing tobacco | 1 |
| chewing | | |
| tobacco, | b. Yes, snuff | 2 |
| snuff, | | |
| or both | c. Yes, both | 3 |
| | | |
| | d. No, neither Go to Next Module | 4 |
| | | |
| | Don't know/Not sure Go to Next Module | 7 |
| | | |
| | Refused Go to Next Module | 9 |

2. Do you currently use any smokeless tobacco products such as chewing tobacco or snuff? (135) [ST2]

- | | | |
|----------|-------------------------|---|
| "Yes" | a. Yes, chewing tobacco | 1 |
| includes | | |
| occa- | b. Yes, snuff | 2 |
| sional | | |
| use | c. Yes, both | 3 |
| | | |
| | d. No, neither | 4 |
| | | |
| | Don't know/Not sure | 7 |
| | | |
| | Refused | 9 |

Module 4: Fruits and Vegetables

These next questions are about the foods you usually eat or drink. Please tell me how often you eat or drink each one, for example, twice a week, three times a month, and so forth. Remember, I am only interested in the foods you eat. Include all foods you eat, both at home and away from home.

- | | | |
|----|--|-----------------|
| 1. | How often do you drink fruit juices such as orange, grapefruit, or tomato? | (186-188) [FV1] |
| a. | Per day | 1 |
| b. | Per week | 2 |
| c. | Per month | 3 |
| d. | Per year | 4 |
| e. | Never | 5 5 5 |
| | Don't know/Not sure | 7 7 7 |
| | Refused | 9 9 9 |
| 2. | Not counting juice, how often do you eat fruit? | (189-191) [FV2] |
| a. | Per day | 1 |
| b. | Per week | 2 |
| c. | Per month | 3 |
| d. | Per year | 4 |
| e. | Never | 5 5 5 |
| | Don't know/Not sure | 7 7 7 |
| | Refused | 9 9 9 |
| 3. | How often do you eat green salad? | (192-194) [FV3] |
| a. | Per day | 1 |
| b. | Per week | 2 |
| c. | Per month | 3 |
| d. | Per year | 4 |

e. Never	5	5	5
Don't know/Not sure	7	7	7
Refused	9	9	9
4. How often do you eat potatoes (not including french fries, fried potatoes, or potato chips)?	(195-197) [FV4]		
a. Per day	1		
b. Per week	2		
c. Per month	3		
d. Per year	4		
e. Never	5	5	5
Don't know/Not sure	7	7	7
Refused	9	9	9
5. How often do you eat carrots?	(198-200) [FV5]		
a. Per day	1		
b. Per week	2		
c. Per month	3		
d. Per year	4		
e. Never	5	5	5
Don't know/Not sure	7	7	7
Refused	9	9	9
6. Not counting carrots, potatoes, or salad, how many servings of vegetables do you usually eat? (For example, a serving of vegetables at both lunch and dinner would be two servings.)	(201-203) [FV6]		
a. Per day	1		
b. Per week	2		
c. Per month	3		

d. Per year	4		
e. Never	5	5	5
Don't know/Not sure	7	7	7
Refused	9	9	9

Module 5: Diabetes

1. How old were you when you were told you have diabetes? (204-205) [D1]

Code age in years

Don't know/Not sure 7 7

Refused 9 9

2. Are you now taking insulin? (206) [D2]

a. Yes 1

b. No 2

Refused 9

3. In general, how would you rate your vision when wearing glasses or contacts if needed? (207) [D3]

Would you say: Please Read

a. Excellent 1

b. Very good 2

c. Good 3

d. Fair 4

or

e. Poor 5

Do not Don't know/Not sure 7

read these

responses Refused 9

4. How often do you have trouble telling the difference between a one dollar bill and a five dollar bill? (This means when wearing glasses or contacts if needed.) (208) [D4]

Would you say: Please Read

- | | |
|-----------------------------|---|
| a. All of the time | 1 |
| b. Most of the time | 2 |
| c. Some of the time | 3 |
| d. A little bit of the time | 4 |
| or | |
| e. None of the time | 5 |
| Do not read these responses | |
| Don't know/Not sure | 7 |
| Refused | 9 |

5. While stopped in a vehicle at a traffic light, how often do you have trouble reading the license plate on the car in front of you? (This means when wearing glasses or contacts if needed.) (209) [D5]

Would you say: Please Read

- | | |
|-----------------------------|---|
| a. All of the time | 1 |
| b. Most of the time | 2 |
| c. Some of the time | 3 |
| d. A little bit of the time | 4 |
| or | |
| e. None of the time | 5 |
| Do not read these responses | |
| Don't know/Not sure | 7 |
| Refused | 9 |

Module 6: Exercise

The next few questions are about exercise, recreation, or physical activities other than your regular job duties.

1. During the past month, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise? (210) [EX1]
 - a. Yes 1
 - b. No Go to Next Module 2
 - Don't know/Not sure Go to Next Module 7
 - Refused Go to Next Module 9

2. What type of physical activity or exercise did you spend the most time doing during the past month? (211-212) [EX2]

Activity (specify): _____
See coding list A

Refused Go to Q. 6 9 9

Ask question 3 only if answer to question 2 is running, jogging, walking, or swimming. All others, go to question 4.

3. How far did you usually walk/run/jog/swim? (213-215) [EX3]

See coding Miles and tenths .
list B if
response is Don't know/Not sure 7 7 7
not in miles
and tenths Refused 9 9 9

4. How many times per week or per month did you take part in this activity during the past month? (216-218) [EX4]
 - a. Times per week 1
 - b. Times per month 2
 - Don't know/Not sure 7 7 7

Refused

9 9 9

5. And when you took part in this activity, for how many minutes or hours did you usually keep at it? (219-221) [EX5]

Hours and minutes	:			
Don't know/Not sure		7	7	7
Refused		9	9	9

6. Was there another physical activity or exercise that you participated in during the last month? (222) EX6]

a. Yes		1		
b. No Go to Next Module		2		
Don't know/Not sure Go to Next Module		7		
Refused Go to Next Module		9		

7. What other type of physical activity gave you the next most exercise during the past month? (223-224) [EX7]

Activity (specify): _____
See coding list A

Refused Go to Next Module		9	9	
---------------------------	--	---	---	--

Ask question 8 only if answer to question 7 is running, jogging, walking, or swimming. All others go to question 9.

8. How far did you usually walk/run/jog/swim? (225-227) [EX8]

See coding list B if response is not in miles and tenths	Miles and tenths	.		
Don't know/Not sure		7	7	7
Refused		9	9	9

9. How many times per week or per month did you take part in this activity? (228-230) [EX9]

a. Times per week		1		
b. Times per month		2		

Don't know/Not sure	7	7	7
Refused	9	9	9

10. And when you took part in this activity, for how many minutes or hours did you usually keep at it? (231-233) [EX10]

Hours and minutes	:		
Don't know/Not sure	7	7	7
Refused	9	9	9

Module 7: Weight Control

1.	Are you now trying to lose weight?	(234) [WC1]
a.	Yes	1
b.	No Go to Next Module	2
	Refused Go to Next Module	9
2.	Are you eating fewer calories to lose weight?	(235) [WC2]
a.	Yes	1
b.	No	2
	Don't know/Not sure	7
	Refused	9
3.	Have you increased your physical activity to lose weight?	(236) [WC3]
a.	Yes	1
b.	No	2
	Don't know/Not sure	7
	Refused	9

Module 8: Activity Limitations

These next questions are about limitations you may have in your daily life.

If respondent 70 years old or older, go to Section B.

Section A: Ages 18-69

1. What were you doing MOST of the past 12 months? (237) [AL1]
 - Please Read
 - a. Working at a job or business 1
 - b. Keeping house Go to Q. 4 2
 - c. Going to school Go to Q. 6 3
 - or
 - d. Something else? Go to Q. 6 4
 - Do not Don't know/Not sure Go to closing statement 7
 - read these responses Refused Go to closing statement 9

2. Does any impairment or health problem NOW keep you from working at a job or business? (238) [AL2]
 - a. Yes Go to Q. 9 1
 - b. No 2
 - Don't know/Not sure 7
 - Refused 9

3. Are you limited in the kind or amount of work you can do because of any impairment or health problem? (239) [AL3]
 - a. Yes Go to Q. 9 1
 - b. No Go to Q. 8 2
 - Don't know/Not sure Go to Q. 8 7
 - Refused Go to Q.8 9

4. Does any impairment or health problem NOW keep you from doing any housework at all? (240) [AL4]
- a. Yes Go to Q. 6 1
 - b. No 2
 - Don't know/Not sure 7
 - Refused 9
5. Are you limited in the kind or amount of housework you can do because of any impairment or health problem? (241) [AL5]
- a. Yes 1
 - b. No 2
 - Don't know/Not sure 7
 - Refused 9
6. Does any impairment or health problem keep you from working at a job or business? (242) [AL6]
- a. Yes Go to Q. 9 1
 - b. No 2
 - Don't know/Not sure 7
 - Refused 9
7. Are you limited in the kind or amount of work you could do because of any impairment or health problem? (243) [AL7]
- a. Yes Go to Q. 9 1
 - b. No 2
 - Don't know/Not sure 7
 - Refused 9

If "Yes" to Q. 4 or "Yes" to Q. 5, go to Q. 9

8. Are you limited in any way in any activities because of any impairment or health problem? (244) [AL8]
- a. Yes 1
 - b. No Go to closing statement 2
 - Don't know/Not sure Go to closing statement 7
 - Refused Go to closing statement 9
9. Because of any impairment or health problem, do you need the help of other persons with your PERSONAL CARE needs, such as eating, bathing, dressing, or getting around the house? (245) [AL9]
- a. Yes 1
 - b. No 2
 - Don't know/Not sure 7
 - Refused 9
10. Because of any impairment or health problem, do you need the help of other persons in handling your ROUTINE needs, such as everyday household chores, doing necessary business, shopping, or getting around for other purposes? (246) [AL10]
- a. Yes Go to closing statement 1
 - b. No Go to closing statement 2
 - Don't know/Not sure Go to closing statement 7
 - Refused Go to closing statement 9

Section B: Ages 70 and Older

11. Because of any impairment or health problem, do you need the help of other persons with your PERSONAL CARE needs, such as eating, bathing, dressing, or getting around the house? (247) [AL11]
- a. Yes 1

b. No	2
Don't know/Not sure	7
Refused	9
12. Because of any impairment or health problem, do you need the help of other persons in handling your ROUTINE needs, such as everyday household chores, doing necessary business, shopping, or getting around for other purposes?	(248) [AL12]
a. Yes Go to closing statement	1
b. No	2
Don't know/Not sure	7
Refused	9
13. Are you limited in any way in any activities because of any impairment or health problem?	(249) [AL13]
a. Yes	1
b. No	2
Don't know/Not sure	7
Refused	9

State-Added Module: Smoking in the Work Place

1. Do you work outside the home? [SA1]

- | | |
|---------------------------------|---|
| a. Yes (go to question2) | 1 |
| b. No (go to closing statement) | 2 |
| Don't know/not sure | 7 |
| Refused | 9 |

2. Which of the following best describes the policy about smoking at your workplace? [SA2]

- | | |
|---|---|
| a. No smoking allowed inside | 1 |
| b. Smoking restricted to a few designated areas | 2 |
| c. Smoking allowed in most places except where posted | 3 |
| Don't know/not sure | 7 |
| Refused | 9 |

Closing Statement

That's my last question. Everyone's answers will be combined to give us information about the health practices of people in this state. Thank you very much for your time and cooperation.

Activity List for Common Leisure Activities

Coding List A

Code Description

01. Aerobics class
02. Backpacking
03. Badminton
04. Basketball
05. Bicycling for pleasure
06. Boating (canoeing, rowing,
sailing for pleasure or camping)
07. Bowling
08. Boxing
09. Calisthenics
10. Canoeing/rowing in competition
11. Carpentry
12. Dancing-aerobics/ballet
13. Fishing from river bank or boat
14. Gardening (spading, weeding,
digging, filling)
15. Golf
16. Handball
17. Health club exercise
18. Hiking cross-country
19. Home exercise
20. Horseback riding
21. Hunting large game deer, elk
22. Jogging
23. Judo/karate
24. Mountain climbing
25. Mowing lawn
26. Paddleball
27. Painting/papering house
28. Racketball
29. Raking lawn
30. Running
31. Rope skipping
32. Scuba diving
33. Skating ice or roller
34. Sledding, tobogganing
35. Snorkeling
36. Snowshoeing
37. Snow shoveling by hand
38. Snow blowing
39. Snow skiing
40. Soccer
41. Softball
42. Squash

43. Stair climbing
44. Stream fishing in waders
45. Surfing
46. Swimming laps
47. Table tennis
48. Tennis
49. Touch football
50. Volleyball
51. Walking
52. Waterskiing
53. Weight lifting
54. Other_____
55. Bicycling machine exercise
56. Rowing machine exercise

Coding List B

Lap Swimming

Size pool/Laps

50 ft. pool: 10 laps = .1 mile
100 ft. pool: 5 laps = .1 mile
50 meter pool: 3 laps = .1 mile

Running/Jogging/Walking

1/2 mile = .5 mile
1/4 mile = .3 mile
1/8 mile = .1 mile
1 block = .1 mile