

1994 Behavioral Risk Factor Questionnaire

HELLO, I'm \_\_\_\_\_ calling for the \_\_\_\_\_  
\_\_\_\_\_. We're doing a study of the health practices of  
\_\_\_\_\_ residents. Your phone number has been chosen  
randomly by the \_\_\_\_\_ to be included in  
the study, and we'd like to ask some questions about things people do  
which may affect their health.

Is this \_\_\_\_\_?                      No    Thank you very much, but  
I seem to have dialed the  
wrong number, It's  
possible that your number  
may be called at a later  
time. Stop

Is this a private residence?                      No    Thank you very much, but  
we are only interviewing  
private residences. Stop

Our study requires that we randomly select one adult who lives in your  
household to be interviewed. How many members of your household,  
including yourself, are 18 years of age or older?

If "1"    Are you the adult?

If "yes"    Then you are the person I need to speak with. Go  
to page 3

If "no"    May I speak with him or her? Go to "correct  
respondent" at bottom of page

How many of these adults are men and how many are women?

Who is the oldest man who presently lives in this household?  
Who is the next oldest man who presently lives in this household?  
Etc.

Who is the oldest woman who presently lives in this household?  
Who is the next oldest woman who presently lives in this household?  
Etc.

The person in your household that I need to speak with is\_\_\_\_\_.  
If "you," go to page 3

To correct respondent Hello, I,m\_\_\_\_\_ calling for the\_\_\_\_\_ I'm a member of a special research team. We're doing a study of\_\_\_\_\_ residents regarding their health practices and day-to-day living habits. You have been randomly chosen to be included in the study from among the adult members of your household.

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

Section 1: 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     | Don't know/Not Sure | 7 |
| read these |                     |   |
| responses  | 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 If Q. 2 also "None," go to Q. 5 (p. 5) 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 2: 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 1
- b. No 2
- Don't know/Not sure Go to Q. 7 7
- Refused Go to Q. 7 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 (6 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. About how long has it been since you last visited a doctor for a  
routine checkup? (43) [B8]

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 3: Diabetes

9. Have you ever been told by a doctor that you have diabetes?  
(44) [C9]

|  |   |
|--|---|
| If "Yes" and<br>female, ask a. Yes   | 1 |
| "Was this<br>only when b. Yes, but female told only during pregnancy<br>you were<br>pregnant?" c. No | 2 |
|  | 3 |
| Don't know/Not sure  | 7 |
| Refused  | 9 |

Section 4: Exercise

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

10. During the past month, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise? (45) [EX10]

- a. Yes 1
- b. No Go to Q. 20 (p. 11) 2
- Don't know/Not sure Go to Q. 20 (p. 11) 7
- Refused Go to Q. 20 (p. 11) 9

11. What type of physical activity or exercise did you spend the most time doing during the past month? (46-47) [EX11]

Activity (specify): \_\_\_\_\_  
See coding list A

Refused Go to Q. 15 (p. 9) 9 9

Ask Q. 12 only if answer to Q. 11 is running, jogging, walking, or swimming. All others, go to Q. 13.

12. How far did you usually walk/run/jog/swim? (48-50) [EX12]

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

13. How many times per week or per month did you take part in this activity during the past month? (51-53) [EX13]

- a. Times per week 1 \_ \_
- b. Times per month 2 \_ \_
- Don't know/Not sure 7 7 7



Refused

9 9 9

14. And when you took part in this activity, for how many minutes or hours did you usually keep at it? (54-56) [EX14]

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

15. Was there another physical activity or exercise that you participated in during the last month? (57) [EX15]

|   |   |
|---|---|
| a. Yes                                  | 1 |
| b. No Go to Q. 20 (p. 11)               | 2 |
| Don't know/Not sure Go to Q. 20 (p. 11) | 7 |
| Refused Go to Q. 20 (p. 11)             | 9 |

16. What other type of physical activity gave you the next most exercise during the past month? (58-59) [EX16]

|                             |     |     |
|-----------------------------|-----|-----|
| Activity (specify): _____   | ___ | ___ |
| See coding list A           |     |     |
| Refused Go to Q. 20 (p. 11) | 9   | 9   |

Ask Q. 17 only if answer to Q. 16 is running, jogging, walking, or swimming. All others go to Q. 18.

17. How far did you usually walk/run/jog/swim? (60-62) [EX17]

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

18. How many times per week or per month did you take part in this activity? (63-65) [EX18]

|                     |   |    |    |
|---------------------|---|----|----|
| a. Times per week   | 1 | __ | __ |
| b. Times per month  | 2 | __ | __ |
| Don't know/Not sure | 7 | 7  | 7  |
| Refused             | 9 | 9  | 9  |

19. And when you took part in this activity, for how many minutes or hours did you usually keep at it? (66-68) [EX19]

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

Section 5: Tobacco Use

20. Have you smoked at least 100 cigarettes in your entire life? (69) [E20]
- 5 packs  
= 100  
ciga-  
rettes
- a. Yes 1
  - b. No Go to Section 6: Nutrition (p. 13) 2
  - Don't know/Not sure Go to Section 6: Nutrition (p. 13) 7
  - Refused Go to Section 6: Nutrition (p. 13) 9
21. Do you smoke cigarettes now? (70) [E21]
- a. Yes 1
  - b. No Go to Q. 25 (p. 12) 2
  - Refused Go to Section 6: Nutrition (p. 13) 9
22. On how many of the past 30 days did you smoke cigarettes? (71-72) [E22]
- a. Number of days If less than 30, go to Q. 23a (p.12) \_\_ \_\_
  - b. None Go to Q. 25 (p. 12) 8 8
  - Don't know/Not sure 7 7
  - Refused 9 9
23. On the average, about how many cigarettes a day do you now smoke? (73-74) [E23]
- 1 pack  
= 20  
ciga-  
rettes
- Number of cigarettes Go to Q. 24 (p. 12) \_\_ \_\_
  - Don't know/Not sure Go to Q. 24 (p. 12) 7 7
  - Refused Go to Q. 24 (p. 12) 9 9
- 23a. On the average, when you smoked during the past 30 days, about how many cigarettes did you smoke a day? (75-76) [E23A]

|  |   |               |
|--|---|---------------|
| 1 pack<br>= 20   | Number of cigarettes Go to Section 6: Nutrition (p. 13) | __ __         |
| ciga-<br>rettes  | Don't know/Not sure Go to Section 6: Nutrition (p. 13)  | 7 7           |
|  | Refused Go to Section 6: Nutrition (p. 13)              | 9 9           |
| 24. During the past 12 months, have you quit smoking for 1 day or<br>longer?                   |   | (77) [E24]    |
| a. Yes   | Go to Section 6: Nutrition (p. 13)                      | 1             |
| b. No  | Go to Section 6: Nutrition (p. 13)                      | 2             |
|  | Don't know/Not sure Go to Section 6: Nutrition (p. 13)  | 7             |
|  | Refused Go to Section 6: Nutrition (p. 13)              | 9             |
| 25. About how long has it been since you last smoked cigarettes<br>regularly (that is, daily)? |   | (78-79) [E25] |
|  | Read Only if Necessary                                  |               |
| a.   | Within the past month (0 to 1 month ago)                | 01            |
| b.   | Within the past 3 months (1 to 3 months ago)            | 02            |
| c.   | Within the past 6 months (3 to 6 months ago)            | 03            |
| d.   | Within the past year (6 to 12 months ago)               | 04            |
| e.   | Within the past 5 years (1 to 5 years ago)              | 05            |
| f.   | Within the past 15 years (5 to 15 years ago)            | 06            |
| g.   | 15 or more years ago                                    | 07            |
|  | Don't know/Not sure                                     | 77            |
|  | Never smoked regularly                                  | 88            |
|  | Refused   | 99            |

Section 6: Nutrition

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.

26. How often do you drink fruit juices such as orange, grapefruit, or tomato? (80-82) [F26]

- |                     |   |    |    |
|---------------------|---|----|----|
| 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  |

27. Not counting juice, how often do you eat fruit? (83-85) [F27]

- |                     |   |    |    |
|---------------------|---|----|----|
| 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  |

28. How often do you eat green salad? (86-88) [F28]

|                     |   |    |    |
|---------------------|---|----|----|
| 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  |

29. How often do you eat potatoes (not including french fries, fried potatoes, or potato chips)? (89-91) [F29]

|                     |   |    |    |
|---------------------|---|----|----|
| 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  |

30. How often do you eat carrots? (92-94) [F30]

|                     |   |    |    |
|---------------------|---|----|----|
| 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  |





31. 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.)

(95-97) [F31]

|                     |   |   |   |
|---------------------|---|---|---|
| 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 |

Section 7: Weight Control

|   |                                     |             |
|---|-------------------------------------|-------------|
| 32. Are you now trying to lose weight?  |                                     | (98) [G32]  |
| a. Yes Go to Q. 34  |                                     | 1           |
| b. No   |                                     | 2           |
| Don't know/Not sure   |                                     | 7           |
| Refused   |                                     | 9           |
| 33. Are you now trying to maintain your current weight, that is to keep from gaining weight?  |                                     | (99) [G33]  |
| a. Yes  |                                     | 1           |
| b. No Go to Q. 36 (p. 17)   |                                     | 2           |
| Don't know/Not sure Go to Q. 36 (p. 17)   |                                     | 7           |
| Refused Go to Q. 36 (p. 17)   |                                     | 9           |
| 34. Are you eating either fewer calories or less fat to...<br>lose weight? [if "Yes" on Q. 32]<br>keep from gaining weight? [if "Yes" on Q. 33] |                                     | (100) [G34] |
| Probe for which   | a. Yes, fewer calories              | 1           |
|   | b. Yes, less fat                    | 2           |
|   | c. Yes, fewer calories and less fat | 3           |
|   | d. No                               | 4           |
|   | Don't know/Not sure                 | 7           |
|   | Refused                             | 9           |

35. Are you using physical activity or exercise to...

lose weight? [if "Yes" on Q. 32]

keep from gaining weight? [if "Yes" on Q. 33] (101) G35]

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

36. In the past 12 months, has a doctor, nurse, or other health professional given you advice about your weight? (102) [G36]

- Probe for which
- a. Yes, lose weight 1
  - b. Yes, gain weight 2
  - c. Yes, maintain current weight 3
  - d. No 4
  - Don't know/Not sure 7
  - Refused 9

Section 8: Demographics

|   |                 |
|---|-----------------|
| 37. What is your age?                   | (103-104) [AGE] |
| Code age in years                       | — —             |
| Don't know/Not sure                     | 0 7             |
| Refused                                 | 0 9             |
| 38. What is your race?                  | (105) [RACE]    |
| Would you say: Please Read              |                 |
| a. White                                | 1               |
| b. Black                                | 2               |
| c. Asian, Pacific Islander              | 3               |
| d. American Indian, Alaska Native<br>or | 4               |
| e. Other: (specify)                     | 5               |
| Do not read these responses             |                 |
| Don't know/Not sure                     | 7               |
| Refused                                 | 9               |
| 39. Are you of Spanish/Hispanic origin? | (106) [H39]     |
| a. Yes                                  | 1               |
| b. No                                   | 2               |
| Don't know/Not sure                     | 7               |
| Refused                                 | 9               |

40. Are you: (107)[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

41. How many children live in your household who are...

Please Read

- Code 1-9 a. less than 5 years old? \_\_\_ (108) [H41A]  
7 = 7 or more  
8 = None b. 5 through 12 years old? \_\_\_ (109) [H41B]  
9 = Refused c. 13 through 17 years old? \_\_\_ (110) [H41C]

42. What is the highest grade or year of school you completed?

(111) [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

43. Are you currently: (112) [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

44. Which of the following categories best describes your annual household income from all sources? (113-114) [INCOME]

Please Read

- a. Less than \$10,000 01
- b. \$10,000 to less than \$15,000 02
- c. \$15,000 to less than \$20,000 03
- d. \$20,000 to less than \$25,000 04
- e. \$25,000 to less than \$35,000 05
- f. \$35,000 to less than \$50,000 06
- g. \$50,000 to \$75,000 07
- or
- h. Over \$75,000 08
- Do not read these responses Don't know/Not sure 77
- Refused 99

45. About how much do you weigh without shoes? (115-117) [H45]

|   |                     |                           |
|---|---------------------|---------------------------|
| Round<br>fractions<br>up  | Weight              | — — —<br>pounds           |
|   | Don't know/Not sure | 7 7 7                     |
|   | Refused             | 9 9 9                     |
| 46. How much would you like to weigh?                             |                     | (118-120) [H46]           |
|   | Weight              | — — —<br>pounds           |
|   | Don't know/Not sure | 7 7 7                     |
|   | Refused             | 9 9 9                     |
| 47. About how tall are you without shoes?<br>H47I]                |                     | (121-123) [H47F,<br>H47I] |
| Round<br>fractions<br>down  | Height              | —/— —<br>ft/inches        |
|   | Don't know/Not sure | 7 7 7                     |
|   | Refused             | 9 9 9                     |
| 48. What county do you live in?                                   |                     | (124-126) [H48]           |
|   | FIPS county code    | — — —                     |
|   | Don't know/not sure | 7 7 7                     |
|   | Refused             | 9 9 9                     |
| 49. Do you have more than one telephone number in your household? |                     | (127) [H49]               |
| a. Yes  |                     | 1                         |
| b. No Go to Q. 51 (p. 22)   |                     | 2                         |
| Refused Go to Q. 51 (p. 22)                                       |                     | 9                         |
| 50. How many residential telephone numbers do you have?           |                     | (128) [H50]               |

|   |                                     |             |
|---|-------------------------------------|-------------|
| Code 1-8  | Total telephone numbers             | —           |
| 8 = 8 or more   |                                     |             |
|   | Refused                             | 9           |
| 51. Indicate sex of respondent. Ask Only if Necessary |                                     | (129) [SEX] |
|   | Male Go to Section 10: AIDS (p. 27) | 1           |
|   | Female                              | 2           |



Section 9: Women's Health

52. A mammogram is an x-ray of each breast to look for breast cancer.  
Have you ever had a mammogram? (130) [I52]
- a. Yes 1
  - b. No Go to Q. 55 (p. 24) 2
  - Don't know/Not sure Go to Q. 55 (p. 24) 7
  - Refused Go to Q. 55 (p. 24) 9
53. How long has it been since you had your last mammogram?  
Read only if Necessary (131) [I53]
- 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
54. 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? (132) [I54]
- a. Routine checkup 1
  - b. Breast problem other than cancer 2
  - c. Had breast cancer 3
  - Don't know/Not sure 7
  - Refused 9

55. 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? (133) [I55]
- a. Yes 1
  - b. No Go to Q. 58 (p. 25) 2
  - Don't know/Not sure Go to Q. 58 (p. 25) 7
  - Refused Go to Q. 58 (p. 25) 9
56. How long has it been since your last breast exam? (134) [I56]
- 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
57. 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? (135) [I57]
- a. Routine Checkup 1
  - b. Breast problem other than cancer 2
  - c. Had breast cancer 3
  - Don't know/Not sure 7
  - Refused 9
58. A Pap smear is a test for cancer of the cervix. Have you ever had a Pap smear? (136) [I58]

- a. Yes 1
  - b. No Go to Q. 61 (p. 26) 2
  - Don't know/Not sure Go to Q. 61 (p. 26) 7
  - Refused Go to Q. 61 (p. 26) 9
59. How long has it been since you had your last Pap smear? (137) [I59]
- 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
60. Was your last Pap smear done as part of a routine exam, or to check a current or previous problem? (138) [I60]
- a. Routine exam 1
  - b. Check current or previous problem 2
  - Other 3
  - Don't know/Not sure 7
  - Refused 9
61. Have you had a hysterectomy (that is, an operation to remove the uterus/womb)? (139) [I61]
- a. Yes Go to Section 10: AIDS (p. 27) 1
  - b. No 2
  - Don't know/Not sure 7

Refused 9

If respondent 45 years old or older, go to Section 10: AIDS (p. 27).

62. To your knowledge, are you now pregnant? (140) [I62]

a. Yes 1

b. No 2

Don't know/Not sure 7

Refused 9

Section 10: 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.

63. Would you be willing to work next to or near a person who you know is infected with the AIDS virus? (141) [J63]

a. Yes 1

b. No 2

Don't know/Not sure 7

Refused 9

64. 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? (142) [J64]

a. Yes 1

b. No 2

Don't know/Not sure 7

Refused 9

65. If you had a child in school, at what grade do you think he or she  
should begin AIDS education in school? (143-144) [J65]

|         |                     |   |   |
|---------|---------------------|---|---|
| Code 01 | a. Grade            | — | — |
| thru 12 | b. Kindergarten     | 5 | 5 |
|         | c. Never            | 8 | 8 |
|         | Don't know/Not sure | 7 | 7 |
|         | Refused             | 9 | 9 |

66. If you had a teenager who was sexually active, would you encourage him or her to use a condom? (145) [J66]
- a. Yes 1
  - b. No 2
  - Would give other advice 3
  - Don't know/Not sure 7
  - Refused 9
67. What are your chances of getting the AIDS virus? (146) [J67]
- Would you say: Please Read
- a. High 1
  - b. Medium 2
  - c. Low 3
  - or
  - d. None 4
  - Not applicable Go to Q. 70 (p. 29) 5
  - Do not read these responses Don't know/Not sure 7
  - Refused 9
68. In the past year, have your chances of getting the AIDS virus increased, decreased, or stayed the same? (147) [J68]
- a. Increased 1
  - b. Decreased 2
  - c. Stayed the same 3
  - Don't know/Not sure 7
  - Refused 9
69. Have you ever had your blood tested for the AIDS virus infection? (148) [J69]

|        |  |                   |
|--------|--|-------------------|
| a. Yes | Go to Q. 70                              | 1                 |
| b. No  |  | 2                 |
|        | Don't know/Not sure                      | 7                 |
|        | Refused                                  | 9                 |
| 70a.   | Have you donated blood since March 1985? | (149) [J70A]      |
| a. Yes |  | 1                 |
| b. No  | Go to Q. 75 (p. 32)                      | 2                 |
|        | Don't know/Not sure Go to Q. 75 (p. 32)  | 7                 |
|        | Refused Go to Q. 75 (p. 32)              | 9                 |
| 71a.   | When did you last donate blood?          | (150-153) [J71AM, |
| J71AY] |  |                   |
|        | Code month and year Go to Q. 75 (p. 32)  | __ __/__ __       |
|        | Don't know/Not sure Go to Q. 75 (p. 32)  | 7 7 7 7           |
|        | Refused Go to Q. 75 (p. 32)              | 9 9 9 9           |
| 70.    | When was your last AIDS blood test?      | (154-157) [J70M,  |
| J70Y]  |  |                   |
|        | Code month and year                      | __ __/__ __       |
|        | Don't know/Not sure                      | 7 7 7 7           |
|        | Refused                                  | 9 9 9 9           |

71. What was the main reason you had your last AIDS blood test?  
(158-159) [J71]

| 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 pregnancy                            | 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  |



72. Where did you have your last blood test for the AIDS virus?  
(160-161) [J72]

|  |     |
|--|-----|
| 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  |

73. Did you receive the results of your last test? (162) [J73]

- a. Yes 1
- b. No Go to Q. 75 2
- Don't know/Not sure Go to Q. 75 7
- Refused Go to Q. 75 9

74. Did you receive counseling or talk with a health care professional about the results of your test? (163) [J74]

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

75. 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? (164) [J75]

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

76. Have you personally ever known anyone with AIDS or the AIDS virus? (165) [J76]

- a. Yes 1
- b. No 2
- 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? (146) [ST1]
- |   |                         |   |
|---|-------------------------|---|
| Probe for chewing tobacco, snuff, or both | a. Yes, chewing tobacco | 1 |
|   | b. Yes, snuff           | 2 |
|   | c. Yes, both            | 3 |
|   | d. No, neither          | 4 |
|   | Go to Next Module       |   |
|   | Don't know/Not sure     | 7 |
|   | Go to Next Module       |   |
|   | Refused                 | 9 |
2. Do you currently use any smokeless tobacco products such as chewing tobacco or snuff? (147) [ST2]
- |                               |                         |   |
|-------------------------------|-------------------------|---|
| "Yes" includes occasional use | a. Yes, chewing tobacco | 1 |
|                               | b. Yes, snuff           | 2 |
|                               | c. Yes, both            | 3 |
|                               | d. No, neither          | 4 |
|                               | Don't know/Not sure     | 7 |
|                               | Refused                 | 9 |

Module 5: Activity Limitations

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

If respondent 65 years old or older, go to Section B.

Section A: Ages 18-64

1. What were you doing MOST of the past 12 months? (216) [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 read these responses Don't know/Not sure Go to Next Module 7  
Refused Go to Next Module 9
2. Does any impairment or health problem NOW keep you from working at a job or business? (217) [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? (218) [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

4. Does any impairment or health problem NOW keep you from doing any housework at all? (219) [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? (220) [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? (221) [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? (222) [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? (223) [AL8]

- 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

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? (224) [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? (225) [AL10]

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

Section B: Ages 65 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? (226) [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? (227) [AL12]

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

13. Are you limited in any way in any activities because of an impairment or health problem? (228) [AL13]

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

Module 9: Immunization

|  |             |
|--|-------------|
| 1. During the past 12 months, have you had a flu shot? | (256) [IM1] |
| a. Yes   | 1           |
| b. No  | 2           |
| Don't know/Not sure                                    | 7           |
| Refused  | 9           |
| 2. Have you ever had a pneumonia vaccination?          | (257) [IM2] |
| a. Yes   | 1           |
| b. No  | 2           |
| Don't know/Not sure                                    | 7           |
| Refused  | 9           |

Module 11: Injury Control

1. How often do you use seatbelts when you drive or ride in a car?  
(262) [IC1]

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 |

If core Q. 41 a, b, and c are all "None," go to Q. 4.

2. What is the age of the oldest child in your household under the age of 15?  
(263-264) [IC2]

- |                             |            |
|-----------------------------|------------|
| Code                        |            |
| <1 yr. as "01"              |            |
| a. Code age in years        | — —        |
| b. No children under age 15 | Go to Q. 4 |
| Don't know/Not sure         | Go to Q. 4 |
| Refused                     | Go to Q. 4 |

3. How often does the oldest child (of children under age 15) in your household use a... (265) [IC3]

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 read these responses Don't know/Not sure 7
- Never rides in a car 8
- Refused 9

4. Can you swim or tread water for 5 minutes in water that is over your head? (266) [IC4]

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

5. Has your family practiced or discussed an escape plan in case of a fire at home? (267) [IC5]

- a. Yes 1
- b. No 2
- c. Respondent lives alone 3
- Don't know/Not sure 7

Refused

9

\*\*\*Note: Question 6 is a state-added question.\*\*\*

|   |             |
|---|-------------|
| 6. Is there a working smoke detector in your household? | (290) [SA1] |
| a. Yes  | 1           |
| b. No   | 2           |
| Don't know / not sure                                   | 7           |
| Refused   | 9           |



Module 12: Alcohol Consumption

1. During the past month, have you had at least one drink of any alcoholic beverage such as beer, wine, wine coolers, or liquor? (268) [AC1]
  - 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
  
2. During the past month, how many days per week or per month did you drink any alcoholic beverages, on the average? (269-271) [AC2]
  - a. Days per week 1 \_ \_
  - b. Days per month 2 \_ \_
  - Don't know/Not sure Go to Q. 4 7 7 7
  - Refused Go to Q. 4 9 9 9
  
3. 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? (272-273) [AC3]
  - Number of drinks \_ \_
  - Don't know/Not sure 7 7
  - Refused 9 9
  
4. Considering all types of alcoholic beverages, how many times during the past month did you have 5 or more drinks on an occasion? (274-275) [AC4]
  - a. Number of times \_ \_
  - b. None 8 8
  - Don't know/Not sure 7 7

Refused

9 9

|   |                 |
|---|-----------------|
| 5. During the past month, how many times have you driven when you've had perhaps too much to drink? | (276-277) [AC5] |
| a. Number of times  | — —             |
| b. None   | 8 8             |
| Don't know/Not sure   | 7 7             |
| Refused   | 9 9             |

State-Added Questions

1. Do you work outside the home? (291) [SA2]

- |                                 |   |
|---------------------------------|---|
| a. Yes                          | 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 work place? (292) [SA3]

- |   |   |
|---|---|
| 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 |
| d. No policy regarding smoking                        | 4 |
| Don't know / not sure                                 | 7 |
| Refused   | 9 |

Module 4: Diabetes

|    |  |                |
|----|--|----------------|
| 1. | How old were you when you were told you have diabetes?   | (218-219) [D1] |
|    | Code age in years  | — —            |
|    | Don't know/Not sure  | 7 7            |
|    | Refused  | 9 9            |
| 2. | Are you now taking insulin?  | (220) [D2]     |
|    | a. Yes   | 1              |
|    | b. No Go to Q. 4   | 2              |
|    | Refused Go to Q. 4   | 9              |
| 3. | Currently, about how often do you use insulin?   | (221-223) [D3] |
|    | a. Times per day   | 1 — —          |
|    | b. Times per week  | 2 — —          |
|    | c. Use insulin pump  | 3 3 3          |
|    | Don't know/Not sure  | 7 7 7          |
|    | Refused  | 9 9 9          |
| 4. | About how often do you check your blood for glucose or sugar?<br>Include times when checked by a family member or friend, but do<br>not include times when checked by a health professional. | (224-226) [D4] |
|    | a. Times per day   | 1 — —          |
|    | b. Times per week  | 2 — —          |
|    | c. Times per month   | 3 — —          |
|    | d. Times per year  | 4 — —          |
|    | e. Never   | 8 8 8          |
|    | Don't know/Not sure  | 7 7 7          |

Refused

9 9 9

5. Have you ever heard of glycosylated hemoglobin [gli-KOS-ilated he-  
mo-glo-bin] or hemoglobin "A one C"? (227) [D5]
- a. Yes 1
  - b. No 2
  - Don't know/Not sure 7
  - Refused 9
6. About how many times in the last year have you seen a doctor,  
nurse, or other health professional for your diabetes? (228-229) [D6]
- a. Number of times — —
  - b. None Go to Q. 9 8 8
  - Don't know/Not sure Go to Q. 9 7 7
  - Refused Go to Q. 9 9 9

If "No," "Dk/Ns," or "Refused" to Q. 5, go to Q. 8.

7. About how many times in the last year has a doctor, nurse, or  
other health professional checked you for glycosylated hemoglobin  
or hemoglobin "A one C"? (230) [D7]
- a. Number of times —
  - b. None 8
  - Don't know/Not sure 7
  - Refused 9
8. About how many times in the last year has a health professional  
checked your feet for any sores or irritations? (231) [D8]
- a. Number of times —
  - b. None 8
  - Don't know/Not sure 7
  - Refused 9





9. When was the last time you had an eye exam in which the pupils were dilated? This would have made you temporarily sensitive to bright light. (232) [D9]

Read Only if Necessary

- |   |   |
|---|---|
| a. Within the past month (0 to 1 month ago)   | 1 |
| b. Within the past year (1 to 12 months ago)  | 2 |
| c. Within the past 2 years (1 to 2 years ago) | 3 |
| d. 2 or more years ago                        | 4 |
| e. Never                                      | 8 |
| Don't know/Not sure                           | 7 |
| Refused                                       | 9 |

I would now like to ask you three questions about how well you see with your glasses or contacts on if you use them.

10. How much of the time does your vision limit you in recognizing people or objects across the street? (233) [D10]

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<br>or | 4 |
| e. None of the time               | 5 |
| Do not read these responses       |   |
| Don't know/Not sure               | 7 |
| Refused                           | 9 |

11. How much of the time does your vision limit you in reading print  
in a newspaper, magazine, recipe, menu, or numbers on the  
telephone? (234) [D11]

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 Don't know/Not sure 7  
read these
- responses Refused 9

12. How much of the time does your vision limit you in watching  
television? (235) [D12]

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 Don't know/Not sure 7  
read these
- responses 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.