



**1989**

**Behavioral Risk Factor Surveillance System  
Questionnaire**

**Originally released for 1989 data collection year  
Reconstructed October 17, 2008**

# Behavioral Risk Factor Surveillance System 1989 Questionnaire

## Table of Contents

Table of Contents .....	2
Interviewer's Script.....	3
Questionnaire Sections .....	5
Section A: Seatbelts .....	5
Section B: Hypertension .....	5
Section C: Exercise .....	7
Section D: Weight Control Practices .....	10
Section E: Tobacco Use .....	14
Section F: Alcohol Consumption .....	15
Section G: Preventive Health Practices .....	17
Section H: Demographics.....	21
Section I: Closing Statement .....	27
Optional Modules .....	28
Module 1: County of Residence .....	28
Module 2: Smokeless Tobacco Use .....	29
Module 3: Cervical Cancer Screening.....	30
Module 4: Colorectal Cancer Screening.....	31
Module 5: Injury Control and Child Safety.....	35
Module 6: AIDS.....	37
Coding Lists .....	38
Coding List A: Activity codes.....	38
Coding List B: Intensity factors for common leisure activities.....	38

BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM  
QUESTIONNAIRE

INTERVIEWER'S SCRIPT

FIPS STATE	STRATUM CODE	PSU NUMBER	RECORD NUMBER	DATE OF INTERVIEW MM DD YY	INTERVIEWER ID
<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>
(1-2)	(3)	(4-8)	(9)	(10-15)	(16-17)

⇒ HELLO. I'm \_\_\_\_\_ calling for the \_\_\_\_\_ .  
We're doing a study of the health practices of \_\_\_\_\_ residents. Your 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    \_ \_

(18-20)                  (21-23)                  (24-25)

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 in private residences* STOP

	Date	Time	Time	Time	Time	ID	Comments
<input type="radio"/> Line Busy	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="radio"/> No Answer	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Appointments:

Today's date/time	Spoke with	Ask for	Call-back Date & time	ID	Comments
1. _____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____

Refusals:

Date/time	Spoke with	ID	Comments
1 <sup>st</sup> :. _____	_____	_____	_____
2 <sup>nd</sup> :. _____	_____	_____	_____

Call Disposition Codes	
01-Completed Interview	07-No Eligible Respondent could be reached during time period
02-Refused Interview	08-Language barrier prevented completion of interview
03-Non-working Number	09-Interview terminated within questionnaire
04-No Answer (multiple tries)	10-Line busy (multiple tries)
05-Business Phone	11-Selected respondent unable to respond because of physical or mental impairment
06-No Eligible Respondent at this number	

Edited By: \_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_

Final Disposition of Telephone Call:

(26-27)

➡ Our study requires that we interview only one person who lives in your household. How many members of your household, including yourself, are 18 years of age or older?

IF "1"  Page 3 ➡

➡ How many are men and how many are women.....  Men  Women  
(29) (30)

➡ 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.

Suffix: \_ \_ \_ \_

Name/Relationship	LAST DIGIT OF PHONE NUMBER									
	0	1	2	3	4	5	6	7	8	9
1.	1	1	1	1	1	1	1	1	1	1.
2.	2	1	2	1	2	1	2	1	2	1.
3.	3	1	2	3	1	2	3	1	2	X 3.
4.	1	2	3	4	1	2	3	4	X	X 4.
5.	2	3	4	5	1	2	3	4	5	1 5.
6.	5	6	1	2	3	4	X	X	X	X 6.
7.	2	3	4	5	6	7	1	X	X	X 7.
8.	8	1	2	3	4	5	6	7	X	X 8.

➡ The person in your household that I need to speak with is \_\_\_\_\_

If "you"  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. First, I'd like to begin by asking you about using seatbelts.....

SECTION A: SEATBELTS

1. How often do you use seat belts when you drive or ride in a car?

Would you say:	<i>PLEASE READ</i>	(31)
a. Always .....		1
b. Nearly Always .....		2
c. Sometimes .....		3
d. Seldom .....		4
Or		
e. Never .....		5
<i>DO NOT READ</i>	Don't know/Not sure .....	7
<i>THESE</i>	Never drive or ride in a car .....	8
<i>RESPONSES</i>	Refused .....	9

SECTION B: HYPERTENSION

These next questions are about hypertension or high blood pressure:

2. Have you ever been told by a doctor, nurse, or other health professional that you have high blood pressure?

		(32)
a. No, <u>GO TO SECTION C (p.7)</u> .....		1
b. Yes, by a Doctor.....		2
c. Yes, by a Nurse.....		3
d. Yes, by other Health Professional.....		4
<i>DO NOT READ</i>	Don't know/Not sure <u>GO TO SECTION C (p.7)</u> .	7
<i>PROBE FOR</i>	Refused, <u>GO TO SECTION C (p.7)</u> .....	9
<i>DOCTOR, NURSE</i>		
<i>OR OTHER</i>		
<i>HEALTH</i>		
<i>PROFESSIONAL</i>		

3. Have you been told on more than one occasion that your blood pressure was high, or have you been told this only once? (33)

- a. More than once ..... 1
- b. Only once ..... 2
- Don't know/Not sure ..... 7
- Refused ..... 9

4. Is any medicine currently prescribed for your high blood pressure? (34)

- a. Yes ..... 1
- b. No, GO TO Q6 ..... 2
- Don't know/Not sure GO TO Q6 ..... 7
- Refused, GO TO Q6 ..... 9

5. Are you currently taking medicine for your high blood pressure? (35)

- |   |   |
|---|---|
| PROBE FOR "ALL<br>OR MOST OF THE<br>TIME" OR "ONLY<br>OCCASIONALLY" IF<br>NECESSARY. IF<br>ANSWER IS "YES",<br>USE "YES, ALL OR<br>MOST OF THE<br>TIME" | <ul style="list-style-type: none"> <li>a. Yes, all or most of the time ..... 1</li> <li>b. Yes, only occasionally ..... 2</li> <li>c. No ..... 3</li> <li style="padding-left: 100px;">Don't know/Not sure ..... 7</li> <li style="padding-left: 100px;">Refused ..... 9</li> </ul> |
|---|---|

6. As far as you know, is your blood pressure presently normal -- or under control -- or is it still high? (36)

- |   |  |
|---|--|
| NORMAL OR UNDER<br>CONTROL<br>INCLUDES<br>"RETURNED TO<br>NORMAL" AND "NO<br>LONGER HAVE<br>HIGH BLOOD<br>PRESSURE" | <ul style="list-style-type: none"> <li>a. Normal ..... 1</li> <li>b. Under control ..... 2</li> <li>c. Still high ..... 3</li> <li style="padding-left: 100px;">Don't know/Not sure ..... 7</li> <li style="padding-left: 100px;">Refused ..... 9</li> </ul> |
|---|--|

SECTION C: EXERCISE

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

7. During the past month, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening or walking for exercise? (37)
- a. Yes ..... 1
  - b. No, GO TO SECTION D (p.10) ..... 2
  - Don't know/Not sure, GO TO SECTION D (p.10) ..... 7
  - Refused, GO TO SECTION D (p.10) ..... 9

8. What type of physical activity or exercise did you spend the most time doing during the past month? (38-39)
- a. Activity (specify) \_\_\_\_\_  
SEE CODING LIST A
  - Refused, GO TO Q13 (p.8) ..... 9 9

-----  
 ASK QUESTION 9 ONLY IF ANSWER TO QUESTION 8 IS RUNNING, JOGGING, WALKING, OR SWIMMING, ALL OTHERS, GO TO QUESTION 10 (p.8).  
 -----

9. How far did you usually walk/run/jog/swim? (40-42)
- |   |                                   |       |
|---|-----------------------------------|-------|
| <i>SEE CODING LIST<br/>B IF RESPONSE<br/>IS NOT IN MILES<br/>AND TENTHS</i> | a. Miles and tenths ..... _ _ . _ |       |
|   | Don't know/Not sure .....         | 7 7 7 |
|   | Refused .....                     | 9 9 9 |

10. How many times per week or per month did you take part in this activity during the past month? (43-45)

a. Times per week ..... 1 \_\_\_ \_\_\_

b. Times per month ..... 2 \_\_\_ \_\_\_

Don't know/Not sure ..... 7 7 7

Refused ..... 9 9 9

11. And when you took part in this activity, for how many minutes or hours did you usually keep at it? (46-48)

a. Hours & Minutes ..... \_\_\_:\_\_\_ \_\_\_

Don't know/Not sure ..... 7 7 7

Refused ..... 9 9 9

12. Was there another physical activity or exercise that you participated in during the last month? (49)

a. Yes ..... 1

b. No, GO TO SECTION D (p.10) ..... 2

Don't know/Not sure, GO TO SECTION D (p.10) ..... 7

Refused, GO TO SECTION D (p.10) ..... 9

13. What other type of physical activity gave you the next most exercise during the past month? (50-51)

a. Activity (specify) \_\_\_\_\_ \_\_\_ \_\_\_

SEE CODING LIST A

Refused, GO TO SECTION D (p.10) ..... 9 9



-----  
ASK QUESTION 14 ONLY IF ANSWER TO QUESTION 13 IS RUNNING, JOGGING,  
WALKING, OR SWIMMING, ALL OTHERS GO TO QUESTION 15.  
-----

14. How far did you usually walk/run/jog/swim?

(52-54)

SEE CODING LIST B  
IF RESPONSE IS  
NOT IN MILES AND  
TENTHS

a. Miles and tenths .....	__ __. __
Don't know/Not sure .....	7 7 7
Refused .....	9 9 9

15. How many times per week or per month did you take part in this activity?

(55-57)

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

16. And when you took part in this activity, for how many minutes or hours did you usually keep at it?

(58-60)

a. Hours & Minutes .....	__ : __ __
Don't know/Not sure .....	7 7 7
Refused .....	9 9 9

SECTION D: WEIGHT CONTROL PRACTICES

"Now I would like to ask you about some of the things you may be currently doing to try to lose weight, or keep from gaining weight."

17. Are you now trying to lose weight?

(61)

- a. Yes ..... 1
- b. No, GO TO 21 (p.11) ..... 2
- c. No, trying to gain weight, GO TO 28 (p.13) ..... 3
  - Don't know/Not sure, GO TO 21 (p.11) . 7
  - Refused, GO TO 22 (p.11) ..... 9

18. About how long ago did you begin your current attempt to lose weight?

(62-64)

- a. Days ..... 1 \_\_\_ \_\_\_
- b. Weeks ..... 2 \_\_\_ \_\_\_
- c. Months ..... 3 \_\_\_ \_\_\_
- d. Years ..... 4 \_\_\_ \_\_\_
- e. Always trying to lose weight ..... 5 5 5
  - Don't know/Not sure ..... 7 7 7
  - Refused ..... 9 9 9

19. About how much did you weigh when you began your current attempt to lose weight?

(65-67)

- a. Weight .....                       
Pounds
  - Don't know/Not sure ..... 7 7 7
  - Refused ..... 9 9 9

20. How much would you like to weigh?

(68-70)

- a. Weight, GO TO Q22 .....                 
Pounds
- Don't know/Not sure, GO TO Q22 ..... 7 7 7
- Refused, GO TO Q22 ..... 9 9 9

21. Are you now trying to maintain your current weight, that is to keep from gaining weight?

(71)

- a. Yes ..... 1
- b. No, GO TO Q27 (p.13) ..... 2
- Don't know/Not sure, GO TO Q27 (p.13) ..... 7
- Refused, GO TO Q27 (p.13) ..... 9

22. Are you eating fewer calories to lose weight, or to keep from gaining weight?

(72)

- a. Yes ..... 1
- b. No, GO TO Q25 (p.12) ..... 2
- Don't know/Not sure, GO TO Q25 (p.12) ..... 7
- Refused, GO TO Q25 (p.12) ..... 9

23. Some people count calories. If you are counting calories, about how many calories are you eating per day?

(73-76)

- a. (Record number of calories) .....
- b. Don't count calories, GO TO Q25 (p.12) .....
- Refused, GO TO Q25 (p.12) ..... 9 9 9 9

(INTERVIEWER: IF RESPONDENT GIVES A NUMBER OF 10,000 OR GREATER, THEN ENTER 9997)

24. About how long have you been eating this many calories per day?

(77-79)

- a. Days ..... 1 \_ \_
- b. Weeks ..... 2 \_ \_
- c. Months ..... 3 \_ \_
- d. Years ..... 4 \_ \_
- Don't know/Not sure ..... 7 7 7
- Refused ..... 9 9 9

25. Are you using physical activity or exercise to lose weight or to keep from gaining weight?

(80)

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

26. Are you now doing any of the following to lose weight or to keep from gaining weight?

	<u>YES</u>	<u>NO</u>	<u>DK/NS</u>	<u>REF</u>	
a. taking diet pills to decrease your appetite?.....	1	2	7	9	(81)
b. taking special products such as canned or powdered supplements?.....	1	2	7	9	(82)
c. fasting for 24 hours or longer as part of your diet.....	1	2	7	9	(83)
d. participating in an organized weight control program (such as Weight Watchers, TOPS, or Nutri-Systems).....	1	2	7	9	(84)
d. causing yourself to vomit after you eat?.....	1	2	7	9	(85)

27. Have you been advised by a doctor or other health professional to reduce your weight?

(86)

(INTERVIEWER:  
PROBE FOR  
DOCTOR,  
NUTRITIONIST OR  
OTHER HEALTH  
PROFESSIONAL)

- a. Yes, by a Doctor..... 1
- b. Yes, by a Nurse/Physician's Assistant..... 2
- c. Yes, by a Nutritionist/Dietitian..... 3
- d. Yes, other Health Professional..... 4
- e. No..... 5
- Don't know/Not sure ..... 7
- Refused ..... 9

28. Do you now consider yourself to be overweight, underweight, or about average?

(87)

- a. Overweight..... 1
- b. Underweight..... 2
- c. About Average..... 3
- Don't know/Not sure..... 7
- Refused..... 9

SECTION E: TOBACCO USE

Now, I would like to ask you a few questions about cigarettes smoking.

29. Have you smoked at least 100 cigarettes in your entire life? (88)

- |                                |  |
|--------------------------------|--|
| 100<br>CIGARETTES<br>= 5 PACKS | a. Yes ..... 1<br>b. No, <u>GO TO SECTION F (p.15)</u> ..... 2<br><br>Don't know/Not sure, <u>GO TO SECTION F (p.15)</u> ..... 7<br><br>Refused, <u>GO TO SECTION F (p.15)</u> ..... 9 |
|--------------------------------|--|

30. Do you smoke cigarettes now? (89)

- |   |
|---|
| a. Yes..... 1<br>b. No, <u>GO TO SECTION F (p.15)</u> ..... 2<br><br>Refused, <u>GO TO SECTION F (p.15)</u> ..... 9 |
|---|

31. On the average, about how many cigarettes a day do you now smoke? (90-91)

- |                           |   |
|---------------------------|---|
| 1 PACK = 20<br>CIGARETTES | a. Number of cigarettes ..... — —<br>b. Don't smoke regularly ..... 8 8<br><br>Refused..... 9 9 |
|---------------------------|---|

32. Have you stopped smoking for a week or more sometime during the past year? (92)

- |  |
|--|
| a. Yes..... 1<br>b. No..... 2<br><br>Refused ..... 9 |
|--|

SECTION F: ALCOHOL CONSUMPTION

These next few questions are about the use of beer, wine, wine coolers, cocktails, or liquor, such as vodka, gin, rum, or whiskey--all kinds of alcoholic beverages that people drink at meals, special occasions, or when just relaxing.

33. Have you had any beer, wine, wine coolers, cocktails or liquor during the past month, that is, since \_\_\_\_\_

(93)

- a. Yes ..... 1
- b. No, GO TO SECTION G (p.17) ..... 2
- Refused, GO TO SECTION G (p.17) ..... 9

34. During the past month, how many days per week or per month did you drink any alcoholic beverages?

(94-96)

- a. Days per week ..... 1 \_\_\_
- b. Days per month ..... 2 \_\_\_
- Don't know/Not sure, GO TO Q 36 (p.15) ..... 7 7 7
- Refused GO TO Q 34 (p.15) ..... 9 9 9

35. 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?

(97-98)

- a. Number of drinks ..... \_\_\_
- Don't know/Not sure ..... 7 7
- Refused ..... 9 9

36. Considering all types of alcoholic beverages, that is beer, wine, wine coolers, cocktails, and liquor, as drinks, how many times during the past month did you have 5 or more drinks on an occasion?

(99-100)

- a. Number of times ..... — —
- b. None ..... 8 8
  - Don't know/Not sure ..... 7 7
  - Refused ..... 9 9

37. And during the past month, how many times have you driven when you've had perhaps too much to drink?

(101-102)

- a. Number of times ..... — —
- b. None ..... 8 8
  - Don't know/Not sure ..... 7 7
  - Refused ..... 9 9



SECTION G: PREVENTIVE HEALTH PRACTICES

Some people visit a doctor for a routine checkup, even though they are feeling well and have not been sick.

38. About how long has it been since you last visited a doctor for a routine checkup?

Was it:	<i>PLEASE READ</i>	(103)
a.	Within the past year (0 TO 12 MONTHS) .....	1
b.	Within the past two years (13 TO 24 MONTHS) ....	2
c.	Within the past five years (25 TO 60 MONTHS) ...	3
	OR	
d.	More than five years ago (61+ MONTHS) .....	4
	Don't know/Not sure <u>GO TO Q 40 (p.18)</u> .....	7
	Never <u>GO TO Q 40 (p.18)</u> .....	8
	Refused <u>GO TO Q 40 (p.18)</u> .....	9

39. What type of doctor did you see for your last routine check-up?

Was it:	<i>PLEASE READ</i>	(104)
a.	Family or General Practitioner .....	1
b.	Internist .....	2
	Specialist such as heart, lung, or stomach	
c.	specialist .....	3
d.	Other .....	4
	(ASK FOR WOMEN ONLY)	
	d. Obstetrician/gynecologist .....	5
(DO NOT READ)	Don't know/Not sure .....	7
	Refused .....	9

These next questions are about blood cholesterol, which is a fatty substance found in the blood.

40. Have you ever had your blood cholesterol checked?

(105)

- a. Yes ..... 1
- b. No, GO TO Q47 (p.20) ..... 2
  - Don't know/Not sure, GO TO Q47 (p.20) .... 7
  - Refused, GO TO Q47 (p.20) ..... 9

41. About how long has it been since you had your blood cholesterol checked?

Was it:

*PLEASE READ*

(106)

- a. Within the past year (0 TO 12 MONTHS) ..... 1
- b. Within the past two years (13 TO 24 MONTHS) .... 2
- c. Within the past five years (25 TO 60 MONTHS) ... 3
- OR
- d. More than five years ago (61+ MONTHS) ..... 4
  - Don't know/Not sure ..... 7
  - Refused ..... 9

42. Have you ever been told your blood cholesterol level, in numbers? (107)
- a. Yes ..... 1
  - b. No, GO TO Q 44 ..... 2
    - Don't know/Not sure, GO TO Q 44 ..... 7
    - Refused, GO TO Q 44 ..... 9

43. What is your blood cholesterol level? (108-110)
- a. *RECORD THE NUMBER* ..... \_ \_ \_
    - Don't know/Not sure ..... 7 7 7
    - Refused ..... 9 9 9

44. Have you ever been told by a doctor or other health professional that your blood cholesterol is high? (111)
- a. Yes ..... 1
  - b. No ..... 2
    - Don't know/Not sure ..... 7
    - Refused ..... 9

45. Are you now under the advice of a doctor to reduce your blood cholesterol or blood fat level? (112)
- a. Yes ..... 1
  - b. No, GO TO Q 47 (p.20) ..... 2
    - Don't know/Not sure, GO TO Q 47 (p.20) ... 7
    - Refused, GO TO Q 47 (p.20) ..... 9

46. Did the doctor:

46a. --prescribe a medication to lower your blood cholesterol?

(113)

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

46b. --provide you with a low fat or low cholesterol diet?

(114)

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

46c. -- refer you to a dietitian, nutritionist, or nurse to help you reduce the fat or cholesterol in your diet?

(115)

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

47. Next, I'd like to ask you about diabetes, sometimes called sugar diabetes. Have you ever been told by a doctor that you have diabetes?

(116)

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

SECTION H: DEMOGRAPHICS

These next few questions ask for a little more information about yourself.

48. How old were you on your last birthday?

(117-118)

- |    |                                |     |
|----|--------------------------------|-----|
| a. | <i>CODE AGE IN YEARS</i> ..... | — — |
|    | Do not remember/Not sure ..... | 0 7 |
|    | Refused .....                  | 0 9 |

49. What is your race?

Would you say *PLEASE READ* (119)

- |    |   |   |
|----|---|---|
| a. | White .....                               | 1 |
| b. | Black .....                               | 2 |
| c. | Asian, Pacific Islander .....             | 3 |
| d. | Aleutian, Eskimo or American Indian ..... | 4 |
| e. | Other specify _____                       | 5 |
|    | Don't know/Not sure .....                 | 7 |
|    | Refused .....                             | 9 |

50. Are you of Hispanic origin such as Mexican American, Latin American, Puerto Rican or Cuban?

(120)

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

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

*READ ONLY IF NECESSARY*

(121)

- a. Eighth Grade or Less..... 1
- b. Some High School..... 2
- c. High School Grad or GED Certificate..... 3
- d. Some Technical School..... 4
- e. Technical School Graduate..... 5
- f. Some College..... 6
- g. College Graduate..... 7
- h. Post Grad or Professional Degree..... 8
- Refused..... 9

52. Are you currently:

*PLEASE READ*

(122)

- 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
- or
- g. Retired..... 7
- Refused..... 9

53. And are you:

<i>PLEASE READ</i>		(123)
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

54. Which of the following categories best describes your annual household income from all sources?

<i>PLEASE READ</i>		(124)
a.	Less than \$10,000.....	1
b.	\$10 to \$15,000.....	2
c.	\$15 to \$20,000.....	3
d.	\$20 to \$25,000.....	4
e.	\$25 to \$35,000.....	5
f.	\$35 to \$50,000.....	6
	or	
g.	Over \$50,000.....	8
	Don't know/Not sure.....	7
	Refused.....	9

55. About how much do you weigh without shoes?

(125-127)

- a. Weight .....  $\frac{\text{---}}{\text{pounds}}$
- Don't know/Not sure ..... 7 7 7
- Refused ..... 9 9 9

56. About how tall are you without shoes?

(128-130)

- a. Height .....  $\frac{\text{---}}{\text{Ft/Inches}}$
- Don't know/Not sure ..... 7 7 7
- Refused ..... 9 9 9

57. INTERVIEWER: INDICATE SEX OF RESPONDENT

ASK IF NECESSARY

(131)

- a. Male, GO TO Q 65, (p.27) ..... 1
- b. Female ..... 2



These next questions are about mammograms, which are x-ray tests of the breast to look for cancer.

58. Have you ever had a mammogram? (132)
- a. Yes ..... 1
  - b. No, GO TO Q 60b (p26) ..... 2
    - Don't know/Not sure, GO TO Q 63 (p27) .... 7
    - Refused, GO TO Q 63 (p27) ..... 9

59. About how long has it been since you had your last mammogram? (133)
- Was it: *PLEASE READ*
- a. Within the past year (0 TO 12 MONTHS), GO TO Q61 (p26) ..... 1
  - b. Within the past two years (13 TO 24 MONTHS) .... 2
  - c. Within the past five years (25 TO 60 MONTHS) ... 3
  - d. OR  
More than five years ago (61+ MONTHS) ..... 4
    - Don't know/Not sure ..... 7
    - Refused ..... 9

- 60a. What is the most important reason that you did not have a mammogram in the last year? (134)
- (DO NOT READ LIST. RECORD ONLY ONE ANSWER)*
- a. Not recommended by doctor / doctor never said it was needed ..... 1
  - b. Not needed/not necessary ..... 2
  - c. Never heard of mammogram ..... 3
  - d. Cost ..... 4
  - e. No insurance to pay for it ..... 5
  - f. Other ..... 6
    - Don't know/Not sure ..... 7
    - Refused ..... 9

61. Was your last mammogram done as part of a routine checkup, because of a breast problem, or because you've already had breast cancer?

(135)

- a. Routine checkup ..... 1
- b. Breast problem ..... 2
- c. Had breast cancer ..... 3
- Don't know/Not sure ..... 7
- Refused ..... 9

62. Who's idea was it for you to have this last mammogram - was it your idea, your doctor's idea, or someone else's idea?

(Probe for the most Influential. Record only one response.) (136)

- a. Respondent's idea ..... 1
- b. Doctor's idea ..... 2
- c. Someone else's idea ..... 3
- Don't know/Not sure ..... 7
- Refused ..... 9

INTERVIEWER: GO TO Q 63, PAGE 27

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60B. What is the most important reason that you did not have a mammogram in the last year?

(DO NOT READ LIST. RECORD ONLY ONE ANSWER) (134)

- a. Not recommended by doctor / doctor never said it was needed ..... 1
- b. Not needed/not necessary ..... 2
- c. Never heard of mammogram ..... 3
- d. Cost ..... 4
- e. No insurance to pay for it ..... 5
- f. Other ..... 6
- Don't know/Not sure ..... 7
- Refused ..... 9

INTERVIEWER: ASK THESE TWO QUESTIONS ONLY TO FEMALES BETWEEN 18 AND 45 YEARS OF AGE, OTHERWISE, GO TO QUESTION 65 BELOW.

63. To your knowledge, are you now pregnant? (137)

a. Yes..... 1

b. No, GO TO Q 65..... 2

    Don't know/Not sure, GO TO Q 65..... 7

    Refused, GO TO Q 65..... 9

64. During what month is your baby due? (138-138)

<u>CODE MONTHS</u>	a. CODE MONTH .....	___
Jan 01		
Feb 02		
Mar 03	Don't know/Not sure .....	7 7
Apr 04		
May 05	Refused .....	9 9
Jun 06		
Jul 07		
Aug 08		
Sep 09		
Oct 10		
Nov 11		
Dec 12		

65. How many telephone numbers will reach this household, including the number I used today? (140)

*DIFFERENTIATE BETWEEN TELEPHONE NUMBERS AND TELEPHONE SETS IF NECESSARY. INCLUDE ALL TELEPHONE NUMBERS THAT CAN REACH HOUSEHOLD*

a. Total Telephone Numbers..... \_\_\_

CLOSING STATEMENT

That's my last question. Let me emphasize that your answers cannot be identified with your name. 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.

MODULE 1: COUNTY OF RESIDENCE

1. What county do you live in?

(141-143)

a. County Code .....	__ __ __
Don't know/Not sure .....	7 7 7
Refused .....	9 9 9

Note:

County Codes are available at:

<http://www.itl.nist.gov/fipspubs/>

MODULE 2: SMOKELESS TOBACCO USE

These next questions are about certain kinds of smokeless tobacco products.

1. Have you ever used or tried any smokeless tobacco products such as chewing tobacco or snuff?

(144)

*PROBE FOR CHEWING  
TOBACCO, SNUFF, OR  
BOTH*

- |    |   |   |
|----|---|---|
| a. | Yes, chewing tobacco.....                         | 1 |
| b. | Yes, snuff.....                                   | 2 |
| c. | Yes, both.....                                    | 3 |
| d. | No, neither <u>GO TO NEXT MODULE</u> .....        | 4 |
|    | Don't know/Not sure, <u>GO TO NEXT MODULE</u> ... | 7 |
|    | Refused, <u>GO TO NEXT MODULE</u> .....           | 9 |

2. Do you currently use any smokeless tobacco products such as chewing tobacco or snuff?

(145)

*"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 3: CERVICAL CANCER SCREENING

PLEASE NOTE: ASK ALL FEMALES, OTHERWISE GO TO NEXT MODULE

These next questions are about certain kinds of medical tests and examinations.

1. Have you ever heard of a Pap smear test? (146)
- 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. Have you ever had a Pap smear? (147)
- 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
3. When did you have your last Pap smear? (148)
- Was it: *PLEASE READ*
- a. Within the past year (0 TO 12 MONTHS) ..... 1
  - b. Within the past two years (13 TO 24 MONTHS) .... 2
  - c. Within the past five years (25 TO 60 MONTHS) ... 3
  - OR
  - d. More than five years ago (61+ MONTHS) ..... 4
    - Don't know/Not sure ..... 7
    - Refused ..... 9
4. Have you ever had a hysterectomy? (149)
- PLEASE NOTE: A Hysterectomy Is "An Operation To Remove The Uterus."*
- a. Yes ..... 1
  - b. No ..... 2
    - Don't know/Not sure ..... 7
    - Refused ..... 9

MODULE 4: COLORECTAL CANCER SCREENING

These next questions are about digital rectal exams, that is, when a doctor inserts his finger in the rectum to check for problems.

1. Have you ever heard of a digital rectal exam? (150)
- 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. Have you ever had a digital rectal exam? (151)
- a. Yes ..... 1
  - b. No, GO TO Q4 THIS MODULE ..... 2
    - Don't know/Not sure, GO TO Q4 THIS MODULE 7
    - Refused, GO TO Q4 THIS MODULE ..... 9

3. When did you have your last digital rectal exam?  
Was it: *PLEASE READ* (152)
- a. Within the past year (0 TO 12 MONTHS) ..... 1
  - b. Within the past two years (13 TO 24 MONTHS) .... 2
  - c. Within the past five years (25 TO 60 MONTHS) ... 3
  - OR
  - d. More than five years ago (61+ MONTHS) ..... 4
    - Don't know/Not sure ..... 7
    - Refused ..... 9

4. A blood stool test is when the stool is examined to determine whether it contains blood. Have you ever heard of a blood stool test? (153)
- a. Yes ..... 1
  - b. No, GO TO Q7 THIS MODULE ..... 2
    - Don't know/Not sure, GO TO Q7 THIS MODULE ..... 7
    - Refused, GO TO Q7 THIS MODULE ..... 9

5. Have you ever had a blood stool test? (154)
- a. Yes ..... 1
  - b. No, GO TO Q7 THIS MODULE ..... 2
    - Don't know/Not sure, GO TO Q7 THIS MODULE ..... 7
    - Refused, GO TO Q7 THIS MODULE ..... 9

6. When did you have your last blood stool test? (155)
- Was it: PLEASE READ
- a. Within the past year (0 TO 12 MONTHS) ..... 1
  - b. Within the past two years (13 TO 24 MONTHS) .... 2
  - c. Within the past five years (25 TO 60 MONTHS) ... 3
  - OR
  - d. More than five years ago (61+ MONTHS) ..... 4
    - Don't know/Not sure ..... 7
    - Refused ..... 9



7. A proctoscopic exam is when a tube is inserted in the rectum to check for problems. Have you ever heard of a proctoscopic exam? (156)
- 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

8. Have you ever had a proctoscopic exam? (157)
- 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. When did you have your last proctoscopic exam? (158)
- Was it: *PLEASE READ*
- a. Within the past year (0 TO 12 MONTHS) ..... 1
  - b. Within the past two years (13 TO 24 MONTHS) .... 2
  - c. Within the past five years (25 TO 60 MONTHS) ... 3
  - OR
  - d. More than five years ago (61+ MONTHS) ..... 4
    - Don't know/Not sure ..... 7
    - Refused ..... 9

MODULE 5: INJURY CONTROL AND CHILD SAFETY

1. Is there a working smoke detector in your household?	(159)
a. Yes .....	1
b. No .....	2
Don't know/Not sure .....	7
Refused .....	9
2. In the past 12 months have you (or has anyone in your household) used a thermometer to test the temperature of the hot water?	(160)
a. Yes .....	1
b. No .....	2
Don't know/Not sure .....	7
Refused .....	9
3. What is the age of the youngest child in your household?	(161-162)
a. Age in years ( <u>If over 10 GO TO NEXT MODULE</u> ) ..	__ __
b. Age is less than one year .....	8 9
c. No children in household, <u>GO TO NEXT MODULE</u> ..	8 8
Don't know/Not sure, <u>GO TO NEXT MODULE</u> .	7 7
Refused, <u>GO TO NEXT MODULE</u> .....	9 9

4. Do you have the telephone number for a Poison Control Center in your area? (163)
- a. Yes ..... 1
  - b. No ..... 2
  - Don't know/Not sure ..... 7
  - Refused ..... 9

5. There is a medication called IPECAC (ip' i kak) SYRUP which is sometimes taken to cause vomiting after something poisonous is swallowed. Do you now have any Ipecac Syrup in your household? (164)
- a. Yes ..... 1
  - b. No ..... 2
  - Don't know/Not sure ..... 7
  - Refused ..... 9

6. When riding in a car, how often is the youngest child buckled in a car safety seat or seat belt? (165)
- Would you say: *PLEASE READ*
- a. All the time ..... 1
  - b. Most of the time ..... 2
  - c. Sometimes ..... 3
  - d. Rarely ..... 4
  - Or
  - e. Never ..... 5
  - Don't know/Not sure ..... 7
  - Refused ..... 9

MODULE 6: AIDS

Next, I would like to ask you some questions about AIDS and the AIDS virus infection.

1. Compared to most people, how much would you say you know about AIDS?

Would you say:	<i>PLEASE READ</i>	(166)
a. A lot .....		1
b. Some .....		2
c. A little .....		3
Or		
d. Nothing .....		4
	Don't know/Not sure .....	7
	Refused .....	9

2. What are your chances of getting the AIDS virus?

Would you say:	<i>PLEASE READ</i>	(167)
a. High .....		1
b. Medium .....		2
c. Low .....		3
Or		
d. None .....		4
	Don't know/Not sure .....	7
	Refused .....	9

3. Has concern about AIDS changed your life in any way?

		(168)
a. Yes .....		1
b. No .....		2
	Don't know/Not sure .....	7
	Refused .....	9

4. Have you ever had your blood tested for the AIDS virus?	(169)
a. Yes .....	1
b. No, <u>GO TO Q6 THIS MODULE</u> .....	2
Don't know/Not sure, <u>GO TO Q6 THIS MODULE</u> .....	7
Refused, <u>GO TO Q6 THIS MODULE</u> .....	9

5. Was it when you donated blood or was it some other time?	(170)
a. When donated blood .....	1
b. Some other time .....	2
c. Both .....	3
Don't know/Not sure .....	7
Refused .....	9

6. Have you ever personally known anyone with the AIDS virus infection or with AIDS?	(171)
a. Yes .....	1
b. No .....	2
Don't know/Not sure .....	7
Refused .....	9

## Coding Lists

### Coding List A: Activity codes

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Code	Description	Code	Description
01	Aerobics class	27	Painting/papering house
02	Back packing	28	Racquetball
03	Badminton	29	Raking lawn
04	Basketball	30	*Running
05	Bicycling for pleasure	31	Rope skipping
06	Boating (canoeing, rowing, sailing for pleasure/camping)	32	Scuba diving
07	Bowling	33	Skating (ice or roller)
08	Boxing	34	Sledding, tobogganing
09	Calisthenics	35	Snorkeling
10	Canoeing/rowing (in competition)	36	Snow shoeing
11	Carpentry	37	Snow shoveling by hand
12	Dancing (aerobic/ballet)	38	Snow blowing
13	Fishing from river bank or boat	39	Snow skiing
14	Gardening (spading, digging, weeding, filling)	40	Soccer
15	Golf	41	Softball
16	Handball	42	Squash
17	Health club exercise	43	Stair climbing
18	Hiking (cross-country)	44	Stream fishing in waders
19	Home exercise	45	Surfing
20	Horseback riding	46	*Swimming laps
21	Hunting large game (deer, elk)	47	Table tennis
22	*Jogging	48	Tennis
23	Judo/karate	49	Touch football
24	Mountain climbing	50	Volleyball
25	Mowing lawn	51	*Walking
26	Paddleball	52	Water skiing
		53	Weight lifting
		54	Other _____

### Coding List B: Intensity factors for common leisure activities

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#### Lap swimming

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