



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?

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(29-30)

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 are men and how many are women?

Men	Women
<input style="width: 30px; height: 30px;" type="text"/>	<input style="width: 30px; height: 30px;" type="text"/>
(31)	(32)



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: _____

Last digit of phone number

		Last digit of phone number											
		0	1	2	3	4	5	6	7	8	9		
Total adults	1.	_____	1	1	1	1	1	1	1	1	1	1	1.
	2.	_____	2	1	2	1	2	1	2	1	2	1	2.
	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," 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 A: Health Status

1. Would you say that in general your health is: (33)

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)

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)

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)

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)

- 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)

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)

- 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)

- 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)

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

Do not probe for more than one place

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)

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 (p. 8)* 8
- Refused 9

11. Have you ever been told by a doctor, nurse, or other health professional that you have high blood pressure? (46)

- a. Yes 1
- b. No *Go to Q. 13 (p. 8)* 2
- Don't know/Not sure *Go to Q. 13 (p. 8)* 7
- Refused *Go to Q. 13 (p. 8)* 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)

- 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)

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

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

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)

- 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)

Code "No" for gestational diabetes	a. Yes	1
	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)

Would you say:

Please Read

- a. Always 1
- b. Nearly Always 2
- c. Sometimes 3
- d. Seldom 4
- or**
- e. Never 5
- Don't know/Not sure 7
- Never drive or ride in a car 8
- Refused 9

Do not read these responses.

18. How many children less than 18 years of age live in your household? (53-54)

- Number children — —
- None *Go to Q. 21 (p. 11)* 8 8
- Refused 9 9

19. What is the age of the oldest child in your household under the age of 15? (55-56)

- Code <1 yr. as "01"** | a. Code age in years — —
- b. No children under age 15 *Go to Q. 21 (p. 11)* 8 8
- Don't know/Not sure *Go to Q. 21 (p. 11)* 7 7
- Refused *Go to Q. 21 (p. 11)* 9 9

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

car safety seat *[for child under 5]*

seatbelt *[for child 5 or older]*

. . .when they ride in a car?

Would you say: *Please Read* (57)

a. Always 1

b. Nearly always 2

c. Sometimes 3

d. Seldom 4

or

e. Never 5

Don't know/Not sure 7

Do not 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)

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)

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)

- | | | | |
|-----------------------------|----|--|---|
| 5 packs =
100 cigarettes | a. | Yes | 1 |
| | b. | No <i>Go to Q. 29 (p. 14)</i> | 2 |
| | | Don't know/Not sure <i>Go to Q. 29 (p. 14)</i> | 7 |
| | | Refused <i>Go to Q. 29 (p. 14)</i> | 9 |

24. Do you smoke cigarettes now? (61)

- | | | |
|----|--|---|
| a. | Yes | 1 |
| b. | No <i>Go to Q. 28 (p. 13)</i> | 2 |
| | Refused <i>Go to Q. 28 (p. 13)</i> | 9 |

25. On the average, about how many cigarettes a day do you now smoke? (62-63)

- | | | | |
|---------------------------|----|-----------------------------|-----|
| 1 pack =
20 cigarettes | a. | Number of cigarettes | — — |
| | 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)

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

27. Would you like to stop smoking? (65)

- a. Yes *Go to Q. 29 (p. 14)* 1
- b. No *Go to Q. 29 (p. 14)* 2
- Don't know/Not sure *Go to Q. 29 (p. 14)* 7
- Refused *Go to Q. 29 (p. 14)* 9

28. About how long has it been since you last smoked cigarettes regularly (that is, daily)? (66)

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. 5 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)

- a. Yes 1
- b. No *Go to Q. 34 (p. 15)*..... 2
- Don't know/Not sure *Go to Q. 34 (p. 15)* 7
- Refused *Go to Q. 34 (p. 15)* 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)

- 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)

- 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)

- 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)

- 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)

- 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)

- Code age in years — —
- Don't know/Not sure 0 7
- Refused 0 9

36. What is your race? (81)

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 read
these
responses.**

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

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

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

38. Are you: (83)

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)

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)

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)

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
- Don't know/Not sure 8
- Refused 9

Do not read these responses.

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

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

43. About how tall are you without shoes? (90-92)

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

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

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)

- 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)

Code 1 - 8 8 = 8 or more	Total telephone numbers	—
	Refused	9

47. Indicate sex of respondent. (98)

Ask Only if Necessary

- Male *Go to Q. 59 (p. 24)* 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)

- a. Yes 1
- b. No *Go to Q. 51 (p. 21)* 2
- Don’t know/Not sure *Go to Q. 51 (p. 21)* 7
- Refused *Go to Q. 51 (p. 21)* 9

49. How long has it been since you had your last mammogram? (100)

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)

- 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)

- a. Yes 1
- b. No *Go to Q. 54 (p. 22)* 2
- Don't know/Not sure *Go to Q. 54 (p. 22)* 7
- Refused *Go to Q. 54 (p. 22)* 9

52. How long has it been since your last breast exam? (103)

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)

- 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)

- a. Yes 1
- b. No *Go to Q. 57 (p. 23)* 2
- Don't know/Not sure *Go to Q. 57 (p. 23)* 7
- Refused *Go to Q. 57 (p. 23)* 9

55. How long has it been since you had your last Pap smear? (106)

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)

- 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)

- a. Yes **Go to Q. 59 (p. 24)** 1
- b. No 2
- Don't know/Not sure 7
- Refused 9

➡ **If respondent 45 years old or older, go to Q. 59 (p. 24).**


58. To your knowledge, are you now pregnant? (109)

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

60. Have you ever had a pneumonia vaccination? (111)
- 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 (p. 27).**

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)

- 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)

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)

- a. Yes 1
- b. No *Go to Section M: AIDS (p. 27)* 2
- Don't know/Not sure *Go to Section M: AIDS (p. 27)* 7
- Refused *Go to Section M: AIDS (p. 27)* 9

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

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)
 - 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)
 - 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)
 - 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)

- 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)

Would you say: *Please read*

- a. Very effective 1
- b. Somewhat effective 2
- or**
- c. Not at all effective 3
- Don't know how effective 4
- Don't know method 5
- Refused 9

Do not read these responses.

70. To your knowledge is there medical treatment available that may help a person who is infected with the AIDS virus live longer? (121)

- 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)

Would you say: *Please read*

- a. High 1
- b. Medium..... 2
- c. Low..... 3
- or**
- d. None 4

Do not read these responses.

- Don't know/Not sure 7
- 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)

- 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)

- 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)

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)

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 checkup 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)

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)
- 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

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.

Module 1: Smokeless Tobacco Use

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

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

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

"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 2: Radon Testing

- 1. Have you heard of radon, which is a radioactive gas that occurs in nature? (136)
 - a. Yes 1
 - b. No *Go to Next Module* 2
 - Don't know/Not sure 7
 - Refused 9

- 2. Has your household air been tested for the presence of radon gas? (137)
 - a. Yes 1
 - b. No 2
 - Don't know/Not sure 7
 - Refused 9

- 3. Do you know how to test your home for the presence of radon? (138)
 - a. Yes 1
 - b. No 2
 - Don't know/Not sure 7
 - Refused 9

- 4. Do you, or does anyone in your home plan to have your household air tested for radon within the next year? (139)
 - a. Yes 1
 - b. No 2
 - Don't know/Not sure 7
 - Refused 9

5. Please indicate your agreement or disagreement with the following statement: Prolonged exposure to radon gas can be harmful to your health. Do you agree or disagree? (140)

- a. Agree 1
- b. Disagree *Go to Q. 7* 2
- Don't know/Not sure 7
- Refused 9

6. Which, if any, of the following conditions do you think can be caused by prolonged radon exposure?

<i>Please Read</i>	Yes	No	DK/NS	Ref	
a. Headache	1	2	7	9	(141)
b. Asthma	1	2	7	9	(142)
c. Arthritis.....	1	2	7	9	(143)
d. Lung cancer	1	2	7	9	(144)
e. Other cancers besides lung	1	2	7	9	(145)

7. Which of the following best describes your residence? (146)

Please Read

- a. Single family home, duplex, or townhouse 1
- b. Apartment or condominium at basement level,
or on 1st or 2nd floor 2
- c. Apartment or condominium above 2nd floor 3
- d. Trailer or mobile home 4
- or**
- e. Other 5

Do not read these responses.	Don't know/Not sure	7
	Refused	9

Module 3: Dietary Fat

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 eat hot dogs or lunch meats such as ham or other cold cuts? (147–149)

- 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. How often do you eat bacon or sausage? (150–152)

- 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 pork other than ham, bacon, or sausage? (153–155)
- 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 hamburgers, cheeseburgers, or meat loaf? (156–158)
- 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 beef other than hamburgers, cheeseburgers, or meat loaf? (159–161)
- 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. How often do you eat fried chicken? (162–164)

- 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

7. How often do you eat french fries or fried potatoes? (165–167)

- 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

8. How often do you eat cheese or cheese spreads, not including cottage cheese? (168–170)

- Include cheese used as an ingredient, e.g., on pizza.**
- 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

9. How often do you eat doughnuts, cookies, cake, pastry, or pies? (171–173)
- 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

10. How often do you usually eat snacks, such as chips or popcorn? (174–176)
- 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

11. How often do you usually add butter or margarine to bread, rolls, or vegetables? (177–179)
- 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

12. How many eggs do you usually eat? (180–182)

- a. Per day 1 _ _
- b. Per week 2 _ _
- c. Per month 3 _ _
- d. Per year 4 _ _
- e. None 5 5 5
- Don't know/Not sure 7 7 7
- Refused 9 9 9

13. How many glasses (8 oz.) of whole milk do you usually drink?
Remember to include drinks made with whole milk or milk on cereal.
Do not include low-fat milk, such as skim milk or 2% milk. (183–185)

- a. Per day 1 _ _
- b. Per week 2 _ _
- c. Per month 3 _ _
- d. Per year 4 _ _
- e. None 5 5 5
- Don't know/Not sure 7 7 7
- Refused 9 9 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)

- 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)

- 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)
- 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)
- 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)

- 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)

- 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)

- Code age in years — —
- Don't know/Not sure 7 7
- Refused 9 9

2. Are you now taking insulin? (206)

- 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)

Would you say: *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

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)

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)

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

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)

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)

Activity (specify): _____ See coding list A
Refused Go to Next Module 9 9

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

8. How far did you usually walk/run/jog/swim? (225–227)

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)

- 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)

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

Activity Codes and Intensity Factors 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

Code description

- 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

<i>Size pool</i>	<i>Laps</i>
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

Module 7: Weight Control

- 1. Are you now trying to lose weight? (234)
 - 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)
 - 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)
 - 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 is 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)

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 closing statement* 7
- Refused *Go to closing statement* 9

2. Does any impairment or health problem NOW keep you from working at a job or business? (238)

- 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)

- 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)

- 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)

- 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)

- 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)

- 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)
 - 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)
 - 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)
 - 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)

- 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)

- 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)

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