



1986

**Behavioral Risk Factor Surveillance System
Questionnaire**

**Originally released for 1986 data collection year
Reconstructed October 9, 2008**

Behavioral Risk Factor Surveillance System 1986 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	8
Section D: Diet.....	11
Section E: Cigarette Smoking.....	13
Section F: Smokeless Tobacco.....	14
Section G: Alcohol Consumption.....	16
Section H: Demographics.....	19
Section I: Closing Statement.....	22
Coding Lists	23
Coding List A: Activity codes.....	23
Coding List B: Intensity factors for common leisure activities.....	23

BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM
DATA COLLECTION INSTRUMENT

INTERVIEWER'S SCRIPT

FIPS STATE	STRATUM CODE	PSU NUMBER	RECORD NUMBER	DATE OF INTERVIEW MM DD YY	INTERVIEWER ID
(1-2)	(3)	(4-7)	(8)	(9-14)	(15-16)

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 would like to ask some questions about things people do which may affect their health.

	Area Code	Prefix	Suffix	
1. Is this				<u>YES</u> -> GO TO QUESTION 2
	(17-19)	(20-22)	(23-24)	

NO -> Thank you very much, but I seem to have dialed the wrong number.
It is possible that your number may be called at a later time.
STOP

2. Is this a private residence? YES -> GO TO PAGE 2

NO -> Thank you very much, but we are only interviewing in private residences. STOP

Refusal Information _____

	FINAL DISPOSITION OF TELEPHONE ,CALL			
				(25-26)
01 - Completed Interview 02 - Refused Interview 03 - Non-working Number 04 - No Answer (multiple tries) 05 - Business Phone 06 - No Eligible Respondent at this number 07 - No Eligible Respondent could be reached during time period	08 - Language barrier prevented completion of interview 09 - Interview terminated within questionnaire 10 - Line busy (multiple tries) 11 - Selected respondent unable to respond because of physical or mental impairment			

Edited by: _____ Date: _____

Our study requires that we interview only one person who lives in your household.

1. How many members of your household, including yourself, are 18 years of age or older? (27)

IF ONE PERSON HOUSEHOLD
GO TO ALL RESPONDENTS

2. How many are men and how many are women?
Men (28) Women (29)

3. Who is the oldest man/woman who presently lives in this household?

4. Who is the next oldest man/woman who presently lives in this household?

INTERVIEWER: ORDER OF LISTING IS ALL MEN FIRST, OLDEST TO YOUNGEST THEN ALL WOMEN, OLDEST TO YOUNGEST.

Resident Number	Name/Relationship	LAST DIGIT OF TELEPHONE #										Resident Number
		0	1	2	3	4	5	6	7	8	9	
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 _____

INTERVIEWER: IF RESPONDENT IS NOT HOME, TRY TO ARRANGE TIME FOR CALLBACK

Callback: _____
Date: _____ Time: _____

IF SCREENING WAS NOT DONE WITH RESPONDENT

HELLO. I'm (Name of Interviewer) _____ calling for the _____ (Agency) _____. I'm a member of special research team.

We're doing a study of _____ (State) _____ 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.

All RESPONDENTS

The interview will take about 10 minutes or perhaps a little less and all the information obtained in this study will be confidential

Your name will not be used, but your responses will be grouped together with information from others participating in the study.

Of course, your part is voluntary and you can end the interview anytime you like. First, I'd like to begin by asking you about using seatbelts

SECTION A: SEATBELTS

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

Would you say	(PLEASE READ)	(30)
a. Always		1
b. Nearly Always		2
c. Sometimes		3
d. Seldom		4
e. Never		5
	Don't know/Not sure	7
	Never drive or ride in a car	8
	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?

(PROBE FOR DOCTOR, NURSE OR OTHER HEALTH PROFESSIONAL)

		(31)
a. No, <u>GO TO SECTION C, PAGE 8</u>		1
b. Yes, by a Doctor		2
c. Yes, by a Nurse		3
d. Yes, by other Health Professional		4
	Do not remember/Not sure <u>GO TO SECTION C, PAGE 8</u>	7
	Refused, <u>GO TO SECTION C, PAGE 8</u>	9

3. Have you been told on more than one occasion that your blood pressure was high, or have you been told this only once? (32)

- a. More than once 1
- b. Only once 2
- Do not remember/Not sure 7
- Refused 9

4. Is any medicine currently prescribed for your high blood pressure? (33)

- a. Yes 1
- b. No, GO TO Q6, PAGE 7 2
- Do not remember/Not sure GO TO Q6, PAGE 7 7
- Refused, GO TO Q6, PAGE 7 9

5. Are you currently taking medicine for your high blood pressure? (34)

(Probe for "All or most of the time" or "Only occasionally" if necessary. If answer is "Yes", use "Yes, all or most of the time")

- a. Yes, all or most of the time 1
- b. Yes, only occasionally 2
- OR
- No 3
- Do not remember/Not sure 7
- Refused, 9

6. Are you doing any of the following to help control your high blood pressure?

(PLEASE READ. CIRCLE APPROPRIATE ANSWER FOR EACH ITEM)

(PLEASE NOTE: "d4" IS DO NOT SMOKE)

	<u>YES</u>	<u>NO</u>	<u>NOT SURE</u>	<u>REFUSED</u>	
a. Following a low salt diet	1	2	7	9	(35)
b. Watching your weight.....	1	2	7	9	(36)
c. Avoiding stress, relaxing.....	1	2	7	9	(37)
d. Cutting down or stopping smoking.....	1	2	7	4	9 (38)
d. Following an exercise program.....	1	2	7	9	(39)

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

(PLEASE NOTE: NORMAL OR UNDER CONTROL INCLUDES "RETURNED TO NORMAL" AND "NO LONGER HAVE HIGH BLOOD PRESSURE")

(40)

a. Normal	1
b. Under Control	2
c. Still High	3
Don't know/Not sure	7
Refused	9

SECTION C: EXERCISE

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

8. During the past month, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening or walking for exercise? (41)
- | | | |
|----|------------------------------|---|
| a. | Yes, <u>GO TO Q 10</u> | 1 |
| b. | No | 2 |
| | Don't know/Not sure | 7 |
| | Refused | 9 |

9. Were there other activities or exercises that you participated in during the past month besides running, calisthenics, golf, yardwork or walking for exercise? (42)
- | | | |
|----|------------------------------------------------------------|---|
| a. | Yes | 1 |
| b. | No, <u>GO TO SECTION D, PAGE 11</u> | 2 |
| | Don't know/Not sure, <u>GO TO SECTION D, PAGE 11</u> | 7 |
| | Refused, <u>GO TO SECTION D, PAGE 11</u> | 9 |

10. What type of physical activity or exercise did you spend the most time doing during the past month? (43-44)
- | | | | |
|-------------------|----|----------------|-----|
| SEE CODING LIST A | a. | Activity | ___ |
| | | Refused | 99 |

Activity

ASK QUESTION 11 ONLY IF ANSWER TO Q10 IS RUNNING, JOGGING, WALKING, OR SWIMMING, ALL OTHERS, GO TO Q 12.

11. How far did you usually walk/run/jog/swim? (45-47)
- | | | |
|------------------------------------------------------------|---------------------------|-----|
| | a. Miles and tenths | ___ |
| (SEE CODING LIST B IF RESPONSE IS NOT IN MILES AND TENTHS) | Don't know/Not sure | 777 |
| | Refused | 999 |

12. How many times per week or per month did you take part in this activity during the past month?

(48-50)

- a. Times per week 1 ___ ___
or
- b. Times per month 2 ___ ___
Don't know/Not sure 777
Refused 999

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

(51-53)

- a. Hours & Minutes __:__ __
Don't know/Not sure 777
Refused 999

14. Was there another physical activity or exercise that you participated in during the last month?

(54)

- a. Yes 1
- b. No, GO TO SECTION D, PAGE 11 2
Don't know/Not sure, GO TO SECTION D, PAGE 11 7
Refused, GO TO SECTION D, PAGE 11 9

15. What other type of physical activity gave you the next most exercise during the past month?

(55-56)

- a. Activity ___ ___
Don't know/Not sure, GO TO SECTION D, PAGE 11 77
Refused GO TO SECTION D, PAGE 11 99

SEE CODING LIST A

Activity

ASK QUESTION 16 ONLY IF ANSWER TO Q15 IS RUNNING, JOGGING, WALKING, OR
SWIMMING, ALL OTHERS GO TO Q 17.

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

(57-59)

a. Miles and tenths _ . _

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

Don't know/Not sure 777

Refused 999

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

(60-62)

a. Times per week 1 _ _

or

b. Times per month 2 _ _

Don't know/Not sure 777

Refused 999

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

(63-65)

a. Hours & Minutes _ : _ _

Don't know/Not sure 777

Refused 999

SECTION D: DIET

19. About how much do you weigh without shoes

(66-68)

a. Weight	— — —
	pounds
Don't know/Not sure	777
Refused	999

20. About how tall are you without shoes?

(69-71)

a. Height	— — —
	Ft. Inches
Don't know/Not sure	777
Refused	999

21. Are you now trying to lose weight?

(72)

a. Yes	1
b. No, <u>GO TO 24, PAGE 12</u>	2
Refused, <u>GO TO 24, PAGE 12</u>	9

22. Are you eating fewer calories to lose weight?

(73)

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

23. Have you increased your physical activity to lose weight?

(74)

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

24. How often do you usually add salt to your food at the table?

Would you say

(PLEASE READ)

(75)

- | | | |
|----|---------------------------|---|
| a. | Most of the time | 1 |
| b. | Sometimes | 2 |
| c. | Rarely | 3 |
| d. | Never | 4 |
| | Don't know/Not sure | 7 |
| | Refused | 9 |

SECTION E: CIGARETTE SMOKING

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

25. Have you smoked at least 100 cigarettes in your life? (76)
- | | | |
|-------------------------------|----------------------------------------------|---|
| (100 cigarettes
= 5 packs) | a. Yes | 1 |
| | b. No, <u>GO TO SECTION F, PAGE 14</u> | 2 |
| | Don't know/Not sure | 8 |
| | Refused | 9 |
26. Do you smoke cigarettes now? (77)
- | | | |
|--|------------------------------------------------|---|
| | a. Yes | 1 |
| | b. No, <u>GO TO SECTION F, PAGE 14</u> | 2 |
| | Refused, <u>GO TO SECTION F, PAGE 14</u> | 9 |
27. On the average, about how many cigarettes a day do you now smoke? (78-79)
- | | | |
|-----------------------------|-------------------------------|-----|
| (1 Pack = 20
cigarettes) | a. Number of cigarettes | — — |
| | b. Don't smoke regularly..... | 88 |
| | Refused | 99 |
28. Have you stopped smoking for a week or more sometime during the past year? (80)
- | | | |
|--|---------------|---|
| | a. Yes | 1 |
| | b. No | 2 |
| | Refused | 9 |

SECTION F: SMOKELESS TOBACCO

The next questions are about smokeless tobacco, tobacco products most people call chewing tobacco or snuff.

29. Have you ever used or tried any smokeless tobacco products such as chewing tobacco or snuff? (81)

- a. Yes 1
- b. No, GO TO Q33 2
 - Don't know/Not sure, GO TO Q33 . 7
 - Refused, GO TO Q33 9

30. Do you currently use any smokeless tobacco products such as chewing tobacco or snuff? (82)

- a. Yes (includes occasional use) 1
- b. No, GO TO Q32 2
 - Don't know/Not sure, GO TO Q33 . 7
 - Refused, GO TO Q33 9

31. Have you stopped using smokeless tobacco for a week or more sometime during the past year? (83)

- a. Yes 1
- b. No 2
 - Occasional Use Only 3
 - Don't know/Not sure 7
 - Refused 9

32. For how long have you been using/did you use smokeless tobacco (84-85)

- a. Number of years — —
- b. Less than 1 year 87
- c. Occasional use only/Never used regularly 89
 - Don't know/Not sure 77
 - Refused 99

33. Do you think using smokeless tobacco can cause any of the following?

	<u>YES</u>	<u>NO</u>	<u>NOT SURE</u>	<u>REFUSED</u>	
a. Tooth decay.....	1	2	7	9	(86)
b. Cancer of the mouth.....	1	2	7	9	(87)
c. Gum disease or mouth sores.....	1	2	7	9	(88)
d. Stained teeth.....	1	2	7	9	(89)

SECTION G: ALCOHOL CONSUMPTION

These next few questions are about the use of beer, wine, or liquor—all kinds of alcoholic beverages that people drink at meals, special occasions, or when just relaxing.

34. Have you had any beer, wine or liquor during the past month, that is, since _____ (90)
- a. Yes 1
 - b. No, GO TO SECTION H, PAGE 19 2
 - Refused, GO TO SECTION H, PAGE 19 9

35. During the past month, how many days per week or per month did you drink any beer? (91-93)
- a. Days per week 1 ___ ___
or
 - b. Days per month 2 ___ ___
 - c. Never or none GO TO Q 37, PAGE 17 888
 - Don't know/Not sure, GO TO Q 37, PAGE 17 777
 - Refused GO TO Q 37, PAGE 17 999

36. On the days when you drank beer, about how many beers did you drink on the average? (94-95)
- a. Number of beers ___ ___
 - Don't know/Not sure 77
 - Refused 99

37. Also, during the past month, how many days per week or per month did you drink any wine?

(96-98)

- a. Days per week 1 ___
or
- b. Days per month 2 ___
- c. Never or none GO TO Q 39 888
Don't know/Not sure, GO TO Q 39 . 777
Refused GO TO Q 39 999

38. On the days when you drank wine, about how many glasses of wine did you drink on the average?

(99-100)

- a. Number of glasses of wine ___
Don't know/Not sure 77
Refused 99

39. And, during the past month, about how many days per week or per month did you have any liquor to drink, such as vodka, gin, rum or whiskey?

(101-103)

- a. Days per week 1 ___
or
- b. Days per month 2 ___
- c. Never or none GO TO Q 41, PAGE 18 888
Don't know/Not sure, GO TO Q 41, PAGE 18 777
Refused GO TO Q 41, PAGE 18 999

40. On the days when you drank any liquor, about how many drinks did you have on the average?

(104-105)

- a. Number of drinks ___
Don't know/Not sure 77
Refused 99

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

(106-107)

a.	Number of times	— —
b.	None	88
	Don't know/Not sure	77
	Refused	99

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

(108-109)

a.	Number of times	— —
b.	None	88
	Don't know/Not sure	77
	Refused	99

SECTION H: DEMOGRAPHICS

And finally, these last few questions ask for a little more information about yourself.

43. How old were you on your last birthday?

(110-111)

- | | | |
|----|--------------------------------|-------|
| a. | CODE AGE IN YEARS | __ __ |
| | Do not remember/Not sure | 07 |
| | Refused | 09 |

44. What is your race?

Would you say

(PLEASE READ)

(112)

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

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

(113)

- | | | |
|----|----------------------------|---|
| a. | Yes | 1 |
| b. | No | 2 |
| | Do not know/Not sure | 7 |
| | Refused | 9 |

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

(READ ONLY IF NECESSARY) (114)

- 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

47. Are you currently:

(PLEASE READ) (115)

- 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

48. And are you:

(PLEASE READ)		(116)
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

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

(PLEASE READ)		(117)
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

50. INTERVIEWER: INDICATE SEX OF RESPONDENT

(ASK IF NECESSARY)		(118)
a.	Male	1
b.	Female	2

INTERVIEWER: ASK THIS QUESTION ONLY TO FEMALES
BETWEEN 18 and 45, OTHERWISE, GO TO Q 52

51. To your knowledge, are you now pregnant? (119)
- a. Yes 1
 - b. No 2
 - Don't know/Not sure 7
 - Refused 9

52. Are there any other telephone numbers which can be used to reach this household?

- a. Yes, GO TO Q53
 No, CODE COLUMN 120, Q53 AS "1" AND
- b. READ CLOSING STATEMENT

53. How many telephone numbers will reach this household including the number I used today?

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

(120)

Total Telephone Numbers —

CLOSING STATEMENT

This concludes this interview. Again, the information will be kept strictly confidential and will be used only for routine statistical research purposes. Thank you for your assistance. We greatly appreciate your time and cooperation.

Coding Lists

Coding List A: Activity codes

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

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