

1975 NHIS Physical Fitness Supplement (20 years and over)

<p>The U.S. Public Health Service would like to know how many adults participate in some form of exercise, or in one or more popular sports.</p>			<p>R3</p> <p>1 <input type="checkbox"/> Not SP or SP under 19 (NP) 2 <input type="checkbox"/> SP 19+ callback required (NP) 3 <input type="checkbox"/> SP 19+ avail. (41-43)</p>
<p>41. Do you do any of these exercises on a regular basis – If "Yes," circle appropriate letter in person's column.</p>	<p>A. Ride a bicycle? B. Do calisthenics? C. Jog? D. Lift weights?</p>	<p>E. Swim? F. Walk for exercise? G. Do you do any other exercise on a regular basis?</p>	<p>41. 1 A 2 B 3 C 4 D 5 E 6 F G (Specify) _____ 0 <input type="checkbox"/> None</p>
<p>42a. During the past 12 months, have you participated in (any of these sports) – If "Yes," circle appropriate number in person's column and ask b and c.</p>	<p>1. Basketball? 2. Bowling? 3. Football? 4. Golf? 5. Gymnastics? 6. Handball? 7. Soccer? 8. Softball? 9. Baseball?</p>	<p>10. Swimming? 11. Tennis? 12. Track and field? 13. Volleyball? 14. Wrestling? 15. Any other sport?</p>	<p>42a. 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 (Specify) _____</p>
<p>b. Did you participate in—as a member of an organized team during the past 12 months? If "Yes," circle appropriate number in person's column.</p>			<p>b. 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 (Specify) _____</p>
<p>c. Did you participate in any—tournaments either as an individual or as a member of a team during the past 12 months? If "Yes," circle appropriate number in person's column and reask 42a.</p>			<p>c. 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 (Specify) _____</p>
<p>43. Would you say that you are physically more active, less active or about as active as other persons your age?</p>			<p>43. 1 <input type="checkbox"/> More 2 <input type="checkbox"/> Less 3 <input type="checkbox"/> Same</p>

1977 NHIS Health Habits (H1) Supplement (20 years and over)

<p>9. Would you say that you are physically more active, less active or about as active as other persons your age?</p>	<p>9. <input type="checkbox"/> 1 More active <input type="checkbox"/> Other – <input type="checkbox"/> 2 Less active Specify _____ <input type="checkbox"/> 3 Same</p>
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1983 NHIS Alcohol/Health Practices Supplement (18 years and over)

4. Would you say that you are physically more active, less active, or about as active as other persons your age?	10
1 <input type="checkbox"/> More active	
2 <input type="checkbox"/> Less active	
3 <input type="checkbox"/> Same	
8 <input type="checkbox"/> Other (<i>Specify</i>) _____	

1984 NHIS Supplement on Aging (55 years and over)

Section T. HEALTH OPINIONS		
<p>4a. Compared to other people your age, would you say you are physically more active, less active, or about as active?</p>	<p>1 <input type="checkbox"/> More active 2 <input type="checkbox"/> Less active 3 <input type="checkbox"/> About as active (5)</p>	<p>31</p>
<p>b. Is that [a lot more or a little more active/a lot less or a little less active]?</p>	<p>1 <input type="checkbox"/> Lot more 3 <input type="checkbox"/> Lot less 2 <input type="checkbox"/> Little more 4 <input type="checkbox"/> Little less</p>	<p>32</p>
<p>5a. Compared to your own level of physical activity 1 year ago, would you say you are now more active, less active, or about the same as you were then?</p>	<p>1 <input type="checkbox"/> More active 2 <input type="checkbox"/> Less active 3 <input type="checkbox"/> About the same (6)</p>	<p>33</p>
<p>b. Is that [a lot more or a little more active/a lot less or a little less active]?</p>	<p>1 <input type="checkbox"/> Lot more 3 <input type="checkbox"/> Lot less 2 <input type="checkbox"/> Little more 4 <input type="checkbox"/> Little less</p>	<p>34</p>
<p>6. How much control do you think YOU have over your future health? Would you say you have a great deal of control, some, very little, or none at all?</p>	<p>1 <input type="checkbox"/> A great deal of control 3 <input type="checkbox"/> Very little control 2 <input type="checkbox"/> Some control 4 <input type="checkbox"/> None at all</p>	<p>35</p>
<p>7. Do you feel that you get as much exercise as you need, or less than you need?</p>	<p>1 <input type="checkbox"/> As much as needed 2 <input type="checkbox"/> Less than needed</p>	<p>36</p>
<p>8. Do you follow a REGULAR routine of physical exercise?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>	<p>37</p>
<p>9. How often do you walk a mile or more at a time, without resting? (Note: One mile equals 8–12 blocks.) Probe if necessary: About how many days a week is that?</p>	<p>1 <input type="checkbox"/> Every day 4 <input type="checkbox"/> 1 day a week 2 <input type="checkbox"/> 4–6 days a week 5 <input type="checkbox"/> Less than 1 day a week 3 <input type="checkbox"/> 2–3 days a week 6 <input type="checkbox"/> Never</p>	<p>38</p>

**1985 NHIS Health Promotion and Disease Prevention
(1990 Objectives) Supplement (18 years and over)**

RT 72			
Section N. GENERAL HEALTH HABITS			
<p><i>Hand Card N1 or read responses for telephone interview.</i></p> <p>5. In your opinion which of these are the TWO best ways to lose weight?</p>	<p>1 <input type="checkbox"/> Don't eat at bedtime</p> <p>2 <input type="checkbox"/> Eat fewer calories</p> <p>3 <input type="checkbox"/> Take diet pills</p> <p>4 <input type="checkbox"/> Increase physical activity</p> <p>5 <input type="checkbox"/> Eat NO fat</p> <p>6 <input type="checkbox"/> Eat grapefruit with each meal</p>		
	<table border="1" style="float: right; margin-right: 10px;"> <tr><td style="width: 20px;">16</td></tr> <tr><td>17</td></tr> </table>	16	17
16			
17			

<p>8. Have you increased your physical activity to lose weight?</p>	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p>	
	<table border="1" style="float: right; margin-right: 10px;"> <tr><td style="width: 20px;">20</td></tr> </table>	20
20		

Section P. HIGH BLOOD PRESSURE – Continued			
<p>8. Because of your hypertension or high blood pressure, has a doctor or other health professional EVER advised you to –</p>	<p>a. Diet to lose weight?</p> <p>1 <input type="checkbox"/> Yes (9) 22</p> <p>2 <input type="checkbox"/> No (8b)</p>	<p>b. Cut down on salt or sodium in your diet?</p> <p>1 <input type="checkbox"/> Yes (9) 23</p> <p>2 <input type="checkbox"/> No (8c)</p>	<p>c. Exercise?</p> <p>1 <input type="checkbox"/> Yes (9) 24</p> <p>2 <input type="checkbox"/> No (11)</p>
<p>9. Have you EVER followed this advice?</p>	<p>1 <input type="checkbox"/> Yes (10) 25</p> <p>2 <input type="checkbox"/> No (8b)</p>	<p>1 <input type="checkbox"/> Yes (10) 26</p> <p>2 <input type="checkbox"/> No (8c)</p>	<p>1 <input type="checkbox"/> Yes (10) 27</p> <p>2 <input type="checkbox"/> No (11)</p>
<p>10. Are you NOW following this advice?</p>	<p>1 <input type="checkbox"/> Yes } (8b) 28</p> <p>2 <input type="checkbox"/> No }</p>	<p>1 <input type="checkbox"/> Yes } (8c) 29</p> <p>2 <input type="checkbox"/> No }</p>	<p>1 <input type="checkbox"/> Yes } (11) 30</p> <p>2 <input type="checkbox"/> No }</p>

Section R. EXERCISE		3-4
R1	<p>1 <input type="checkbox"/> SP is physically handicapped (<i>Describe in footnotes, THEN 1</i>)</p> <p>2 <input type="checkbox"/> Other (2)</p>	5
<p><i>Read to respondent:</i></p> <p>These next questions are about physical exercise. Hand calendar.</p> <p>1a. In the past 2 weeks (outlined on that calendar), beginning Monday (date) and ending this past Sunday (date), have you done any exercises, sports, or physically active hobbies?</p> <p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No (3, page 13)</p>		6
<p>b. What were they?</p> <p><i>Record on next page, THEN 1c.</i></p>		
<p>c. Anything else?</p> <p><input type="checkbox"/> Yes (Reask 1b and c)</p> <p><input type="checkbox"/> No (2b)</p>		

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Section R. EXERCISE – Continued			
NOTE – ASK ALL OF 2a BEFORE GOING TO 2b–d.		NOTE: ASK 2b–d FOR EACH ACTIVITY MARKED “YES” IN 2a.	
<i>Read to respondent: These next questions are about physical exercise. Hand calendar.</i>			
2a. In the past 2 weeks (outlined on that calendar), beginning Monday, (date), and ending this past Sunday, (date), have you done any (of the following exercises, sports, or physically active hobbies) –		b. How many times in the past 2 weeks did you [play/go/do] (activity in 2a)?	
(1) Walking for exercise? YES NO 1 <input type="checkbox"/> 2 <input type="checkbox"/>		(1) _____ Times	
7		8–9	
R2 Refer to age: 1 <input type="checkbox"/> SP is 75+ (23) 8 <input type="checkbox"/> Other (2)		10–12	
14		Minutes	
(2) Jogging or running? 1 <input type="checkbox"/> 2 <input type="checkbox"/>		(2) _____ Times	
15		16–17	
(3) Hiking? 1 <input type="checkbox"/> 2 <input type="checkbox"/>		(3) _____ Times	
22		18–20	
(4) Gardening or yard work? 1 <input type="checkbox"/> 2 <input type="checkbox"/>		(4) _____ Times	
29		25–27	
(5) Aerobics or aerobic dancing? 1 <input type="checkbox"/> 2 <input type="checkbox"/>		(5) _____ Times	
36		30–31	
(6) Other dancing? 1 <input type="checkbox"/> 2 <input type="checkbox"/>		(6) _____ Times	
43		32–34	
(7) Callisthenics or general exercise? 1 <input type="checkbox"/> 2 <input type="checkbox"/>		(7) _____ Times	
50		37–38	
(8) Golf? 1 <input type="checkbox"/> 2 <input type="checkbox"/>		(8) _____ Times	
57		39–41	
(9) Tennis? 1 <input type="checkbox"/> 2 <input type="checkbox"/>		(9) _____ Times	
64		44–45	
(10) Bowling? 1 <input type="checkbox"/> 2 <input type="checkbox"/>		(10) _____ Times	
71		46–48	
(11) Biking? 1 <input type="checkbox"/> 2 <input type="checkbox"/>		(11) _____ Times	
78		51–52	
(12) Swimming or water exercises? 1 <input type="checkbox"/> 2 <input type="checkbox"/>		(12) _____ Times	
85		53–55	
(13) Yoga? 1 <input type="checkbox"/> 2 <input type="checkbox"/>		(13) _____ Times	
92		58–59	
R3 Refer to age: 1 <input type="checkbox"/> SP is 65–74 (23) 8 <input type="checkbox"/> Other (14)		60–62	
RT77 3–4 5 6		67–69	
(14) Weight lifting or training? 1 <input type="checkbox"/> 2 <input type="checkbox"/>		(14) _____ Times	
13		74–76	
(15) Basketball? 1 <input type="checkbox"/> 2 <input type="checkbox"/>		(15) _____ Times	
20		77–78	
(16) Baseball or softball? 1 <input type="checkbox"/> 2 <input type="checkbox"/>		(16) _____ Times	
27		79–80	
(17) Football? 1 <input type="checkbox"/> 2 <input type="checkbox"/>		(17) _____ Times	
34		81–83	
(18) Soccer? 1 <input type="checkbox"/> 2 <input type="checkbox"/>		(18) _____ Times	
41		93–94	
(19) Volleyball? 1 <input type="checkbox"/> 2 <input type="checkbox"/>		(19) _____ Times	
48		95–97	
(20) Handball, racquetball, or squash? 1 <input type="checkbox"/> 2 <input type="checkbox"/>		(20) _____ Times	
55		_____ Minutes	
(21) Skating? 1 <input type="checkbox"/> 2 <input type="checkbox"/>		(21) _____ Times	
62		_____ Minutes	
(22) Skiing? 1 <input type="checkbox"/> 2 <input type="checkbox"/>		(22) _____ Times	
69–70		_____ Minutes	
(23) Have you done any (other) exercises, sports, or physically active hobbies in the past 2 weeks (that I haven't mentioned)? Anything else?		(23) _____ Times	
□ Yes – What were they? □ No		_____ Minutes	
71–72		_____ Minutes	
77–78		_____ Minutes	
_____		_____ Minutes	
_____		_____ Minutes	

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Section R. EXERCISE – Continued									
3. Do you exercise or play sports regularly?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (5)								
4. For how long have you exercised or played sports regularly?	_____ Number <table style="display: inline-table; vertical-align: middle; margin-left: 10px;"> <tr><td style="font-size: 2em;">{</td><td>1 <input type="checkbox"/> Days</td></tr> <tr><td></td><td>2 <input type="checkbox"/> Weeks</td></tr> <tr><td></td><td>3 <input type="checkbox"/> Months</td></tr> <tr><td></td><td>4 <input type="checkbox"/> Years</td></tr> </table>	{	1 <input type="checkbox"/> Days		2 <input type="checkbox"/> Weeks		3 <input type="checkbox"/> Months		4 <input type="checkbox"/> Years
{	1 <input type="checkbox"/> Days								
	2 <input type="checkbox"/> Weeks								
	3 <input type="checkbox"/> Months								
	4 <input type="checkbox"/> Years								
5a. Would you say that you are physically more active, less active, or about as active as other persons your age?	1 <input type="checkbox"/> More active 2 <input type="checkbox"/> Less active 3 <input type="checkbox"/> About as active (R4) 4 <input type="checkbox"/> Other (Specify) _____ (R4)								
b. Is that (a lot more or a little more/a lot less or a little less) active?	1 <input type="checkbox"/> A lot more 2 <input type="checkbox"/> A little more 3 <input type="checkbox"/> A lot less 4 <input type="checkbox"/> A little less								
R4	Refer to "Wa/Wb" boxes in C1 on HIS-1. 1 <input type="checkbox"/> Wa or Wb box marked (6a) 2 <input type="checkbox"/> Other (6c)								
6a. How much hard physical work is required on your job? Would you say a great deal, a moderate amount, a little, or none?	1 <input type="checkbox"/> Great deal 2 <input type="checkbox"/> Moderate amount 3 <input type="checkbox"/> A little } (7) 4 <input type="checkbox"/> None }								
b. About how many hours per day do you perform hard physical work on your job?	_____ Hours (7)								
c. How much hard physical work is required in your main daily activity? Would you say a great deal, a moderate amount, a little, or none?	1 <input type="checkbox"/> Great deal 2 <input type="checkbox"/> Moderate amount 3 <input type="checkbox"/> A little } (7) 4 <input type="checkbox"/> None }								
d. About how many hours per day do you perform hard physical work in your main daily activity?	_____ Hours								
<i>Read to respondent:</i>									
These next questions are about strengthening the heart and lungs through exercise.									
7a. How many days a week do you think a person should exercise to strengthen the heart and lungs?	_____ Days 8 <input type="checkbox"/> Other (Specify) _____ 9 <input type="checkbox"/> DK								
b. For how many minutes do you think a person should exercise on EACH occasion so that the heart and lungs are strengthened?	_____ Minutes 999 <input type="checkbox"/> DK								
<i>Hand card R1</i>									
c. (During those (number in 7b) minutes), How fast do you think a person's heart rate and breathing should be to strengthen the heart and lungs? Do you think that the heart and breathing rate should be – no faster than usual, a little faster than usual, a lot faster but talking is possible, so fast that talking is not possible?	1 <input type="checkbox"/> No faster than usual 2 <input type="checkbox"/> A little faster than usual 3 <input type="checkbox"/> A lot faster but talking is possible 4 <input type="checkbox"/> So fast that talking is not possible 5 <input type="checkbox"/> DK								
FOOTNOTES									

FORM HIS-1(SB) (1985) (4-25-85)

1988 NHIS Occupational Health Supplement
(18 years and over, ever employed)

Section N1 — WORK HISTORY — Continued		
CHECK ITEM 7	<i>Refer to Check Item 5B.</i>	<div style="display: flex; justify-content: space-between;"> <div style="border-left: 1px dashed black; padding-left: 5px;"> 1 <input type="checkbox"/> Entry in Check Item 5B (Transcribe entries) 8 <input type="checkbox"/> All others (Transcribe entries from 4c and e) </div> <div style="border-left: 1px dashed black; padding-left: 5px;"> Employer Occupation </div> <div style="font-size: 2em;">}</div> <div style="text-align: right;"> (10) </div> </div>
72		
73		
<p>10a. These next questions are about your job as a <u> </u> (occupation in Check Item 7) for <u> </u> (employer in Check Item 7). Did your job require you to do REPEATED STRENUOUS PHYSICAL ACTIVITIES such as lifting, pushing or pulling heavy objects?</p>		
1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (11)		74-76
<p>b. During a typical work day, how many minutes or hours altogether did you spend doing STRENUOUS PHYSICAL ACTIVITIES?</p>		
_____ } 1 <input type="checkbox"/> Minutes Number } 2 <input type="checkbox"/> Hours		77
<p>11a. Did this job require you to do REPEATED bending, twisting or reaching?</p>		
1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (12)		78-80
<p>b. During a typical work day, how many minutes or hours altogether did you spend bending, twisting or reaching?</p>		
_____ } 1 <input type="checkbox"/> Minutes Number } 2 <input type="checkbox"/> Hours		81
<p>12a. Did this job require you to BEND or TWIST your hands or wrists MANY TIMES AN HOUR?</p>		
1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (13)		82-84
<p>b. During a typical workday, how many minutes or hours altogether did you spend bending or twisting your hands or wrists?</p>		
_____ } 1 <input type="checkbox"/> Minutes Number } 2 <input type="checkbox"/> Hours		85
<p>13a. On this job, did you work with hand-held or hand-operated vibrating tools or machinery?</p>		
1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (14)		86-88
<p>b. During a typical work day, how many minutes or hours altogether did you spend working with hand-held or hand-operated vibrating machinery?</p>		
_____ } 1 <input type="checkbox"/> Minutes Number } 2 <input type="checkbox"/> Hours		

**1990 NHIS Health Promotion and Disease Prevention
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Section Q – GENERAL HEALTH HABITS	
	Sample Person Number _____
<p><i>Hand Card Q1. Read categories if telephone interview.</i></p> <p>5. In your opinion which of these are the TWO best ways to lose weight?</p>	<p>1 <input type="checkbox"/> Don't eat at bedtime</p> <p>2 <input type="checkbox"/> Eat fewer calories</p> <p>3 <input type="checkbox"/> Take diet pills</p> <p>4 <input type="checkbox"/> Increase physical activity</p> <p>5 <input type="checkbox"/> Eat NO fat</p> <p>6 <input type="checkbox"/> Eat grapefruit with each meal</p> <p>9 <input type="checkbox"/> DK</p> <p>0 <input type="checkbox"/> None of these</p>
<p>8. Have you increased your physical activity to lose weight?</p>	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p>

Section W – EXERCISE		
ITEM W1	<p><i>Refer to "Wa/Wb" boxes in C1 on HIS-1.</i></p>	<p>1 <input type="checkbox"/> Wa or Wb box marked</p> <p>8 <input type="checkbox"/> Other</p>
ITEM W2	<p><i>Mark from observation or previous information.</i></p>	<p>1 <input type="checkbox"/> SP is physically handicapped (<i>Describe in footnotes, THEN 1</i>)</p> <p>8 <input type="checkbox"/> Other (<i>2</i>)</p>
<p>These next questions are about physical exercise. Hand calendar.</p>		
<p>1 a. In the past 2 weeks (outlined on that calendar), beginning Monday (<i>date</i>) and ending this past Sunday (<i>date</i>), have you done any exercises, sports, or physically active hobbies?</p>		<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No (<i>3 on page 19</i>)</p>
<p>b. What were they? <i>Record on next page, THEN 1c.</i></p>		
<p>c. Anything else?</p> <p style="text-align: right;"><input type="checkbox"/> Yes (<i>Reask 1b and c</i>) <input type="checkbox"/> No (<i>2b</i>)</p>		

1990 NHIS Health Promotion and Disease Prevention (1990 Objectives) Supplement (18 years and over)

Section W – EXERCISE – Continued			
NOTE – ASK ALL OF 2a BEFORE GOING TO 2b–d.		NOTE: ASK 2b–d FOR EACH ACTIVITY MARKED “YES” IN 2a.	
<p>These next questions are about physical exercise. <i>Hand calendar.</i></p> <p>2a. In the past 2 weeks (outlined on that calendar), beginning Monday, (date), and ending this past Sunday, (date), have you done any (of the following exercises, sports, or physically active hobbies) –</p> <p>(1) Walking for exercise? YES <input type="checkbox"/> NO <input type="checkbox"/> 8607</p>		<p>b. How many times in the past 2 weeks did you (play/go/do) (activity in 2a)?</p> <p>(1) _____ Times 8608</p>	
		<p>c. On the average, about how many minutes did you actually spend (activity in 2a) on each occasion?</p> <p>_____ Minutes 8610</p>	
		<p>d. (What usually happened to your heart rate or breathing when you (activity in 2a)?) Did you have a small, moderate, or large increase, or no increase at all in your heart rate or breathing?</p> <p>1 <input type="checkbox"/> Small 3 <input type="checkbox"/> Large 8613 2 <input type="checkbox"/> Moderate 4 <input type="checkbox"/> None</p>	
ITEM W2 Refer to age. 1 <input type="checkbox"/> SP is 75+ (23) 8 <input type="checkbox"/> Other (2)			
(2) Jogging or running? 1 <input type="checkbox"/> 2 <input type="checkbox"/>		(2) _____ Times 8616	_____ Minutes 8618
		1 <input type="checkbox"/> Small 3 <input type="checkbox"/> Large 8621 2 <input type="checkbox"/> Moderate 4 <input type="checkbox"/> None	
(3) Hiking? 1 <input type="checkbox"/> 2 <input type="checkbox"/>		(3) _____ Times 8623	_____ Minutes 8625
		1 <input type="checkbox"/> Small 3 <input type="checkbox"/> Large 8628 2 <input type="checkbox"/> Moderate 4 <input type="checkbox"/> None	
(4) Gardening or yard work? 1 <input type="checkbox"/> 2 <input type="checkbox"/>		(4) _____ Times 8630	_____ Minutes 8632
		1 <input type="checkbox"/> Small 3 <input type="checkbox"/> Large 8635 2 <input type="checkbox"/> Moderate 4 <input type="checkbox"/> None	
(5) Aerobics or aerobic dancing? 1 <input type="checkbox"/> 2 <input type="checkbox"/>		(5) _____ Times 8637	_____ Minutes 8639
		1 <input type="checkbox"/> Small 3 <input type="checkbox"/> Large 8642 2 <input type="checkbox"/> Moderate 4 <input type="checkbox"/> None	
(6) Other dancing? 1 <input type="checkbox"/> 2 <input type="checkbox"/>		(6) _____ Times 8644	_____ Minutes 8646
		1 <input type="checkbox"/> Small 3 <input type="checkbox"/> Large 8649 2 <input type="checkbox"/> Moderate 4 <input type="checkbox"/> None	
(7) Calisthenics or general exercise? 1 <input type="checkbox"/> 2 <input type="checkbox"/>		(7) _____ Times 8651	_____ Minutes 8653
		1 <input type="checkbox"/> Small 3 <input type="checkbox"/> Large 8656 2 <input type="checkbox"/> Moderate 4 <input type="checkbox"/> None	
(8) Golf? 1 <input type="checkbox"/> 2 <input type="checkbox"/>		(8) _____ Times 8658	_____ Minutes 8660
		1 <input type="checkbox"/> Small 3 <input type="checkbox"/> Large 8663 2 <input type="checkbox"/> Moderate 4 <input type="checkbox"/> None	
(9) Tennis? 1 <input type="checkbox"/> 2 <input type="checkbox"/>		(9) _____ Times 8665	_____ Minutes 8667
		1 <input type="checkbox"/> Small 3 <input type="checkbox"/> Large 8670 2 <input type="checkbox"/> Moderate 4 <input type="checkbox"/> None	
(10) Bowling? 1 <input type="checkbox"/> 2 <input type="checkbox"/>		(10) _____ Times 8672	_____ Minutes 8674
		1 <input type="checkbox"/> Small 3 <input type="checkbox"/> Large 8677 2 <input type="checkbox"/> Moderate 4 <input type="checkbox"/> None	
(11) Biking? 1 <input type="checkbox"/> 2 <input type="checkbox"/>		(11) _____ Times 8679	_____ Minutes 8681
		1 <input type="checkbox"/> Small 3 <input type="checkbox"/> Large 8684 2 <input type="checkbox"/> Moderate 4 <input type="checkbox"/> None	
(12) Swimming or water exercises? 1 <input type="checkbox"/> 2 <input type="checkbox"/>		(12) _____ Times 8686	_____ Minutes 8688
		1 <input type="checkbox"/> Small 3 <input type="checkbox"/> Large 8691 2 <input type="checkbox"/> Moderate 4 <input type="checkbox"/> None	
(13) Yoga? 1 <input type="checkbox"/> 2 <input type="checkbox"/>		(13) _____ Times 8693	_____ Minutes 8695
		1 <input type="checkbox"/> Small 3 <input type="checkbox"/> Large 8698 2 <input type="checkbox"/> Moderate 4 <input type="checkbox"/> None	
ITEM W3 Refer to age. 1 <input type="checkbox"/> SP is 65–74 (23) 8 <input type="checkbox"/> Other (14)			
(14) Weight lifting or training? 1 <input type="checkbox"/> 2 <input type="checkbox"/>		(14) _____ Times 8707	_____ Minutes 8709
		1 <input type="checkbox"/> Small 3 <input type="checkbox"/> Large 8712 2 <input type="checkbox"/> Moderate 4 <input type="checkbox"/> None	
(15) Basketball? 1 <input type="checkbox"/> 2 <input type="checkbox"/>		(15) _____ Times 8714	_____ Minutes 8716
		1 <input type="checkbox"/> Small 3 <input type="checkbox"/> Large 8719 2 <input type="checkbox"/> Moderate 4 <input type="checkbox"/> None	
(16) Baseball or softball? 1 <input type="checkbox"/> 2 <input type="checkbox"/>		(16) _____ Times 8721	_____ Minutes 8723
		1 <input type="checkbox"/> Small 3 <input type="checkbox"/> Large 8726 2 <input type="checkbox"/> Moderate 4 <input type="checkbox"/> None	
(17) Football? 1 <input type="checkbox"/> 2 <input type="checkbox"/>		(17) _____ Times 8728	_____ Minutes 8730
		1 <input type="checkbox"/> Small 3 <input type="checkbox"/> Large 8733 2 <input type="checkbox"/> Moderate 4 <input type="checkbox"/> None	
(18) Soccer? 1 <input type="checkbox"/> 2 <input type="checkbox"/>		(18) _____ Times 8735	_____ Minutes 8737
		1 <input type="checkbox"/> Small 3 <input type="checkbox"/> Large 8740 2 <input type="checkbox"/> Moderate 4 <input type="checkbox"/> None	
(19) Volleyball? 1 <input type="checkbox"/> 2 <input type="checkbox"/>		(19) _____ Times 8742	_____ Minutes 8744
		1 <input type="checkbox"/> Small 3 <input type="checkbox"/> Large 8747 2 <input type="checkbox"/> Moderate 4 <input type="checkbox"/> None	
(20) Handball, racquetball, or squash? 1 <input type="checkbox"/> 2 <input type="checkbox"/>		(20) _____ Times 8749	_____ Minutes 8751
		1 <input type="checkbox"/> Small 3 <input type="checkbox"/> Large 8754 2 <input type="checkbox"/> Moderate 4 <input type="checkbox"/> None	
(21) Skating? 1 <input type="checkbox"/> 2 <input type="checkbox"/>		(21) _____ Times 8756	_____ Minutes 8758
		1 <input type="checkbox"/> Small 3 <input type="checkbox"/> Large 8761 2 <input type="checkbox"/> Moderate 4 <input type="checkbox"/> None	
(22) Skiing? 1 <input type="checkbox"/> 2 <input type="checkbox"/>		(22) _____ Times 8763	_____ Minutes 8765
		1 <input type="checkbox"/> Small 3 <input type="checkbox"/> Large 8768 2 <input type="checkbox"/> Moderate 4 <input type="checkbox"/> None	
(23) Have you done any (other) exercises, sports, or physically active hobbies in the past 2 weeks (that I haven't mentioned)?			
<input type="checkbox"/> Yes – What were they? <input type="checkbox"/> No Anything else?			
		8771	8773
		1 <input type="checkbox"/> Small 3 <input type="checkbox"/> Large 8776 2 <input type="checkbox"/> Moderate 4 <input type="checkbox"/> None	
		8779	8781
		1 <input type="checkbox"/> Small 3 <input type="checkbox"/> Large 8784 2 <input type="checkbox"/> Moderate 4 <input type="checkbox"/> None	

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Section W – EXERCISE – Continued		
3. Do you exercise or play sports regularly?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (5)	8785
4. For how long have you exercised or played sports regularly?	_____ Number <div style="display: inline-block; vertical-align: middle; margin-left: 10px;"> { <input type="checkbox"/> Days <input type="checkbox"/> Weeks <input type="checkbox"/> Months <input type="checkbox"/> Years </div>	8786
5a. Would you say that you are physically more active, less active, or about as active as other persons your age?	1 <input type="checkbox"/> More active 2 <input type="checkbox"/> Less active 3 <input type="checkbox"/> About as active } (W4) 8 <input type="checkbox"/> Other	8789
b. Is that [a lot more or a little more/a lot less or a little less] active?	1 <input type="checkbox"/> A lot more 2 <input type="checkbox"/> A little more 3 <input type="checkbox"/> A lot less 4 <input type="checkbox"/> A little less	8790
ITEM W4	Refer to "Wa/Wb" boxes in C1 on HIS-1. <input type="checkbox"/> Wa or Wb box marked (6a) <input type="checkbox"/> Other (6c)	
6a. How much hard physical work is required on your job? Would you say a great deal, a moderate amount, a little, or none?	1 <input type="checkbox"/> Great deal 2 <input type="checkbox"/> Moderate amount 3 <input type="checkbox"/> A little } (7) 4 <input type="checkbox"/> None	8792
b. About how many hours per day do you perform hard physical work on your job?	_____ Hours (7)	8793
c. How much hard physical work is required in your main daily activity? Would you say a great deal, a moderate amount, a little, or none?	1 <input type="checkbox"/> Great deal 2 <input type="checkbox"/> Moderate amount 3 <input type="checkbox"/> A little } (7) 4 <input type="checkbox"/> None	8795
d. About how many hours per day do you perform hard physical work in your main daily activity?	_____ Hours	8796
These next questions are about strengthening the heart and lungs through exercise.	0 <input type="checkbox"/> No days (Section X)	8798
7a. How many days a week do you think a person should exercise to strengthen the heart and lungs?	_____ Days a week 8 <input type="checkbox"/> Other 9 <input type="checkbox"/> DK or refused	
b. For how many minutes do you think a person should exercise on EACH occasion so that the heart and lungs are strengthened?	_____ Minutes 999 <input type="checkbox"/> DK	8799
<i>Hand card W.</i>		8702
c. (During those (number in 7b) minutes), How fast do you think a person's heart rate and breathing should be to strengthen the heart and lungs? Do you think that the heart and breathing rate should be – no faster than usual, a little faster than usual, a lot faster but talking is possible, so fast that talking is not possible?	1 <input type="checkbox"/> No faster than usual 2 <input type="checkbox"/> A little faster than usual 3 <input type="checkbox"/> A lot faster but talking is possible 4 <input type="checkbox"/> So fast that talking is not possible 9 <input type="checkbox"/> DK	

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Section G – NUTRITION		RT 77
		3-4
<i>Hand Card G1. Read each category if telephone interview.</i>		
<p>3. Are you currently doing any of these things to control your weight?</p> <p><i>Mark each that applies.</i></p>	<p>01 <input type="checkbox"/> Joined a weight loss program</p> <p>02 <input type="checkbox"/> Eating fewer calories</p> <p>03 <input type="checkbox"/> Eating special products, such as canned or powdered food supplements</p> <p>04 <input type="checkbox"/> Exercising more</p> <p>05 <input type="checkbox"/> Fasting for 24 hours or longer</p> <p>06 <input type="checkbox"/> Skipping meals</p> <p>07 <input type="checkbox"/> Taking diet pills</p> <p>08 <input type="checkbox"/> Taking laxatives</p> <p>09 <input type="checkbox"/> Taking water pills or diuretics</p> <p>10 <input type="checkbox"/> Vomiting</p> <p>98 <input type="checkbox"/> Something else – <i>Specify</i> _____</p> <p>00 <input type="checkbox"/> Nothing</p>	<p>7-8</p> <p>9-10</p> <p>11-12</p> <p>13-14</p> <p>15-16</p> <p>17-18</p> <p>19-20</p> <p>21-22</p> <p>23-24</p> <p>25-26</p> <p>27-28</p> <p>29-30</p>

Section I – OCCUPATIONAL SAFETY AND HEALTH		RT 79
		3-4
<i>Hand Card I4. Read each category if telephone interview.</i>		
<p>10a. Which of these exercise programs are made available to you by your employer?</p> <p><i>Mark each that applies.</i></p>	<p>01 <input type="checkbox"/> Walking group</p> <p>02 <input type="checkbox"/> Jogging/Running group</p> <p>03 <input type="checkbox"/> Biking/Cycling group</p> <p>04 <input type="checkbox"/> Aerobics classes</p> <p>05 <input type="checkbox"/> Swimming classes</p> <p>06 <input type="checkbox"/> Non-aerobic exercise classes</p> <p>07 <input type="checkbox"/> Weight lifting classes</p> <p>08 <input type="checkbox"/> Fully paid membership in health/fitness club</p> <p>09 <input type="checkbox"/> Partially paid membership in health/fitness club</p> <p>10 <input type="checkbox"/> Physical activity or exercise competitions</p> <p>98 <input type="checkbox"/> Other – <i>Specify</i> ▾ _____</p> <p>00 <input type="checkbox"/> No programs</p> <p>99 <input type="checkbox"/> DK</p>	<p>30-31</p> <p>32-33</p> <p>34-35</p> <p>36-37</p> <p>38-39</p> <p>40-41</p> <p>42-43</p> <p>44-45</p> <p>46-47</p> <p>48-49</p> <p>50-51</p> <p>52-53</p> <p>54-55</p>
<i>Hand Card I5. Read each category if telephone interview.</i>		
<p>b. Which of these exercise facilities are made available to you by your employer, on the premises?</p> <p><i>Mark each that applies.</i></p>	<p>01 <input type="checkbox"/> Gymnasium/Exercise room</p> <p>02 <input type="checkbox"/> Weight lifting equipment</p> <p>03 <input type="checkbox"/> Exercise equipment</p> <p>04 <input type="checkbox"/> Walking/Jogging path</p> <p>05 <input type="checkbox"/> Parcours/Fitness trails</p> <p>06 <input type="checkbox"/> Bike path</p> <p>07 <input type="checkbox"/> Bike racks</p> <p>08 <input type="checkbox"/> Swimming pool</p> <p>09 <input type="checkbox"/> Showers</p> <p>10 <input type="checkbox"/> Lockers</p> <p>98 <input type="checkbox"/> Other – <i>Specify</i> ▾ _____</p> <p>00 <input type="checkbox"/> No facilities</p> <p>99 <input type="checkbox"/> DK</p>	<p>56-57</p> <p>58-59</p> <p>60-61</p> <p>62-63</p> <p>64-65</p> <p>66-67</p> <p>68-69</p> <p>70-71</p> <p>72-73</p> <p>74-75</p> <p>76-77</p> <p>78-79</p> <p>80-81</p>

Section M – PHYSICAL ACTIVITY AND FITNESS		RT 83
		3-4
These next questions are about physical exercise.		
ITEM M1	<i>Mark from observation or previous information.</i>	6
<i>Hand calendar.</i>		
<p>1a. In the past 2 weeks (outlined on that calendar), beginning Monday (date) and ending this past Sunday (date), have you done any exercises, sports, or physically active hobbies?</p>	<p>1 <input type="checkbox"/> Yes (1b)</p> <p>2 <input type="checkbox"/> No } (3 on page 40)</p> <p>9 <input type="checkbox"/> DK }</p>	6
<p>b. What were they?</p> <p><i>Record on next page, THEN 1c.</i></p>		
<p>c. Anything else?</p>	<p><input type="checkbox"/> Yes (Reask 1b and c)</p> <p><input type="checkbox"/> No (2b)</p>	

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Section M – PHYSICAL ACTIVITY AND FITNESS – Continued			
NOTE: ASK ALL OF 2a BEFORE GOING TO 2b–d.		NOTE: ASK 2b–d FOR EACH ACTIVITY MARKED "YES" IN 2a.	
Hand calendar.			
2a. In the past 2 weeks (outlined on that calendar), beginning Monday, (date), and ending this past Sunday, (date), have you done any of the following exercises, sports, or physically active hobbies –	b. How many times in the past 2 weeks did you [go/do] (activity in 2a)?	c. On the average, about how many minutes did you actually spend (doing) (activity in 2a) each time?	d. (What usually happened to your heart rate or breathing when you [did/went] (activity in 2a)? Did you have a small, moderate, or large increase, or no increase at all in your heart rate or breathing?)
YES NO 7	8-9	10-12	13
(1) Walking for exercise? 1 <input type="checkbox"/> 2 <input type="checkbox"/>	(1) _____ Times	_____ Minutes	1 <input type="checkbox"/> Small 3 <input type="checkbox"/> Large 2 <input type="checkbox"/> Moderate 0 <input type="checkbox"/> No inc. 9 <input type="checkbox"/> DK
14	15-16	17-19	20
(2) Gardening or yard work? 1 <input type="checkbox"/> 2 <input type="checkbox"/>	(2) _____ Times	_____ Minutes	1 <input type="checkbox"/> Small 3 <input type="checkbox"/> Large 2 <input type="checkbox"/> Moderate 0 <input type="checkbox"/> No inc. 9 <input type="checkbox"/> DK
21	22-23	24-26	
(3) Stretching exercises? 1 <input type="checkbox"/> 2 <input type="checkbox"/>	(3) _____ Times	_____ Minutes (Next activity)	
27	28-29	30-32	33
(4) Weightlifting or other exercises to increase muscle strength? 1 <input type="checkbox"/> 2 <input type="checkbox"/>	(4) _____ Times	_____ Minutes	1 <input type="checkbox"/> Small 3 <input type="checkbox"/> Large 2 <input type="checkbox"/> Moderate 0 <input type="checkbox"/> No inc. 9 <input type="checkbox"/> DK
34	35-36	37-39	40
(5) Jogging or running? 1 <input type="checkbox"/> 2 <input type="checkbox"/>	(5) _____ Times	_____ Minutes	1 <input type="checkbox"/> Small 3 <input type="checkbox"/> Large 2 <input type="checkbox"/> Moderate 0 <input type="checkbox"/> No inc. 9 <input type="checkbox"/> DK
41	42-43	44-46	47
(6) Aerobics or aerobic dancing? YES NO 1 <input type="checkbox"/> 2 <input type="checkbox"/>	(6) _____ Times	_____ Minutes	1 <input type="checkbox"/> Small 3 <input type="checkbox"/> Large 2 <input type="checkbox"/> Moderate 0 <input type="checkbox"/> No inc. 9 <input type="checkbox"/> DK
48	49-50	51-53	54
(7) Riding a bicycle or exercise bike? 1 <input type="checkbox"/> 2 <input type="checkbox"/>	(7) _____ Times	_____ Minutes	1 <input type="checkbox"/> Small 3 <input type="checkbox"/> Large 2 <input type="checkbox"/> Moderate 0 <input type="checkbox"/> No inc. 9 <input type="checkbox"/> DK
55	56-57	58-60	61
(8) Stair climbing? 1 <input type="checkbox"/> 2 <input type="checkbox"/>	(8) _____ Times	_____ Minutes	1 <input type="checkbox"/> Small 3 <input type="checkbox"/> Large 2 <input type="checkbox"/> Moderate 0 <input type="checkbox"/> No inc. 9 <input type="checkbox"/> DK
62	63-64	65-67	68
(9) Swimming for exercise? 1 <input type="checkbox"/> 2 <input type="checkbox"/>	(9) _____ Times	_____ Minutes	1 <input type="checkbox"/> Small 3 <input type="checkbox"/> Large 2 <input type="checkbox"/> Moderate 0 <input type="checkbox"/> No inc. 9 <input type="checkbox"/> DK
69	70-71	72-74	75
(10) Playing tennis? 1 <input type="checkbox"/> 2 <input type="checkbox"/>	(10) _____ Times	_____ Minutes	1 <input type="checkbox"/> Small 3 <input type="checkbox"/> Large 2 <input type="checkbox"/> Moderate 0 <input type="checkbox"/> No inc. 9 <input type="checkbox"/> DK
76	77-78		
(11) Bowling? 1 <input type="checkbox"/> 2 <input type="checkbox"/>	(11) _____ Times (Next activity)		
79	80-81		
(12) Playing golf? YES NO 1 <input type="checkbox"/> 2 <input type="checkbox"/>	(12) _____ Times (Next activity)		
82	83-84	85-87	88
(13) Playing baseball or softball? 1 <input type="checkbox"/> 2 <input type="checkbox"/>	(13) _____ Times	_____ Minutes	1 <input type="checkbox"/> Small 3 <input type="checkbox"/> Large 2 <input type="checkbox"/> Moderate 0 <input type="checkbox"/> No inc. 9 <input type="checkbox"/> DK
89	90-91	92-94	95
(14) Playing handball, racquetball, or squash? 1 <input type="checkbox"/> 2 <input type="checkbox"/>	(14) _____ Times	_____ Minutes	1 <input type="checkbox"/> Small 3 <input type="checkbox"/> Large 2 <input type="checkbox"/> Moderate 0 <input type="checkbox"/> No inc. 9 <input type="checkbox"/> DK
96	97-98		
(15) Skiing? <input type="checkbox"/> Yes <input type="checkbox"/> No (16)			
(a) Downhill? 1 <input type="checkbox"/> 2 <input type="checkbox"/>	(a) _____ Times (Next activity)		
99	100-101	102-104	105
(b) Cross-country? 1 <input type="checkbox"/> 2 <input type="checkbox"/>	(b) _____ Times	_____ Minutes	1 <input type="checkbox"/> Small 3 <input type="checkbox"/> Large 2 <input type="checkbox"/> Moderate 0 <input type="checkbox"/> No inc. 9 <input type="checkbox"/> DK
106	107-108		
(c) Water? 1 <input type="checkbox"/> 2 <input type="checkbox"/>	(c) _____ Times (Next activity)		
RT 84 3-4	6-7	8-10	11
(16) Playing basketball? YES NO 1 <input type="checkbox"/> 2 <input type="checkbox"/>	(16) _____ Times	_____ Minutes	1 <input type="checkbox"/> Small 3 <input type="checkbox"/> Large 2 <input type="checkbox"/> Moderate 0 <input type="checkbox"/> No inc. 9 <input type="checkbox"/> DK
12	13-14	15-17	18
(17) Playing volleyball? 1 <input type="checkbox"/> 2 <input type="checkbox"/>	(17) _____ Times	_____ Minutes	1 <input type="checkbox"/> Small 3 <input type="checkbox"/> Large 2 <input type="checkbox"/> Moderate 0 <input type="checkbox"/> No inc. 9 <input type="checkbox"/> DK
19	20-21	22-24	25
(18) Playing soccer? 1 <input type="checkbox"/> 2 <input type="checkbox"/>	(18) _____ Times	_____ Minutes	1 <input type="checkbox"/> Small 3 <input type="checkbox"/> Large 2 <input type="checkbox"/> Moderate 0 <input type="checkbox"/> No inc. 9 <input type="checkbox"/> DK
26	27-28	29-31	32
(19) Playing football? 1 <input type="checkbox"/> 2 <input type="checkbox"/>	(19) _____ Times	_____ Minutes	1 <input type="checkbox"/> Small 3 <input type="checkbox"/> Large 2 <input type="checkbox"/> Moderate 0 <input type="checkbox"/> No inc. 9 <input type="checkbox"/> DK
(20) Have you done any (other) exercises, sports, or physically active hobbies in the past 2 weeks? 1 <input type="checkbox"/> Yes – What were they? 2 <input type="checkbox"/> No Anything else? If listed activity, mark "Yes" for that activity, otherwise, specify ↴			
33	36-37	38-40	41
34-35			
42	45-46	47-49	50
43-44	(20) _____ Times	_____ Minutes	1 <input type="checkbox"/> Small 3 <input type="checkbox"/> Large 2 <input type="checkbox"/> Moderate 0 <input type="checkbox"/> No inc. 9 <input type="checkbox"/> DK
	(20) _____ Times	_____ Minutes	1 <input type="checkbox"/> Small 3 <input type="checkbox"/> Large 2 <input type="checkbox"/> Moderate 0 <input type="checkbox"/> No inc. 9 <input type="checkbox"/> DK

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Section M – PHYSICAL ACTIVITY AND FITNESS – Continued																																																																													
ITEM M2	Refer to Section L, question 3 on page 36 about last routine check-up.	1 <input type="checkbox"/> Less than 1 year (3) 8 <input type="checkbox"/> Other (Section N)	51																																																																										
3. During your last routine check-up, did the doctor or other health professional recommend that you BEGIN or CONTINUE to do any type of exercise or physical activity? If "Yes," ask if this was to begin or continue.		1 <input type="checkbox"/> Yes, to BEGIN 2 <input type="checkbox"/> Yes, to CONTINUE 3 <input type="checkbox"/> Yes, Both 4 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (Section N)	52																																																																										
Ask 4b, c, and d for each activity marked "Yes" in 4a.																																																																													
4a. What type of exercise or physical activity did the doctor or other health professional recommend that you [BEGIN (or) CONTINUE] to do? Read all categories.	RT 94 3-4	b. How many times per week did the doctor or other health professional tell you to [play/go/do] (activity in 4a)?	c. How many minutes did the doctor or other health professional tell you to spend [playing/going/doing] (activity in 4a) each time that you do it?																																																																										
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 5%;"></td> <td style="width: 10%; text-align: center;">YES</td> <td style="width: 10%; text-align: center;">NO</td> <td style="width: 10%;"></td> </tr> <tr> <td></td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">5</td> </tr> </table>		YES	NO			1 <input type="checkbox"/>	2 <input type="checkbox"/>	5		<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 5%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> </tr> <tr> <td>(1) Aerobics or aerobic dancing?</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">5</td> <td style="text-align: center;">6-7</td> </tr> <tr> <td>(2) Riding a bicycle or exercise bike?</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">18</td> <td style="text-align: center;">19-20</td> </tr> <tr> <td>(3) Jogging or running?</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">31</td> <td style="text-align: center;">32-33</td> </tr> <tr> <td>(4) Swimming laps or water exercises?</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">44</td> <td style="text-align: center;">45-46</td> </tr> <tr> <td>(5) Walking?</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">57</td> <td style="text-align: center;">58-59</td> </tr> <tr> <td>(6) Other aerobic type exercise?</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">70</td> <td style="text-align: center;">71-72</td> </tr> <tr> <td>(7) Exercises to increase muscle strength?</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">83</td> <td style="text-align: center;">84-85</td> </tr> <tr> <td>(8) Stretching exercises?</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">89</td> <td style="text-align: center;">90-91</td> </tr> <tr> <td>(9) Other – Specify ↴</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">96</td> <td style="text-align: center;">98-99</td> </tr> <tr> <td></td> <td></td> <td></td> <td style="text-align: center;">96-97</td> <td></td> </tr> </table>						(1) Aerobics or aerobic dancing?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	5	6-7	(2) Riding a bicycle or exercise bike?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	18	19-20	(3) Jogging or running?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	31	32-33	(4) Swimming laps or water exercises?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	44	45-46	(5) Walking?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	57	58-59	(6) Other aerobic type exercise?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	70	71-72	(7) Exercises to increase muscle strength?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	83	84-85	(8) Stretching exercises?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	89	90-91	(9) Other – Specify ↴	1 <input type="checkbox"/>	2 <input type="checkbox"/>	96	98-99				96-97		<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 5%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> </tr> <tr> <td>_____ Minutes</td> <td style="text-align: center;">997 <input type="checkbox"/></td> <td style="text-align: center;">No rec.</td> <td style="text-align: center;">8-10</td> <td></td> </tr> </table>						_____ Minutes	997 <input type="checkbox"/>	No rec.	8-10		d. Which of these ways, if any, did the doctor or other health professional recommend to check how hard you should exercise? Hand card M1. Read all categories if telephone interview. Mark all that apply.
	YES	NO																																																																											
	1 <input type="checkbox"/>	2 <input type="checkbox"/>	5																																																																										
(1) Aerobics or aerobic dancing?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	5	6-7																																																																									
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4 <input type="checkbox"/> Distance/Speed	5 <input type="checkbox"/> Talk	6 <input type="checkbox"/> Other																																																																											
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1993 NHIS Year 2000 Objectives Supplement (18 years and over)

YD – OCCUPATIONAL SAFETY AND HEALTH – Continued		
<i>HAND CARD T4. Read each category if telephone interview.</i>		
6a. Which of these exercise programs are made available to you by your employer? Anything else? <i>Mark (X) each that applies.</i>	01 <input type="checkbox"/> Walking group	19-20
	02 <input type="checkbox"/> Jogging/Running group	21-22
	03 <input type="checkbox"/> Biking/Cycling group	23-24
	04 <input type="checkbox"/> Aerobics classes	25-26
	05 <input type="checkbox"/> Swimming classes	27-28
	06 <input type="checkbox"/> Non-aerobic exercise classes	29-30
	07 <input type="checkbox"/> Weight lifting classes	31-32
	08 <input type="checkbox"/> Fully paid membership in health/fitness club	33-34
	09 <input type="checkbox"/> Partially paid membership in health/fitness club	35-36
	10 <input type="checkbox"/> Physical activity or exercise competitions	37-38
	98 <input type="checkbox"/> Other – <i>Specify</i> <u> </u>	39-40
	00 <input type="checkbox"/> No programs	41-42
	99 <input type="checkbox"/> DK	43-44
	<i>HAND CARD T5. Read each category if telephone interview.</i>	
b. Which of these exercise facilities are made available to you by your employer, on the premises? Anything else? <i>Mark (X) each that applies.</i>	01 <input type="checkbox"/> Gymnasium/Exercise room	45-46
	02 <input type="checkbox"/> Weight lifting equipment	47-48
	03 <input type="checkbox"/> Exercise equipment	49-50
	04 <input type="checkbox"/> Walking/Jogging path	51-52
	05 <input type="checkbox"/> Parcours/Fitness trails	53-54
	06 <input type="checkbox"/> Bike path	55-56
	07 <input type="checkbox"/> Bike racks	57-58
	08 <input type="checkbox"/> Swimming pool	59-60
	09 <input type="checkbox"/> Showers	61-62
	10 <input type="checkbox"/> Lockers	63-64
	98 <input type="checkbox"/> Other – <i>Specify</i> <u> </u>	65-66
	00 <input type="checkbox"/> No facilities	67-68
	99 <input type="checkbox"/> DK	69-70

YG – CLINICAL AND PREVENTIVE SERVICES				RT 80
				3-4
3. During this last check-up, were you asked about –	Yes	No	DK	
a. Your diet and eating habits?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	8
b. The amount of physical activity or exercise you get?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	9

1994 NHIS Year 2000 Objectives Supplement (18 years and over)

Part C – OCCUPATIONAL SAFETY AND HEALTH		
<i>HAND CARD YC4. Read categories if telephone interview.</i>		
<p>7a. In the past year, which of these exercise facilities, if any, were made available to you by your employer?</p> <p>(Anything else?)</p> <p>Mark (X) each that applies.</p>	01 <input type="checkbox"/> Gymnasium/Exercise room	48-49
	02 <input type="checkbox"/> Weight lifting equipment	50-51
	03 <input type="checkbox"/> Exercise equipment	52-53
	04 <input type="checkbox"/> Walking/Jogging path	54-55
	05 <input type="checkbox"/> Parcours/Fitness trails	56-57
	06 <input type="checkbox"/> Bike path	58-59
	07 <input type="checkbox"/> Bike racks	60-61
	08 <input type="checkbox"/> Swimming pool	62-63
	09 <input type="checkbox"/> Showers	64-65
	10 <input type="checkbox"/> Lockers	66-67
	11 <input type="checkbox"/> Other – Specify <i>z</i>	68-69
99 <input type="checkbox"/> DK	70-71	
00 <input type="checkbox"/> No facilities (8)	72-73	
<i>Refer to Card YC4. Read categories marked in 7a if telephone interview.</i>		
<p>b. In the past year, which of these facilities did you use?</p> <p>(Anything else?)</p> <p>Mark (X) each that applies.</p>	01 <input type="checkbox"/> Gymnasium/Exercise room	74-75
	02 <input type="checkbox"/> Weight lifting equipment	76-77
	03 <input type="checkbox"/> Exercise equipment	78-79
	04 <input type="checkbox"/> Walking/Jogging path	80-81
	05 <input type="checkbox"/> Parcours/Fitness trails	82-83
	06 <input type="checkbox"/> Bike path	84-85
	07 <input type="checkbox"/> Bike racks	86-87
	08 <input type="checkbox"/> Swimming pool	88-89
	09 <input type="checkbox"/> Showers	90-91
	10 <input type="checkbox"/> Lockers	92-93
	11 <input type="checkbox"/> Other – Specify <i>z</i>	94-95
99 <input type="checkbox"/> DK	96-97	
00 <input type="checkbox"/> None	98-99	
<i>HAND CARD YC5. Read categories if telephone interview.</i>		
<p>8a. In the past year, which of these exercise programs, if any, were made available to you on the premises by your employer?</p> <p>(Anything else?)</p> <p>Mark (X) each that applies.</p>	01 <input type="checkbox"/> Walking group	5-6
	02 <input type="checkbox"/> Jogging/Running group	7-8
	03 <input type="checkbox"/> Biking/Cycling group	9-10
	04 <input type="checkbox"/> Aerobics class	11-12
	05 <input type="checkbox"/> Swimming class	13-14
	06 <input type="checkbox"/> Non-aerobic exercise class	15-16
	07 <input type="checkbox"/> Weight lifting class	17-18
	08 <input type="checkbox"/> Fully paid membership in health/fitness club	19-20
	09 <input type="checkbox"/> Partially paid membership in health/fitness club	21-22
	10 <input type="checkbox"/> Physical activity or exercise competition	23-24
	11 <input type="checkbox"/> Other – Specify <i>z</i>	25-26
99 <input type="checkbox"/> DK	27-28	
00 <input type="checkbox"/> No Programs (9)	29-30	
<i>Refer to Card YC5. Read categories marked in 8a if telephone interview.</i>		
<p>b. In the past year, which of these programs did you participate in?</p> <p>(Anything else?)</p> <p>Mark (X) each that applies.</p>	01 <input type="checkbox"/> Walking group	31-32
	02 <input type="checkbox"/> Jogging/Running group	33-34
	03 <input type="checkbox"/> Biking/Cycling group	35-36
	04 <input type="checkbox"/> Aerobics class	37-38
	05 <input type="checkbox"/> Swimming class	39-40
	06 <input type="checkbox"/> Non-aerobic exercise class	41-42
	07 <input type="checkbox"/> Weight lifting class	43-44
	08 <input type="checkbox"/> Fully paid membership in health/fitness club	45-46
	09 <input type="checkbox"/> Partially paid membership in health/fitness club	47-48
	10 <input type="checkbox"/> Physical activity or exercise competition	49-50
	11 <input type="checkbox"/> Other – Specify <i>z</i>	51-52

Part D – HEART DISEASE AND STROKE				
RT 96				
3-4				
3. During this last check-up, were you asked about –				
	Yes	No	DK	
a. Your diet and eating habits?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	26
b. The amount of physical activity or exercise you get?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	27

Part F – FAMILY				
2. Thinking only of the family members 10 or over who live with you, in the past month, have you had any discussions about –				
	Yes	No	DK	
a. Nutrition and healthy eating habits?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	60
b. Exercise, sports or other physical activities, as related to health?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	61

**1994 NHIS Disability Follow-back Survey -
Adult's Questionnaire (DFS 2) (70 years and over, with a disability)**

Section M – HEALTH OPINIONS AND BEHAVIORS		RT 92 3-4
<i>Reminder – If SP is less than 70 years old, skip to Section O on page 87.</i>		
<p>3. Compared to your own level of physical activity 1 year ago, would you say you are now more active, less active, or about the same as you were then?</p> <p><i>Mark (X) only one.</i></p>	<p>1 <input type="checkbox"/> More active 2 <input type="checkbox"/> Less active 3 <input type="checkbox"/> About the same 9 <input type="checkbox"/> DK</p>	7
<p>4. Do you follow a REGULAR routine of physical exercise?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p>	8

1994 NHIS Disability Follow-back Survey - Supplement on Aging (DFS-3) (70 years and over, without a disability)

Section K – HEALTH OPINIONS AND BEHAVIORS		RT 41 3-4
<i>READ TO RESPONDENT – Now I'd like to ask your personal opinions about health related matters.</i>		5
3. Compared to your own level of physical activity 1 year ago, would you say you are now more active, less active, or about the same as you were then? <i>Mark (X) only one.</i>	<input type="checkbox"/> More active <input type="checkbox"/> Less active <input type="checkbox"/> About the same <input type="checkbox"/> DK	7
4. Do you follow a REGULAR routine of physical exercise?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	8

1995 NHIS Year 2000 Objectives Supplement (18 years and over)

Part B - NUTRITION		RT 94 3-4
<i>HAND CARD YB1. Read categories if telephone interview.</i>		
<p>2. Are you currently doing any of these things to control your weight?</p> <p><i>Mark (X) all that apply.</i></p>	<p>01 <input type="checkbox"/> Joined a weight loss program</p> <p>02 <input type="checkbox"/> Eating fewer calories</p> <p>03 <input type="checkbox"/> Eating special products such as canned or powdered food supplements</p> <p>04 <input type="checkbox"/> Exercising more</p> <p>05 <input type="checkbox"/> Eating less fat</p> <p>06 <input type="checkbox"/> Skipping meals</p> <p>07 <input type="checkbox"/> Taking diet pills</p> <p>08 <input type="checkbox"/> Taking laxatives</p> <p>09 <input type="checkbox"/> Taking water pills or diuretics</p> <p>10 <input type="checkbox"/> Vomiting</p> <p>11 <input type="checkbox"/> Fasting for 24 hours or longer</p> <p>98 <input type="checkbox"/> Something else - <i>Specify</i> _____</p> <p>00 <input type="checkbox"/> Nothing</p>	<p>6-7</p> <p>8-9</p> <p>10-11</p> <p>12-13</p> <p>14-15</p> <p>16-17</p> <p>18-19</p> <p>20-21</p> <p>22-23</p> <p>24-25</p> <p>26-27</p> <p>28-29</p> <p>30-31</p>
Part B - NUTRITION - Continued		
<p>8a. In the past 12 months, did you participate in an exercise class or exercise program?</p>	<p>1 <input type="checkbox"/> Yes (8b)</p> <p>2 <input type="checkbox"/> No</p> <p>9 <input type="checkbox"/> DK } (Part C on page 53)</p>	<p>48</p>
<p>b. Where was the exercise class given - at a senior center, hospital, or some other place?</p> <p><i>If multiple classes, probe for the location of the most recent.</i></p> <p><i>Mark (X) only one.</i></p>	<p>1 <input type="checkbox"/> Senior center</p> <p>2 <input type="checkbox"/> Hospital</p> <p>3 <input type="checkbox"/> Other place</p> <p>9 <input type="checkbox"/> DK</p>	<p>49</p>

Part E - PHYSICAL ACTIVITY AND FITNESS		RT 95 3-4
These next questions are about physical exercise.		
<p>ITEM E1</p> <p><i>Mark from observation or previous information.</i></p>	<p>1 <input type="checkbox"/> SP is physically handicapped (<i>Describe in notes, THEN 1</i>)</p> <p>8 <input type="checkbox"/> Other (<i>2 on page 57</i>)</p>	<p>5</p>
<i>HAND CALENDAR.</i>		
<p>1a. In the past 2 weeks (outlined on that calendar), beginning Monday (date) and ending this past Sunday (date), have you done any exercises, sports, or physically active hobbies?</p>	<p>1 <input type="checkbox"/> Yes (1b)</p> <p>2 <input type="checkbox"/> No</p> <p>9 <input type="checkbox"/> DK } (3 on page 58)</p>	<p>6</p>
<p>b. What were they?</p> <p><i>Record in 2a on page 57, THEN 1c.</i></p>		
<p>c. Anything else?</p>	<p><input type="checkbox"/> Yes (<i>Reask 1b and c</i>)</p> <p><input type="checkbox"/> No (<i>Mark "No" for all remaining activities in 2a, then go to 2b</i>)</p>	

1995 NHIS Year 2000 Objectives Supplement (18 years and over)

Part E - PHYSICAL ACTIVITY AND FITNESS - Continued			
NOTE: ASK ALL OF 2a BEFORE GOING TO 2b-d.		NOTE: ASK 2b-d FOR EACH ACTIVITY MARKED "YES" IN 2a.	
HAND CALENDAR.			
2a. In the past 2 weeks (outlined on that calendar), beginning Monday, (date), and ending this past Sunday, (date), have YOU done any of the following exercises, sports, or physically active hobbies —		b. How many times in the past 2 weeks did you (go/do) (activity in 2a)?	c. On the average, about how many minutes did you actually spend (doing) (activity in 2a) each time?
YES	NO		
<input type="checkbox"/>	<input type="checkbox"/>	7	8-9
(1) Walking for exercise?	<input type="checkbox"/>	<input type="checkbox"/>	10-12
			13
		14	15-16
(2) Gardening or yard work?	<input type="checkbox"/>	<input type="checkbox"/>	17-19
			20
		21	22-23
(3) Stretching exercises?	<input type="checkbox"/>	<input type="checkbox"/>	24-26
			27
(4) Weightlifting or other exercises to increase muscle strength?	<input type="checkbox"/>	<input type="checkbox"/>	28-29
			30-32
		34	33
(5) Jogging or running?	<input type="checkbox"/>	<input type="checkbox"/>	34-39
			40
		41	42-43
(6) Aerobics or aerobic dancing?	<input type="checkbox"/>	<input type="checkbox"/>	44-46
			47
		48	49-50
(7) Riding a bicycle or exercise bike?	<input type="checkbox"/>	<input type="checkbox"/>	51-53
			54
		55	56-57
(8) Stair climbing for exercise?	<input type="checkbox"/>	<input type="checkbox"/>	58-60
			61
		62	63-64
(9) Swimming for exercise?	<input type="checkbox"/>	<input type="checkbox"/>	65-67
			68
		69	70-71
(10) Playing tennis?	<input type="checkbox"/>	<input type="checkbox"/>	72-74
			75
		76	77-78
(11) Playing golf?	<input type="checkbox"/>	<input type="checkbox"/>	79
			80-81
		82	82-84
(12) Bowling?	<input type="checkbox"/>	<input type="checkbox"/>	85-87
			88
		89	90-91
(13) Playing baseball or softball?	<input type="checkbox"/>	<input type="checkbox"/>	92-94
			95
		96	97-98
(15) Skiing? <input type="checkbox"/> Yes <input type="checkbox"/> No (16)			
(a) Downhill?	<input type="checkbox"/>	<input type="checkbox"/>	100-101
			102-104
		99	105
(b) Cross-country?	<input type="checkbox"/>	<input type="checkbox"/>	107-108
			109
		106	110-111
(c) Water?	<input type="checkbox"/>	<input type="checkbox"/>	112-113
			114-115
		RT 96	116-117
		3-4	118-119
(16) Playing basketball?	<input type="checkbox"/>	<input type="checkbox"/>	120-121
			122-123
		5	124-125
		12	126-127
(17) Playing volleyball?	<input type="checkbox"/>	<input type="checkbox"/>	128-129
			130-131
		19	132-133
(18) Playing soccer?	<input type="checkbox"/>	<input type="checkbox"/>	134-135
			136-137
		26	138-139
(19) Playing football?	<input type="checkbox"/>	<input type="checkbox"/>	140-141
			142-143
		28	144-145
(20) Have you done any (other) exercises, sports, or physically active hobbies in the past 2 weeks?			
<input type="checkbox"/> Yes - What were they? <input type="checkbox"/> No			
Anything else?			
If activity listed above, mark "Yes" for it; otherwise, specify z			
(a) _____		34-35	36-37
			38-40
		42	41
(20a) _____ Times			42-43
			44-46
		43-44	47-49
			50
(20b) _____ Times			51-52
			53-54
			55-56
			57-58
			59-60
			61-62
			63-64
			65-66
			67-68
			69-70
			71-72
			73-74
			75-76
			77-78
			79-80
			81-82
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			173-174
			175-176
			177-178
			179-180
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			191-192
			193-194
			195-196
			197-198
			199-200

1997-Forward NHIS Sample Adult Core - Adult Health Behavior (AHB) Section

The next questions are about physical activities (exercise, sports, physically active hobbies...) that you may do in your LEISURE time.

AHB.090 How often do you do VIGOROUS activities for AT LEAST 10 MINUTES that cause HEAVY sweating or LARGE increases in breathing or heart rate?

NUMBER OF TIMES

(000) Never

(001-995) 1-995 times

(996) Unable to do this type of activity

(997) Refused

(999) DK

TIME PERIOD

(0) Never (AHB.100)

(1) Day (AHB.100)

(2) Week (AHB.100)

(3) Month (AHB.100)

(4) Year (AHB.100)

(6) Unable to do this activity (AHB.110)

(7) Refused (AHB.100)

(9) DK (AHB.100)

AHB.100 About how long do you do these vigorous activities each time?

NUMBER

(001-720) 1-720

(997) Refused

(999) DK

TIME PERIOD

(1) Minutes (AHB.110)

(2) Hours (AHB.110)

(7) Refused (AHB.110)

(9) DK (AHB.108)

AHB.108 Each time you do these vigorous activities, do you do them 20 minutes or more, or less than 20 minutes? [1997-2003]

(1) Less than 20 minutes

(2) 20 Minutes or more

(7) Refused

(9) Don't know

AHB.110 How often do you do LIGHT OR MODERATE activities for AT LEAST 10 MINUTES that cause ONLY LIGHT sweating or a SLIGHT to MODERATE increase in breathing or heart rate?

NUMBER OF TIMES per

(000) Never

(001-995) 1-995

(996) Unable to do this type activity

(997) Refused

(999) DK

TIME PERIOD

(0) Never (AHB.130)

(1) Day (AHB.120)

(2) Week (AHB.120)

(3) Month (AHB.120)

(4) Year (AHB.120)

(6) Unable to do this type activity (AHB.130)

(7) Refused (ABH.130)

(9) DK (AHB.130)

AHB.120 About how long do you do these light or moderate activities each time?

NUMBER

(001-995) 1-995

(997) Refused

(999) DK

TIME PERIOD

- (1) Minutes (AHB.130)
- (2) Hours (AHB.130)
- (7) Refused (AHB.130)
- (9) DK (AHB.128)

AHB.128 Each time you do these light or moderate activities, do you do them 20 minutes or more, or less than 20 minutes? [1997-2003]

- (1) Less than 20 minutes
- (2) 20 Minutes or more
- (7) Refused
- (9) DK

AHB.130 How often do you do physical activities specifically designed to STRENGTHEN your muscles such as lifting weights or doing calisthenics? (Include all such activities even if you have mentioned them before.)

- [] NUMBER OF TIMES per
 - (000) Never
 - (001-995) 1-995
 - (996) Unable to do this type activity
 - (997) Refused
 - (999) DK
- [] TIME PERIOD
 - (0) Never
 - (1) Day
 - (2) Week
 - (3) Month
 - (4) Year
 - (6) Unable to do this type activity
 - (7) Refused
 - (9) DK

1998 NHIS Year 2000 Objectives Supplement (18 years and over)

These questions were identical in content to the 1995 Year 2000 Objectives Supplement questions [although the format was converted to accommodate computer-assisted personal interviewing.] The 1998 questions are not repeated here.

2000 NHIS Sample Adult Cancer Supplement (18 years and over)

NAD.010 These next questions are about physical activity.

Do you usually walk or bike to work, school, or to do errands?

- (1) Yes
- (2) No
- (3) Unable to walk or bike
- (7) Refused
- (9) Don't know

NAD.020 Which one of the following BEST describes your usual daily activities related to moving around? Do NOT include exercises, sports, or physically active hobbies done in your leisure time.

HELP: DAILY activities may include work, housework if you are a homemaker, going to and attending classes if you are a student, and what you normally do throughout a typical day if you are retired or unemployed.

LEISURE activities include exercises, sports, or physically active hobbies that you do in your leisure time.

- FR: IF RESPONDENT IS BEDRIDDEN, ENTER '1'.
- FR: READ IF NECESSARY: Pick the one you do MOST often.

Do you (READ CATEGORIES BELOW)...

- (1) SIT during MOST of the day?
- (2) STAND during MOST of the day?
- (3) WALK AROUND MOST of the day?
- (7) Refused
- (9) Don't know

NAD.030 Which one of the following BEST describes your usual daily activities related to lifting or carrying things? Do NOT include activities done in your leisure time.

HELP: DAILY activities may include work, housework if you are a homemaker, going to and attending classes if you are a student, and what you normally do throughout a typical day if you are retired or unemployed. LEISURE activities include exercises, sports, or physically active hobbies that you do in your leisure time.

FR: READ IF NECESSARY: Pick the one you do MOST often.

Do you (READ CATEGORIES 1-4 BELOW).

- (1) NOT lift or carry things very often? (6) Other
- (2) LIFT or carry LIGHT loads? (7) Refused
- (3) LIFT or carry MODERATE loads? (9) Don't know
- (4) LIFT or carry HEAVY loads?
- (5) Unable to lift or carry loads?

NAD.040 {Outside of work, how/How} many hours do you spend per day during the WEEKDAYS sitting?
(00-24) 0-24 hours per day (97) Refused (99) Don't know

NAD.050 {Outside of work, how/How} many hours do you spend per day during the WEEKEND sitting?

FR: READ IF NECESSARY:

Include watching television or videos, working on the computer, playing video games, using the Internet, knitting, sewing, reading, fishing, taking long drives, watching ball games or doing other sitting activities. Weekend means any days off, not necessarily Saturday and Sunday.

FR: IF PERSON IS BEDRIDDEN, INCLUDE ONLY WAKING HOURS LYING DOWN.

(00-24) 0-24 hours per day (97) Refused (99) Don't know

NAD.060 During the PAST 12 MONTHS, did a doctor or other health professional RECOMMEND that you BEGIN or CONTINUE to do any type of exercise or physical activity?

- (1) Yes (7) Refused
- (2) No (9) Don't know
- (3) Did not see a doctor in the PAST 12 MONTHS

2001 NHIS Sample Adult Core (AHB) – (supplement questions)
(18 yrs and over)

AHB.130.010 How often do you do physical activities designed to STRETCH your muscles such as yoga, or exercises like bending side-to-side, toe touches, and leg stretches?

FR: IF NECESSARY, PROMPT WITH: HOW MANY TIMES PER DAY, PER WEEK, PER MONTH, OR PER YEAR DO YOU DO THESE ACTIVITIES

[] NUMBER:

- (000) Never (AHB.140) (997) Refused (AHB.140)
- (001-995) 1-995 (999) Don't know (AHB.140)
- (996) Unable to do this type activity (AHB.140)

] TIME PERIOD:

- (0) Never (4) Year
- (1) Day (6) Unable to do this activity
- (2) Week (7) Refused
- (3) Month (9) Don't know

AHB.130.020 About how long do you do these stretching activities each time?

[] NUMBER:

- (001-995) 1-995 (997) Refused (999) Don't know

[] TIME PERIOD:

- (1) Minutes (7) Refused
- (2) Hours (9) Don't know

2002 NHIS Sample Adult Core (ACN) (supplement question)
(18 years and over, with arthritis/joint symptoms)

ACN.290.020 Has a doctor or other health professional EVER suggested physical activity or exercise to help your arthritis or joint symptoms?

- (1) Yes (2) No (7) Refused (9) Don't know

2002 NHIS Sample Adult Alternative Health Supplement (18 years and over)

ALT.292 Have you EVER practiced any of the following types of exercise for your own health or treatment? Please say yes or no to each one. {Yoga, Tai Chi, Qi Chong}

- (1) Yes (2) No (7) Refused (9) Don't know

ALT.294 DURING THE PAST 12 MONTHS, did you practice... {Yoga, Tai Chi, Qi Chong}

- (1) Yes (2) No (7) Refused (9) Don't know

2003 NHIS Sample Adult Core (ACN) (supplement question)
(18 years and over, with arthritis/joint symptoms)

ACN.290.020 Has a doctor or other health professional EVER suggested physical activity or exercise to help your arthritis or joint symptoms?

- (1) Yes (2) No (7) Refused (9) Don't know

2003 NHIS Sample Adult Heart Disease and Stroke Supplement (18 years and over, with high blood pressure)

PAF.080 Because of your high blood pressure, has a doctor or other health professional EVER advised you to exercise?

- | | |
|-------------------|--------------------------|
| (1) Yes (PAF.090) | (7) Refused (PAF.110) |
| (2) No (PAF.110) | (9) Don't Know (PAF.110) |

PAF.090 Did you EVER follow this advice?

- | | |
|-------------------|--------------------------|
| (1) Yes (PAF.100) | (7) Refused (PAF.110) |
| (2) No (PAF.110) | (9) Don't Know (PAF.110) |

PAF.100 Are you NOW following this advice?

- | | |
|---------|----------------|
| (1) Yes | (7) Refused |
| (2) No | (9) Don't Know |

2005 NHIS Sample Adult Cancer Supplement (18 years and over)

The next questions are about walking. First I will ask about walking for transportation, that is, walking to get some place. PLEASE INCLUDE ALL WALKS THAT INVOLVED AN ERRAND OR TO GET SOME PLACE. I will ask you separately about walking for other reasons like relaxation or exercise.

NAD.010_00.000 During the PAST SEVEN DAYS, did you walk to get to some place that took you AT LEAST 10 MINUTES?

- | | |
|--------------------|----------------|
| (1) Yes | (7) Refused |
| (2) No | (9) Don't know |
| (3) Unable to walk | |

NAD.011_00.000 During the PAST SEVEN DAYS, ON HOW MANY DAYS did you walk for at least ten minutes at a time to get some place such as work, school, a store, or restaurant?

- | | | |
|------------------|--------------|-----------------|
| (01-07) 1-7 days | (97) Refused | (99) Don't know |
|------------------|--------------|-----------------|

NAD.012_01.000 How much time did you spend walking to get from place to place on that day?/ How much time did you usually spend on one of those days walking to get from place to place?]

- | | | |
|-----------------|---------------|------------------|
| (001-995) 1-995 | (997) Refused | (999) Don't know |
|-----------------|---------------|------------------|

TIME PERIOD

- | | |
|-------------|----------------|
| (1) Minutes | (7) Refused |
| (2) Hours | (9) Don't know |

NAD.013_00.000 Sometimes you may walk for fun, relaxation, exercise, or to walk the dog. During the PAST SEVEN DAYS, DID YOU WALK FOR AT LEAST TEN MINUTES AT A TIME for any of these reasons? Please do not include any walking that you already told me about.

- | | |
|---------|----------------|
| (1) Yes | (7) Refused |
| (2) No | (9) Don't know |

NAD.014_00.000 During the past seven days, on how many days did you walk for at least ten minutes at a time for fun, relaxation, exercise or to walk the dog?

(01-07) 1-7 days (97) Refused (99) Don't know

NAD.015_01.000 How much time did you spend walking on that day for FUN, RELAXATION, OR EXERCISE?/ How much time did you usually spend on one of those days walking for FUN, RELAXATION, OR EXERCISE?

(001-995) 1-995 (997) Refused (999) Don't know

TIME PERIOD

(1) Minutes (7) Refused
(2) Hours (9) Don't know

NAD.020_00.000 Which one of the following BEST describes your usual daily activities related to moving around? Do NOT include exercises, sports, or physically active hobbies done in your leisure time.

* Read if necessary: Pick the one you do MOST often
* If respondent is bedridden, enter '1'

Do you (read categories below):

(1) SIT during MOST of the day
(2) STAND during MOST of the day
(3) WALK AROUND MOST of the day
(7) Refused
(9) Don't know

NAD.030_00.000 Which one of the following BEST describes your usual daily activities related to lifting or carrying things? Do NOT include activities done in your leisure time.

*Read if necessary: Pick the one you do MOST often.

Do you (read categories 1-4 below):

(1) NOT lift or carry things very often (6) Other
(2) LIFT or carry LIGHT loads (7) Refused
(3) LIFT or carry MODERATE loads (9) Don't know
(4) LIFT or carry HEAVY loads
(5) Unable to lift or carry loads

NAD.040_00.000 {Outside of work}How many hours do you spend per day during the WEEKDAYS sitting?

*Read if necessary: Include watching television or videos, working on the computer, playing video games, using the Internet, knitting, sewing, reading, fishing, taking long drives, watching ball games or doing other sitting activities.

*If person is bedridden, include only waking hours lying down

(00) None (97) Refused
(01-24) 1-24 hours (99) Don't know

NAD.050_00.000 {Outside of work} How many hours do you spend per day during the WEEKEND sitting?

*Read if necessary: Include watching television or videos, working on the computer, playing video games, using the Internet, knitting, sewing, reading, fishing, taking long drives, watching ball games or doing other sitting activities.

*If person is bedridden, include only waking hours lying down

(00) None (97) Refused

(01-24) 1-24 hours

(99) Don't know

NAD.060_00.000 During the PAST 12 MONTHS, did a doctor or other health professional RECOMMEND that you BEGIN or CONTINUE to do any type of exercise or physical activity?

(1) Yes

(7) Refused

(2) No

(9) Don't know

(3) Did not see a doctor in the PAST 12 MONTHS

2006 NHIS Sample Adult Core (ACN) (supplement questions)
(18 years and over)

ACN.290_00.020 Has a doctor or other health professional EVER suggested physical activity or exercise to help your arthritis or joint symptoms?

(1) Yes

(7) Refused

(2) No

(8) Don't know

ACN.535_02.020 DURING THE PAST 12 MONTHS, have you been told by a doctor or health professional to increase your physical activity or exercise?

(1) Yes

(7) Refused

(2) No

(9) Don't know

ACN.540_02.020 DURING THE PAST 12 MONTHS, have you ...increased your physical activity or exercise?

(1) Yes

(7) Refused

(2) No

(9) Don't know

2007 NHIS Adult Alternative Health/Complementary and Alternative Medicine Supplement (18 years and over)

ALT.846_00.000-
ALT.850_00.000 Have you EVER practiced any of the following types of exercise for your own health or treatment? Please say yes or no to each one. {Yoga, Tai Chi, Qi Chong}

(1) Yes

(2) No

(7) Refused

(9) Don't know

ALT.852_00.000-
ALT.856_00.000 DURING THE PAST 12 MONTHS, did you practice... {Yoga, Tai Chi, Qi Chong}

(1) Yes

(2) No

(7) Refused

(9) Don't know