



1990

**Behavioral Risk Factor Surveillance System
Questionnaire**

**Originally released for 1990 data collection year
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Behavioral Risk Factor Surveillance System 1990 Questionnaire

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BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM
QUESTIONNAIRE

INTERVIEWER'S SCRIPT

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

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

⇒ Is this

Area Code	Prefix	Suffix
<input type="text"/>	<input type="text"/>	<input type="text"/>
(18-20)	(21-23)	(24-25)

⇒

<i>Thank you very much, but I seem to have dialed the wrong number. It's possible that your number may be called at a later time.</i>
STOP

⇒ Is this a private residence? ⇒

<i>Thank you very much, but we are only interviewing in private residences</i>
STOP

	Date	Time	Time	Time	Time	ID	Comments
☉	_____	○	_____	○	_____	○	_____
Line Busy	_____	○	_____	○	_____	○	_____
●	_____	○	_____	○	_____	○	_____
No Answer	_____	○	_____	○	_____	○	_____
	_____	○	_____	○	_____	○	_____

Appointments:

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

Refusals:

Date/time	Spoke with	ID	Comments
1 st : _____	_____	_____	_____
2 nd : _____	_____	_____	_____

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

Edited By: _____

Date: ____/____/____

Final Disposition of Telephone Call:

<input type="text"/>	<input type="text"/>
(26-27)	

➡ Our study requires that we interview only one person who lives in your household. How many members of your household, including yourself, are 18 years of age or older? (28)

IF "1" Page 3 ➡

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

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

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

Suffix: _ _ _ _

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

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

If "you" Page 3 ➡

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

The interview will only take a short time, and all the information obtained in this study will be confidential. First, I'd like to begin by asking you about using seatbelts.....

SECTION A: SEATBELTS

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

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

SECTION B: HYPERTENSION

These next questions are about hypertension or high blood pressure:

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

		(32)
	a. No <u>GO TO SECTION C (p.7)</u>	1
PROBE FOR DOCTOR, NURSE OR OTHER HEALTH PROFESSIONAL	b. Yes, by a doctor	2
	c. Yes, by a nurse	3
	d. Yes, by other health professional	4
	Don't know/Not sure <u>GO TO SECTION C (p.7)</u>	7
	Refused <u>GO TO SECTION C (p.7)</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? (33)

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

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

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

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

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
- c. No 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.

6. During the past month, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening or walking for exercise?

(36)

- a. Yes 1
- b. No GO TO SECTION D (p.10) 2
- Don't know/Not sure GO TO SECTION D (p.10) 7
- Refused GO TO SECTION D (p.10) 9

7. What type of physical activity or exercise did you spend the most time doing during the past month?

(37-38)

- a. Activity (*specify*) _____ — —
SEE CODING LIST A
- Refused GO TO Q11 (p.8) 9 9

 ASK QUESTION 8 ONLY IF ANSWER TO QUESTION 7 IS RUNNING, JOGGING,
 WALKING, OR SWIMMING, ALL OTHERS, GO TO QUESTION 9 (p.8).

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

(39-41)

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

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

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

(42-44)

- a. Times per week1 __ __
- b. Times per month2 __ __
- Don't know/Not sure 7 7 7
- Refused 9 9 9

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

(45-47)

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

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

(48)

- a. Yes 1
- b. No GO TO SECTION D (p.10) 2
- Don't know/Not sure GO TO SECTION D (p.10) 7
- Refused GO TO SECTION D (p.10) 9

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

(49-50)

- a. Activity (*specify*) _____
SEE CODING LIST A
- Refused GO TO SECTION D (p.10) 9 9

ASK QUESTION 13 ONLY IF ANSWER TO QUESTION 12 IS RUNNING, JOGGING,
WALKING, OR SWIMMING, ALL OTHERS GO TO QUESTION 14.

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

(51-53)

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

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

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

(54-56)

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

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

(57-59)

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

SECTION D: TOBACCO USE

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

16. Have you smoked at least 100 cigarettes in your entire life? (60)

- | | | | |
|------------------------------------|----|---|---|
| <u>100 CIGARETTES</u>
= 5 PACKS | a. | Yes | 1 |
| | b. | No <u>GO TO SECTION E (p.12)</u> | 2 |
| | | Don't know/Not sure <u>GO TO SECTION E (p.12)</u> | 7 |
| | | Refused <u>GO TO SECTION E (p.12)</u> | 9 |

17. Do you smoke cigarettes now? (61)

- | | | |
|----|---|---|
| a. | Yes | 1 |
| b. | No <u>GO TO Q22 (p.11)</u> | 2 |
| | Refused <u>GO TO SECTION E (p.12)</u> | 9 |

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

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

19. Have you ever made a serious attempt to stop smoking cigarettes? (64)

- | | | |
|----|---|---|
| a. | Yes | 1 |
| b. | No <u>GO TO SECTION E (p.12)</u> | 2 |
| | Refused <u>GO TO SECTION E (p.12)</u> | 9 |

20. When was the start of your most recent quit attempt?	(65)
a. Past week	1
b. Past 2 weeks	2
c. Past month	3
d. Past 6 months	4
e. Past year	5
f. More than 1 year ago	6
Don't know/Not sure	7
Refused	9

21. How long did you actually stay off cigarettes that time?	(66)
a. Less than one day	1
b. One to 6 days	2
c. Seven days to less than 3 months	3
d. Three months to less than 6 months	4
e. Six months to less than 1 year	5
f. 1 or more years	6
Don't know/Not sure	7
Refused	9

INTERVIEWER GO TO SECTION E (p.12)

22. About how long has it been since you last smoked cigarettes regularly?	(67)
a. Less than 1 month	1
b. One month, but less than 3 months	2
c. Three months, but less than 6 months	3
d. Six months, but less than 1 year	4
e. One or more years	5
Don't know/Not sure	7
Refused	9

SECTION E: ALCOHOL CONSUMPTION

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

23. Have you had any beer, wine, wine coolers, cocktails or liquor during the past month, that is, since _____

(68)

- a. Yes 1
- b. No GO TO SECTION F (p.14) 2
- Refused GO TO SECTION F (p.14) 9

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

(69-71)

- a. Days per week1 __ __
- b. Days per month2 __ __
- Don't know/Not sure GO TO Q 26 (p.13) 7 7 7
- Refused GO TO Q 26 (p.13) 9 9 9

25. A drink is 1 can or bottle of beer, 1 glass of wine, 1 can or bottle of wine cooler, 1 cocktail, or 1 shot of liquor. On the days when you drank, about how many drinks did you drink on the average?

(72-73)

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

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

(74-75)

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

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

(76-77)

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

SECTION F: PREVENTIVE HEALTH PRACTICES

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

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

Was it:	<i>PLEASE READ</i>	(78)
a.	Within the past year (0 TO 12 MONTHS)	1
b.	Within the past two years (13 TO 24 MONTHS)	2
c.	Within the past five years (25 TO 60 MONTHS)	3
	OR	
d.	More than five years ago (61+ MONTHS)	4
	Don't know/Not sure <u>GO TO Q 30 (p.15)</u>	7
	Never <u>GO TO Q 30 (p.15)</u>	8
	Refused <u>GO TO Q 30 (p.15)</u>	9

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

Was it:	<i>PLEASE READ</i>	(79)
a.	Family or General Practitioner	1
b.	Internist	2
c.	Specialist such as heart, lung, or stomach specialist ...	3
d.	Other	4
 (ASK FOR WOMEN ONLY)		
d.	Obstetrician/gynecologist	5
	Don't know/Not sure	7
	Refused	9

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

30. Have you ever had your blood cholesterol checked?

(80)

- a. Yes 1
- b. No GO TO Q 37 (p.17) 2
- Don't know/Not sure GO TO Q 37 (p.17) 7
- Refused GO TO Q 37 (p.17) 9

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

Was it:

PLEASE READ

(81)

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

32. Have you ever been told your blood cholesterol level, in numbers?	(82)
a. Yes	1
b. No <u>GO TO Q 34</u>	2
Don't know/Not sure <u>GO TO Q 34</u>	7
Refused <u>GO TO Q 34</u>	9

33. What is your blood cholesterol level?	(83-85)
a. Record the number	__ __ __
Don't know/Not sure	7 7 7
Refused	9 9 9

34. Have you ever been told by a doctor or other health professional that your blood cholesterol is high?	(86)
a. Yes	1
b. No	2
Don't know/Not sure	7
Refused	9

35. Are you now under the advice of a doctor to reduce your blood cholesterol or blood fat level?	(87)
a. Yes	1
b. No, <u>GO TO Q 37 (p.17)</u>	2
Don't know/Not sure, <u>GO TO Q 37 (p.17)</u>	7
Refused, <u>GO TO Q 37 (p.17)</u>	9

36. Did the doctor:

36a. --prescribe a medication to lower your blood cholesterol?

(88)

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

36b. --provide you with a low fat or low cholesterol diet?

(89)

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

36c. -- refer you to a dietitian, nutritionist, or nurse to help you reduce the fat or cholesterol in your diet?

(90)

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

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

(91)

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

SECTION G: DEMOGRAPHICS

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

38. How old were you on your last birthday?

(92-93)

- a. *CODE AGE IN YEARS* — —
- Do not remember/Not sure 0 7
- Refused 0 9

39. What is your race?

Would you say:

PLEASE READ

(94)

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

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

(95)

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

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

READ ONLY IF NECESSARY (96)

- 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

42. Are you currently:

PLEASE READ (97)

- 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

43. And are you:

PLEASE READ

(98)

- 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

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

PLEASE READ

(99)

- 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

45. About how much do you weigh without shoes?

(100-102)

a. Weight.....	___ ___ ___
	pounds
Don't know/Not sure.....	7 7 7
Refused.....	9 9 9

46. About how tall are you without shoes?

(103-105)

a. Height.....	___/___ ___
	Ft/Inches
Don't know/Not sure.....	7 7 7
Refused.....	9 9 9

47. INTERVIEWER: INDICATE SEX OF RESPONDENT

ASK IF NECESSARY

(106)

a. Male <u>GO TO SECTION I (p.26)</u>	1
b. Female	2

SECTION H: WOMEN'S HEALTH

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

48. Have you ever had a mammogram? (107)

- a. Yes 1
- b. No GO TO Q 50b (p23) 2
- Don't know/Not sure GO TO Q 53 (p24) 7
- Refused, GO TO Q 53 (p24) 9

49. About how long has it been since you had your last mammogram?
Was it: PLEASE READ (108)

- a. Within the past year (0 TO 12 MONTHS) GO TO Q51 (p23) .. 1
- b. Within the past two years (13 TO 24 MONTHS) 2
- c. Within the past five years (25 TO 60 MONTHS) 3
- OR
- d. More than five years ago (61+ MONTHS) 4
- Don't know/Not sure 7
- Refused 9

50a. What is the most important reason that you did not have a mammogram in the last year?
(DO NOT READ LIST. RECORD ONLY ONE ANSWER) (109)

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

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

(110)

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

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

(Probe for the most Influential. Record only one response.) (111)

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

INTERVIEWER: GO TO Q 53, PAGE 24

50B. What is the most important reason that you never had a mammogram?

(DO NOT READ LIST. RECORD ONLY ONE ANSWER) (109)

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

The next questions are about breast physical examination, which is when the breast is felt for lumps by a doctor or medical assistant.

53. Have you ever had a breast physical exam by a doctor or a medical assistant? (112)

- a. Yes..... 1
- b. No GO TO Q 56 (p.25)..... 2
- Don't know/Not sure GO TO Q 56 (p.25)..... 7
- Refused GO TO Q 56 (p.25)..... 9

54. About how long has it been since your last breast physical exam?
Was it: (113)

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

55. Was your last breast physical exam done as part of a routine checkup, because of a breast problem, or because you've already had breast cancer? (114)

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

INTERVIEWER: ASK THESE TWO QUESTIONS ONLY OF FEMALES BETWEEN 18 AND 45 YEARS OF AGE, OTHERWISE, GO TO SECTION I (p.26).

56. To your knowledge, are you now pregnant? (115)

a. Yes	1
b. No <u>GO TO SECTION I (p.26)</u>	2
Don't know/Not sure <u>GO TO SECTION I (p.26)</u>	7
Refused <u>GO TO SECTION I (p.26)</u>	9

57. During what month is your baby due? (116-117)

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

SECTION I: AIDS

These next few questions are to determine your beliefs and opinions about the national health problem of AIDS.

58. Have you ever heard the AIDS virus called HIV? (118)
- a. Yes 1
 - b. No 2
 - Don't know/Not sure 7
 - Refused 9

59. To your knowledge, are there drugs available which can lengthen the life of a person infected with the AIDS virus? (119)
- a. Yes 1
 - b. No 2
 - Don't know/Not sure 7
 - Refused 9

60. Do you think a person who is Infected with the AIDS virus can look and feel well and healthy? (120)
- a. Yes 1
 - b. No 2
 - Don't know/Not sure 7
 - Refused 9

61. There has been a lot of talk about how you can and cannot get infected with the AIDS virus. Do you think you can get infected from:
- | | YES | NO | DK/NS | REF | |
|-------------------------------------|-----|----|-------|-----|-------|
| a. Giving blood..... | 1 | 2 | 7 | 9 | (121) |
| b. Mosquitoes or other insects..... | 1 | 2 | 7 | 9 | (122) |

62. Do you have a child or children in kindergarten through eighth grade?
 (123)

a. Yes	1
b. No <u>GO TO Q 65</u>	2
Don't know/Not sure <u>GO TO Q 65</u>	7
Refused <u>GO TO Q 65</u>	9

63. Would you allow your child to be in the same classroom with a child who is infected with the AIDS virus?
 (124)

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

64. At what grade do you think your child should begin AIDS education in school?
 (125-126)

a. <i>Code Grade</i>	__ __
b. Never	8 8
Don't know/Not sure	7 7
Refused	9 9

65. Would you eat in a restaurant where the cook is infected with the AIDS virus?
 (127)

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

66. Would you be willing to work with a person who is infected with the AIDS virus?
 (128)

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

67. Where could you go to be tested for the AIDS virus infection?

PROBE FOR OTHER PLACES IF ONLY ONE RESPONSE IS GIVEN

(129-130)

a. Facility Code — —

(131-132)

b. Where else could you go? — —

PLEASE DO NOT READ LIST

- a. Private doctor, HMO 0 1
- b. Blood bank, plasma center, Red Cross 0 2
- c. Health department 0 3
- d. AIDS clinics AIDS testing site 0 4
- e. Hospital, emergency room 0 5
- f. Family planning clinic 0 6
- g. STD clinic 0 7
- h. Community health clinic, primary care clinic 0 8
- i. Company or industry clinic 0 9
- j. Military induction or examination 1 0
- k. Other 8 7
- l. No place 8 8
- Don't know/Not sure 7 7
- Refused 9 9

68. Some people use condoms to keep from getting the AIDS virus through sexual activity. How effective do you think using a condom is in preventing getting the AIDS virus through sexual activity?

Would you say: *PLEASE READ* (133)

- a. Very effective 1
- b. Somewhat effective 2
- OR
- c. Not at all effective 3
- Don't know how effective 4
- Don't know method 7
- Refused 9

*DO NOT READ
THESE
RESPONSES*

69. 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 (134)

- a. Total Telephone Numbers —

CLOSING STATEMENT

That's my last question. Let me emphasize that your answers cannot be identified with your name. Everyone's answers will be combined to give us information about the health practices of people in this state. Thank you very much for your time and cooperation.

MODULE 1: COUNTY OF RESIDENCE

1. What county do you live in?

(135-137)

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

Note:

County Codes are available at:

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

MODULE 2: SMOKELESS TOBACCO USE

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

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

(138)

<i>PROBE FOR CHEWING TOBACCO, SNUFF, OR BOTH</i>	a. Yes, chewing tobacco	1
	b. Yes, snuff	2
	c. Yes, both	3
	d. No neither <u>GO TO NEXT MODULE</u>	4
	Don't know/Not sure <u>GO TO NEXT MODULE</u>	7
	Refused <u>GO TO NEXT MODULE</u>	9

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

(139)

<i>"Yes" INCLUDES OCCASIONAL USE</i>	a. Yes, chewing tobacco	1
	b. Yes, snuff	2
	c. Yes, both	3
	d. No, neither	4
	Don't know/Not sure	7
	Refused	9

MODULE 3: CERVICAL CANCER SCREENING

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

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

1. Have you ever heard of a Pap smear test? (140)
- a. Yes 1
 - b. No GO TO Q 4 2
 - Don't know/Not sure GO TO Q 4 7
 - Refused GO TO Q 4 9
2. Have you ever had a Pap smear? (141)
- a. Yes 1
 - b. No GO TO Q 4 2
 - Don't know/Not sure GO TO Q 4 7
 - Refused GO TO Q 4 9
3. When did you have your last Pap smear? (142)
- Was it: *PLEASE READ*
- a. Within the past year (0 TO 12 MONTHS) 1
 - b. Within the past two years (13 TO 24 MONTHS) 2
 - c. Within the past five years (25 TO 60 MONTHS) 3
 - OR
 - d. More than five years ago (61+ MONTHS) 4
 - Don't know/Not sure 7
 - Refused 9
4. Have you ever had a hysterectomy? (143)
- PLEASE NOTE: A hysterectomy is "An operation to remove the uterus."*
- a. Yes 1
 - b. No 2
 - Don't know/Not sure 7
 - Refused 9

MODULE 4: COLORECTAL CANCER SCREENING

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

1. Have you ever heard of a digital rectal exam? (144)
- a. Yes 1
 - b. No GO TO Q4 2
 - Don't know/Not sure GO TO Q4 7
 - Refused GO TO Q4 9

2. Have you ever had a digital rectal exam? (145)
- a. Yes 1
 - b. No GO TO Q4 2
 - Don't know/Not sure GO TO Q4 7
 - Refused GO TO Q4 9

3. When did you have your last digital rectal exam? (146)
- Was it: *PLEASE READ*
- a. Within the past year (0 TO 12 MONTHS) 1
 - b. Within the past two years (13 TO 24 MONTHS) 2
 - c. Within the past five years (25 TO 60 MONTHS) 3
 - OR
 - d. More than five years ago (61+ MONTHS) 4
 - Don't know/Not sure 7
 - Refused 9

4. A blood stool test is when the stool is examined to determine whether it contains blood. Have you ever heard of a blood stool test? (147)
- a. Yes 1
 - b. No GO TO Q7 2
 - Don't know/Not sure GO TO Q7 7
 - Refused GO TO Q7 9

5. Have you ever had a blood stool test? (148)
- a. Yes 1
 - b. No GO TO Q7 2
 - Don't know/Not sure GO TO Q7 7
 - Refused GO TO Q7 9

6. When did you have your last blood stool test? (149)
- Was it: *PLEASE READ*
- a. Within the past year (0 TO 12 MONTHS) 1
 - b. Within the past two years (13 TO 24 MONTHS) 2
 - c. Within the past five years (25 TO 60 MONTHS) 3
 - OR
 - d. More than five years ago (61+ MONTHS) 4
 - Don't know/Not sure 7
 - Refused 9

7. A proctoscopic exam is when a tube is inserted in the rectum to check for problems. Have you ever heard of a proctoscopic exam? (150)
- a. Yes 1
 - b. No GO TO NEXT MODULE 2
 - Don't know/Not sure GO TO NEXT MODULE 7
 - Refused GO TO NEXT MODULE 9

8. Have you ever had a proctoscopic exam? (151)
- a. Yes 1
 - b. No GO TO NEXT MODULE 2
 - Don't know/Not sure GO TO NEXT MODULE 7
 - Refused GO TO NEXT MODULE 9

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

MODULE 5: INJURY CONTROL AND CHILD SAFETY

1. Is there a working smoke detector in your household? (153)
- a. Yes 1
 - b. No 2
 - Don't know/Not sure 7
 - Refused 9
2. In the past 12 months have you (or has anyone in your household) used a thermometer to test the temperature of the hot water? (154)
- a. Yes 1
 - b. No 2
 - Don't know/Not sure 7
 - Refused 9
3. What is the age of the youngest child in your household? (155-156)
- a. Age in years If over 10 GO TO NEXT MODULE _ _
 - b. Age is less than one year 8 9
 - c. No children in household GO TO NEXT MODULE 8 8
 - Don't know/Not sure GO TO NEXT MODULE 7 7
 - Refused GO TO NEXT MODULE 9 9

4. Do you have the telephone number for a Poison Control Center in your area? (157)
- a. Yes 1
 - b. No 2
 - Don't know/Not sure 7
 - Refused 9

5. There is a medication called IPECAC (ip' i kak) SYRUP which is sometimes taken to cause vomiting after something poisonous is swallowed. Do you now have any Ipecac Syrup in your household? (158)
- a. Yes 1
 - b. No 2
 - Don't know/Not sure 7
 - Refused 9

6. When riding in a car, how often is the youngest child buckled in a car safety seat or seat belt? (159)
- Would you say: *PLEASE READ*
- a. All the time 1
 - b. Most of the time 2
 - c. Sometimes 3
 - d. Rarely 4
 - Or
 - e. Never 5
 - Don't know/Not sure 7
 - Refused 9

MODULE 6: WEIGHT CONTROL PRACTICES

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

1. Are you now trying to lose weight?

(160)

- a. Yes 1
- b. No GO TO Q5 2
- c. No, trying to gain weight GO TO Q12 3
- Don't know/Not sure GO TO Q5 7
- Refused GO TO Q5 9

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

(161-163)

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

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

(164-166)

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

4. How much would you like to weigh?

(167-169)

- a. Record Weight GO TO Q6
Pounds
- Don't know/Not sure GO TO Q6 7 7 7
- Refused GO TO Q6 9 9 9

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

(170)

- a. Yes 1
- b. No GO TO Q11 2
- Don't know/Not sure GO TO Q11 7
- Refused GO TO Q11 9

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

(171)

- a. Yes 1
- b. No GO TO Q9 2
- Don't know/Not sure GO TO Q9 7
- Refused GO TO Q9 9

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

(172-175)

- a. Record number of calories
- b. Don't count calories GO TO Q9
- Refused GO TO Q9 9 9 9 9

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

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

(176-178)

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

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

(179)

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

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

	YES	NO	DK/NS	REF	
a. Taking diet pills to decrease your appetite?.....	1	2	7	9	(180)
b. Taking special products such as canned or powdered supplements?.....	1	2	7	9	(181)
c. Fasting for 24 hours or longer as part of your diet?.....	1	2	7	9	(182)
d. Participating in an organized weight control program, such as Weight Watchers, TOPS, or Nutri-Systems?.....	1	2	7	9	(183)
d. Causing yourself to vomit after you eat?.....	1	2	7	9	(184)

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

(185)

INTERVIEWER:
PROBE FOR
DOCTOR,
NUTRITIONIST OR
OTHER HEALTH
PROFESSIONAL

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

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

(186)

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

MODULE 7: RADON

1. Have you heard of Radon—which is a radioactive gas that occurs in nature? (187)
- a. Yes 1
 - b. No GO TO NEXT MODULE 2
 - Don't know/Not sure 7
 - Refused 9
2. Has your household air been tested for the presence of Radon gas? (188)
- a. Yes 1
 - b. No 2
 - Don't know/Not sure 7
 - Refused 9
3. Do you know how to test your home for the presence of Radon? (189)
- a. Yes 1
 - b. No 2
 - Don't know/Not sure 7
 - Refused 9
4. Do you, or does anyone in your home plan to have your household air tested for Radon within the next year? (190)
- a. Yes 1
 - b. No 2
 - Don't know/Not sure 7
 - Refused 9

MODULE 8: DIETARY FAT

These next questions are about the foods you usually eat or drink. Please tell me how often you eat or drink each one; for example, twice a week, three times a month, and so forth. Remember, I am only interested in the foods YOU eat. Include all foods you eat, both at home and away from home.

1. How often do you eat hot dogs or lunch meats such as ham or other cold cuts?
(198-200)

- a. Per Day 1 ___ ___
- b. Per Week 2 ___ ___
- c. Per Month 3 ___ ___
- d. Per Year 4 ___ ___
- e. Never 5 5 5
- Don't know/Not sure 7 7 7
- Refused 9 9 9

2. How often do you eat bacon or sausage?
(201-203)

- a. Per Day 1 ___ ___
- b. Per Week 2 ___ ___
- c. Per Month 3 ___ ___
- d. Per Year 4 ___ ___
- e. Never 5 5 5
- Don't know/Not sure 7 7 7
- Refused 9 9 9

3. How often do you eat pork other than ham, bacon or sausage?

(204-206)

- a. Per Day 1 _ _
- b. Per Week 2 _ _
- c. Per Month 3 _ _
- d. Per Year 4 _ _
- e. Never 5 5 5
- Don't know/Not sure 7 7 7
- Refused 9 9 9

4. How often do you eat hamburgers, cheeseburgers or meatloaf?

(207-209)

- a. Per Day 1 _ _
- b. Per Week 2 _ _
- c. Per Month 3 _ _
- d. Per Year 4 _ _
- e. Never 5 5 5
- Don't know/Not sure 7 7 7
- Refused 9 9 9

5. How often do you eat beef other than hamburger, cheeseburger or meatloaf?

(210-212)

- a. Per Day 1 _ _
- b. Per Week 2 _ _
- c. Per Month 3 _ _
- d. Per Year 4 _ _
- e. Never 5 5 5
- Don't know/Not sure 7 7 7
- Refused 9 9 9

6. How often do you eat fried chicken?

(213-215)

- a. Per Day 1 _ _
- b. Per Week 2 _ _
- c. Per Month 3 _ _
- d. Per Year 4 _ _
- e. Never 5 5 5
- Don't know/Not sure 7 7 7
- Refused 9 9 9

7. How often do you eat french fries or fried potatoes?

(216-218)

- a. Per Day 1 _ _
- b. Per Week 2 _ _
- c. Per Month 3 _ _
- d. Per Year 4 _ _
- e. Never 5 5 5
- Don't know/Not sure 7 7 7
- Refused 9 9 9

8. How often do you eat cheese or cheese spreads, not including cottage cheese?

INTERVIEWERS: Include cheese used as an ingredient e.g. on pizza.

(219-221)

- a. Per Day 1 _ _
- b. Per Week 2 _ _
- c. Per Month 3 _ _
- d. Per Year 4 _ _
- e. Never 5 5 5
- Don't know/Not sure 7 7 7
- Refused 9 9 9

9. How often do you eat doughnuts, cookies, cake, pastry, or pies?

(222-224)

- a. Per Day 1 _ _
- b. Per Week 2 _ _
- c. Per Month 3 _ _
- d. Per Year 4 _ _
- e. Never 5 5 5
- Don't know/Not sure 7 7 7
- Refused 9 9 9

10. How often do you usually eat snacks, such as chips or popcorn?

(225-227)

- a. Per Day 1 _ _
- b. Per Week 2 _ _
- c. Per Month 3 _ _
- d. Per Year 4 _ _
- e. Never 5 5 5
- Don't know/Not sure 7 7 7
- Refused 9 9 9

11. How often do you usually add butter or margarine to bread, rolls or vegetables?

(228-230)

- a. Per Day 1 _ _
- b. Per Week 2 _ _
- c. Per Month 3 _ _
- d. Per Year 4 _ _
- e. Never 5 5 5
- Don't know/Not sure 7 7 7
- Refused 9 9 9

12. How many eggs do you usually eat?

(231-233)

- a. Per Day 1 _ _
- b. Per Week 2 _ _
- c. Per Month 3 _ _
- d. Per Year 4 _ _
- e. Never 5 5 5
- Don't know/Not sure 7 7 7
- Refused 9 9 9

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

(234-236)

- a. Per Day 1 _ _
- b. Per Week 2 _ _
- c. Per Month 3 _ _
- d. Per Year 4 _ _
- e. Never 5 5 5
- Don't know/Not sure 7 7 7
- Refused 9 9 9

MODULE 9: FRUITS AND VEGETABLES

These next questions are about the foods you usually eat or drink. Please tell me how often you eat or drink each one, for example, twice a week, three times a month and so forth. Remember, I am only interested in the foods YOU eat. Include all foods you eat, both at home and away from home.

1. How often do you drink fruit juices such as orange, grapefruit, or tomato?
(237-239)

- a. Per Day 1 ___ ___
- b. Per Week 2 ___ ___
- c. Per Month 3 ___ ___
- d. Per Year 4 ___ ___
- e. Never 5 5 5
- Don't know/Not sure 7 7 7
- Refused 9 9 9

2. Not counting juice, how often do you eat fruit?
(240-242)

- a. Per Day 1 ___ ___
- b. Per Week 2 ___ ___
- c. Per Month 3 ___ ___
- d. Per Year 4 ___ ___
- e. Never 5 5 5
- Don't know/Not sure 7 7 7
- Refused 9 9 9

3. How often do you eat greensalad?
(243-245)

- a. Per Day 1 ___ ___
- b. Per Week 2 ___ ___
- c. Per Month 3 ___ ___
- d. Per Year 4 ___ ___
- e. Never 5 5 5
- Don't know/Not sure 7 7 7
- Refused 9 9 9

4. How often do you eat potatoes (not including french fries, fried potatoes or potato chips)?

(246-248)

- a. Per Day 1 ___ ___
- b. Per Week 2 ___ ___
- c. Per Month 3 ___ ___
- d. Per Year 4 ___ ___
- e. Never 5 5 5
- Don't know/Not sure 7 7 7
- Refused 9 9 9

5. How often do you eat carrots?

(249-251)

- a. Per Day 1 ___ ___
- b. Per Week 2 ___ ___
- c. Per Month 3 ___ ___
- d. Per Year 4 ___ ___
- e. Never 5 5 5
- Don't know/Not sure 7 7 7
- Refused 9 9 9

6. Not counting carrots, potatoes or salad, how many servings of vegetables do you usually eat? (For example, a serving of vegetables at both lunch and dinner would be two servings.)?

(252-254)

- a. Per Day 1 ___ ___
- b. Per Week 2 ___ ___
- c. Per Month 3 ___ ___
- d. Per Year 4 ___ ___
- e. Never 5 5 5
- Don't know/Not sure 7 7 7
- Refused 9 9 9

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