



**1988**

**Behavioral Risk Factor Surveillance System  
Questionnaire**

**Originally released for 1988 data collection year  
Reconstructed October 15, 2008**

# Behavioral Risk Factor Surveillance System 1988 Questionnaire

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

IF "1"  
(28)



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.



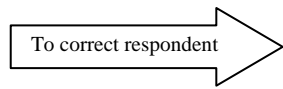
Who is the oldest woman who presently lives in this household?  
Who is the next oldest woman who presently lives in this household?  
Etc.

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
	2	1	2	1	2	1	2	1	2	1
	3	1	2	3	1	2	3	1	2	X
	1	2	3	4	1	2	3	4	X	X
	2	3	4	5	1	2	3	4	5	1
	5	6	1	2	3	4	X	X	X	X
	2	3	4	5	6	7	1	X	X	X
	8	1	2	3	4	5	6	7	X	X



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



HELLO. I'm \_\_\_\_\_ calling for the \_\_\_\_\_.  
I'm a member of 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
	Don't know/Not sure .....	7
<u>DO NOT</u>	Never drive or ride in a car .....	8
<u>READ</u>		
<u>THESE</u>	Refused .....	9
<u>RESPONSES</u>		

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?

	<u>PROBE FOR DOCTOR, NURSE OR OTHER HEALTH PROFESSIONAL</u>	(32)
a. No, <u>GO TO SECTION C (p.7)</u> .....		1
b. Yes, by a Doctor .....		2
c. Yes, by a Nurse .....		3
d. Yes, by other Health Professional .....		4
	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 Q6 ..... 2
- Don't know/Not sure GO TO Q6 ..... 7
- Refused, GO TO Q6 ..... 9

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

- PROBE FOR "ALL 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

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

PLEASE NOTE: NORMAL OR UNDER CONTROL INCLUDES "RETURNED TO NORMAL" AND "NO LONGER HAVE HIGH BLOOD PRESSURE" (36)

- a. Normal ..... 1
- b. Under control ..... 2
- c. Still high ..... 3
- Don't know/Not sure ..... 7
- Refused, ..... 9

SECTION C: EXERCISE

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

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

(37)

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

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

(38-39)

- SEE CODING LIST A
- a. Activity ..... \_ \_
  - Refused, GO TO Q13 (p.8) ..... 9 9

---

Activity

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

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

(40-42)

- a. Miles and tenths ..... \_ \_ . \_
  - Don't know/Not sure ..... 7 7. 7
  - Refused ..... 9 9. 9
- (SEE CODING LIST B IF RESPONSE IS NOT IN MILES AND TENTHS)

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

(43-45)

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

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

(46-48)

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

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

(49)

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

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

(50-51)

- a. Activity ..... \_ \_
- Refused GO TO SECTION D (p.10) ..... 9 9

SEE CODING LIST A

---

Activity



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

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

(52-54)

a. Miles and tenths ..... \_ \_ . \_

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

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

Refused ..... 9 9 9

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

(55-57)

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

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

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

Refused ..... 9 9 9

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

(58-60)

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

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

Refused ..... 9 : 9 9

SECTION D: DIET

17. About how much do you weigh without shoes?

(61-63)

a. Weight .....	<u>   </u> <u>   </u> <u>   </u>
	pounds
Don't know/Not sure .....	7 7 7
Refused .....	9 9 9

18. About how tall are you without shoes?

(64-66)

a. Height .....	<u>   </u> / <u>   </u> <u>   </u>
	Ft/Inches
Don't know/Not sure .....	7 7 7
Refused .....	9 9 9

19. Are you now trying to lose weight?

(67)

a. Yes .....	1
b. No, <u>GO TO 22 (p.11)</u> .....	2
Refused, <u>GO TO 22 (p.11)</u> .....	9

20. Are you eating fewer calories to lose weight?

(68)

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

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

(69)

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

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

Would you say:

PLEASE READ

(70)

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

23. Overall, would you say your diet is high, medium, or low in fiber?

(71)

- a. High..... 1
- b. Medium ..... 2
- c. Low..... 3
- Don't know/Not sure ..... 7
- Refused ..... 9

24. Overall, would you say your diet is high, medium, or low in fat?

(72)

- a. High..... 1
- b. Medium ..... 2
- c. Low..... 3
- Don't know/Not sure ..... 7
- Refused ..... 9

SECTION E: TOBACCO USE

Now, I would like to ask you a few questions about tobacco products:

25. Have you smoked at least 100 cigarettes in your entire life? (73)

	a. Yes .....	1
<u>100 cigarettes</u> <u>= 5 packs</u>	b. No, <u>GO TO Q29 (p.13)</u> .....	2
	Don't know/Not sure, <u>GO TO Q29 (p.13)</u> ...	7
	Refused, <u>GO TO Q29 (p.13)</u> .....	9

26. Do you smoke cigarettes now? (74)

	a. Yes .....	1
	b. No, <u>GO TO Q29 (p.13)</u> .....	2
	Refused, <u>GO TO Q29 (p.13)</u> .....	9

27. On the average, about how many cigarettes a day do you now smoke? (75-76)

	a. Number of cigarettes .....	— —
<u>1 Pack = 20</u> <u>cigarettes</u>	b. Don't smoke regularly.....	8 8
	Refused .....	9 9

28. Have you stopped smoking for a week or more sometime during the past year? (77)

	a. Yes.....	1
	b. No.....	2
	Refused .....	9

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

PROBE FOR CHEWING TOBACCO, SNUFF, OR BOTH (78)

- a. Yes, chewing tobacco ..... 1
- b. Yes, snuff ..... 2
- c. Yes, both ..... 3
- d. No, neither GO TO SECTION F (p.14) ..... 4
- Don't know/Not sure, GO TO SECTION F (p.14) ..... 7
- Refused, GO TO SECTION F (p.14) ..... 9

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

PROBE FOR CHEWING TOBACCO, SNUFF, OR BOTH (79)

"Yes"  
INCLUDES  
OCCASIONAL  
USE

- a. Yes, chewing tobacco ..... 1
- b. Yes, snuff ..... 2
- c. Yes, both ..... 3
- d. No ..... 4
- Don't know/Not sure ..... 7
- Refused ..... 9

SECTION F: ALCOHOL CONSUMPTION

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

31. Have you had any beer, wine or liquor during the past month, that is, since \_\_\_\_\_ (80)

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

32. During the past month, how many days per week or per month did you drink any beer? (81-83)

- a. Days per week ..... 1 \_\_\_
- b. Days per month ..... 2 \_\_\_
- c. Never or none GO TO Q 34 (p.15) ..... 8 8 8
- Don't know/Not sure, GO TO Q 34 (p.15) ..... 7 7 7
- Refused GO TO Q 34 (p.15) ..... 9 9 9

33. On the days when you drank beer, about how many beers did you drink on the average? (84-85)

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

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

(86-88)

- a. Days per week ..... 1 \_\_\_
- b. Days per month ..... 2 \_\_\_
- c. Never or none GO TO Q 36 ..... 8 8 8  
Don't know/Not sure, GO TO Q 36 ..... 7 7 7  
Refused GO TO Q 36 ..... 9 9 9

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

(89-90)

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

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

(91-93)

- a. Days per week ..... 1 \_\_\_
- b. Days per month ..... 2 \_\_\_
- c. Never or none, GO TO Q 38 (p.16) ..... 8 8 8  
Don't know/Not sure, GO TO Q 38 (p.16) ... 7 7 7  
Refused, GO TO Q 38 (p.16) ..... 9 9 9

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

(94-95)

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

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

(96-97)

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

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

(98-99)

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



SECTION G: PREVENTIVE HEALTH PRACTICES

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

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

Was it:	<u>PLEASE READ</u>	(100)
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
	Never .....	8
	Refused .....	9

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

41. Have you ever had your blood cholesterol checked?

		(101)
a.	Yes .....	1
b.	No, <u>GO TO Q48 (p.19)</u> .....	2
	Don't know/Not sure, <u>GO TO Q48 (p.19)</u> ....	7
	Refused, <u>GO TO Q48 (p.19)</u> .....	9

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

Was it:	<u>PLEASE READ</u>	(102)
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

43. Have you ever been told your blood cholesterol level, in numbers? (103)
- a. Yes ..... 1
  - b. No, GO TO Q 45 ..... 2
    - Don't know/Not sure, GO TO Q 45 ..... 7
    - Refused, GO TO Q 45 ..... 9

44. What is your blood cholesterol level? (104-106)
- a. RECORD THE NUMBER ..... \_ \_ \_
    - Don't know/Not sure ..... 7 7 7
    - Refused ..... 9 9 9

45. Have you ever been told by a doctor or other health professional that your blood cholesterol is high? (107)
- a. Yes ..... 1
  - b. No ..... 2
    - Don't know/Not sure ..... 7
    - Refused ..... 9

46. Are you now under the advice of a doctor to reduce your blood cholesterol or blood fat level? (108)
- a. Yes ..... 1
  - b. No, GO TO Q 48 (p.19) ..... 2
    - Don't know/Not sure, GO TO Q 48 (p.19) ... 7
    - Refused, GO TO Q 48 (p.19) ..... 9

47. Did the doctor:

47a. --prescribe a medication to lower, your blood cholesterol?

(109)

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

47b. --provide you a low fat or low cholesterol diet?

(110)

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

47c. -- refer you to a dietitian, nutritionist, or nurse to help you reduce the fat or cholesterol in your diet?

(111)

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

48. 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?

(112)

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

Next I'd like to ask you about getting your blood pressure checked.

49. About how long has it been since you last had your blood pressure taken by a doctor or other health professional?

- Was it: PLEASE READ (113)
- 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, GO TO Q 52 (p.21) ... 7
- Never, GO TO Q 52 (p.21) ..... 8
- Refused, GO TO Q 52 (p.21) ..... 9

50. Blood pressure is usually given as one number over another. Were you told what your blood pressure was in numbers?

- (114)
- a. Yes ..... 1
  - b. No, GO TO Q 52 (p.21) ..... 2
- Don't know/Not sure, GO TO Q 52 (p.21) . 7
- Refused, GO TO Q 52 (p.21) ..... 9

51. What was your blood pressure, in numbers?

- (115-120)
- a. RECORD THE NUMBER ..... \_ \_ \_ / \_ \_ \_
- Don't know/Not sure ..... 7 7 7 / 7 7 7
- Refused ..... 9 9 9 / 9 9 9

SECTION H: DEMOGRAPHICS

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

52. How old were you on your last birthday?

(121-122)

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

53. What is your race?

Would you say PLEASE READ (123)

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

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

(124)

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

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

READ ONLY IF NECESSARY

(125)

- 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

56. Are you currently:

PLEASE READ

(126)

- 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

57. And are you:

<u>PLEASE READ</u>		(127)
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

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

<u>PLEASE READ</u>		(128)
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

59. INTERVIEWER: INDICATE SEX OF RESPONDENT

ASK IF NECESSARY

(129)

- a. Male, GO TO Q 63, (p.25) ..... 1
- b. Female ..... 2

INTERVIEWER: ASK THIS QUESTION ONLY TO FEMALES

BETWEEN 18 and 45 YEARS OF AGE,  
OTHERWISE, GO TO QUESTION 63, (p.25).

60. To your knowledge, are you now pregnant?

(130)

- a. Yes ..... 1
- b. No, GO TO Q 62 ..... 2
- Don't know/Not sure, GO TO Q 62 ..... 7
- Refused, GO TO Q 62 ..... 9

61. During what month is your baby due?

(131-132)

- a. CODE MONTH, GO TO Q 63 (p.25) ..... \_ \_
- Don't know/Not sure, GO TO Q 63 (p.25) . 7 7
- Refused, GO TO Q 63 (p.25) ..... 9 9

CODE MONTH:

01=Jan, 02=Feb, etc.

62. Are you currently taking birth control pills?

(133)

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



63. 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..... —

INSERT ADDITIONAL MODULES OR QUESTIONS HERE

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

SEE COUNTY  
CODE LIST

Refused ..... 9 9 9

Note:

County Codes are available at:

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

MODULE 2: BREAST CANCER SCREENING

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

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

1. Have you ever heard of a mammogram? (138)
- a. Yes ..... 1
  - b. No, GO TO Q5 MODULE 2 ..... 2
    - Don't know/Not sure, GO TO Q5 MODULE 2 .. 7
    - Refused, GO TO Q5 MODULE 2 ..... 9
2. Have you ever had a mammogram? (139)
- a. Yes ..... 1
  - b. No, GO TO Q5 MODULE 2 ..... 2
    - Don't know/Not sure, GO TO Q5 MODULE 2 .. 7
    - Refused, GO TO Q5 MODULE 2 ..... 9
3. About how long has it been since you had your last mammogram? (140)
- 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. Was your last mammogram done as part of a routine checkup, because of a breast problem, or because you've already had breast cancer?

(141)

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

5. Do you know how to examine your own breasts for lumps?

(142)

- 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

6. About how often do you examine your breasts for lumps?

(143-145)

- a. Times per day ..... 1 \_\_ \_\_
- b. Times per week ..... 2 \_\_ \_\_
- c. Times per month ..... 3 \_\_ \_\_
- d. Times per year ..... 4 \_\_ \_\_
- e. Never ..... 8 8 8
- Don't know/Not sure ..... 7 7 7
- Refused ..... 9 9 9

MODULE 3: CERVICAL CANCER SCREENING

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

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

1. Have you ever heard of a Pap smear test? (146)

- a. Yes ..... 1
- b. No, GO TO Q4 MODULE 3 ..... 2
  - Don't know/Not sure, GO TO Q4 MODULE 3 ... 7
  - Refused, GO TO Q4 MODULE 3 ..... 9

2. Have you ever had a Pap smear? (147)

- a. Yes ..... 1
- b. No, GO TO Q4 MODULE 3 ..... 2
  - Don't know/Not sure, GO TO Q4 MODULE 3 ... 7
  - Refused, GO TO Q4 MODULE 3 ..... 9

3. When did you have your last Pap smear? (148)

Was it: PLEASE READ

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

4. Have you ever had a hysterectomy? (149)

PLEASE NOTE: A HYSTERECTOMY IS "AN OPERATION TO REMOVE THE UTERUS."

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

MODULE 4: COLORECTAL CANCER SCREENING

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

1. Have you ever heard of a digital rectal exam? (150)

- a. Yes ..... 1
- b. No, GO TO Q4 MODULE 4 ..... 2
  - Don't know/Not sure, GO TO Q4 MODULE 4 ... 7
  - Refused, GO TO Q4 MODULE 4 ..... 9

2. Have you ever had a digital rectal exam? (151)

- a. Yes ..... 1
- b. No, GO TO Q4 MODULE 4 ..... 2
  - Don't know/Not sure, GO TO Q4 MODULE 4 ... 7
  - Refused, GO TO Q4 MODULE 4 ..... 9

3. When did you have your last digital rectal exam?  
Was it: PLEASE READ (152)

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

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

5. Have you ever had a blood stool test?	(154)
a. Yes .....	1
b. No, <u>GO TO Q7 MODULE 4</u> .....	2
Don't know/Not sure, <u>GO TO Q7 MODULE 4</u> ...	7
Refused, <u>GO TO Q7 MODULE 4</u> .....	9

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

7. A proctoscopic exam is when a tube is inserted in the rectum to check for problems. Have you ever heard of a proctoscopic exam?	(156)
a. Yes .....	1
b. No, <u>GO TO NEXT MODULE</u> .....	2
Don't know/Not sure, <u>GO TO NEXT MODULE</u> ...	7
Refused, <u>GO TO NEXT MODULE</u> .....	9

8. Have you ever had a proctoscopic exam?	(157)
a. Yes .....	1
b. No, <u>GO TO NEXT MODULE</u> .....	2
Don't know/Not sure, <u>GO TO NEXT MODULE</u> ...	7
Refused, <u>GO TO NEXT MODULE</u> .....	9

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



MODULE 5: INJURY CONTROL AND CHILD SAFETY

1. Is there a working smoke detector in your household?	(159)
a. Yes .....	1
b. No .....	2
Don't know/Not sure .....	7
Refused .....	9
2. In the past 12 months have you (or has anyone in your household) used a thermometer to test the temperature of the hot water?	(160)
a. Yes .....	1
b. No .....	2
Don't know/Not sure .....	7
Refused .....	9
3. What is the age of the youngest child in your household?	(161-162)
a. Age in years (If > 10 <u>GO TO NEXT MODULE</u> ) .....	__ __
b. No children in household <u>GO TO NEXT MODULE</u> ...	8 8
Don't know/Not sure, <u>GO TO NEXT MODULE</u> .	7 7
Refused, <u>GO TO NEXT MODULE</u> .....	9 9
4. Do you have the telephone number for the Poison Control Center in your area?	(163)
a. Yes .....	1
b. No .....	2
Don't know/Not sure .....	7
Refused .....	9

5. There is a medication called IPECAC (ip' i kak) SYRUP which is sometimes taken to cause vomiting after something poisonous is swallowed. Do you have any Ipecac Syrup in your household?

(164)

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

6. When riding in a car, how often is the youngest child buckled in a car safety seat or seat belt?

Would you say:

PLEASE READ

(165)

- a. All the time ..... 1
- b. Most of the time ..... 2
- c. Sometimes ..... 3
- d. Rarely ..... 4
- Or
- e. Never ..... 5
- Don't know/Not sure ..... 7
- Refused ..... 9

MODULE 6: AIDS

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

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

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

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

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

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

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

4. Have you ever had your blood tested for the AIDS virus?	(169)
a. Yes .....	1
b. No, <u>GO TO Q6 MODULE 6</u> .....	2
Don't know/Not sure, <u>GO TO Q6 MODULE 6</u> ..	7
Refused, <u>GO TO Q6 MODULE 6</u> .....	9

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

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

## Coding Lists

### Coding List A: Activity codes

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

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

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#### Lap swimming

50-ft. pool 10 laps = .1 mile  
100-ft. pool 5 laps = .1 mile  
50-meter pool 3 laps = .1 mile

#### Running/jogging/walking

1/2 mile = .5 mile  
1/4 mile = .3 mile  
1/8 mile = .1 mile  
1 block = .1 mile