



Our study requires that we randomly select one adult who lives in your household to be interviewed. How many members of your household, including yourself, are 18 years of age or older?

--	--

(29-30)

If "1" Are you the adult?

If "yes" Then you are the person I need to speak with. **Go to page 3**

If "no" May I speak with him or her? **Go to "correct respondent" at bottom of page**



How many of these adults are men and how many are women?

Men	Women
<input type="text"/>	<input type="text"/>
(31)	(32)



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



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

Suffix: _____

Last digit of phone number

		Last digit of phone number												
		0	1	2	3	4	5	6	7	8	9			
Total adults	1.	_____	1	1	1	1	1	1	1	1	1	1	1	1.
	2.	_____	2	1	2	1	2	1	2	1	2	1	2	2.
	3.	_____	3	1	2	3	1	2	3	1	2	X	3	3.
	4.	_____	1	2	3	4	1	2	3	4	X	X	4	4.
	5.	_____	2	3	4	5	1	2	3	4	5	1	5	5.
	6.	_____	5	6	1	2	3	4	X	X	X	X	6	6.
	7.	_____	2	3	4	5	6	7	1	X	X	X	7	7.
	8.	_____	8	1	2	3	4	5	6	7	X	X	8	8.



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

If "you," go to page 3

To correct respondent

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

The interview will only take a short time, and all the information obtained in this study will be confidential.

Section 1: Health Status

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

Please Read

	a. Excellent	1
	b. Very good	2
	c. Good	3
	d. Fair	4
	or	
	e. Poor?	5
Do not read these responses.	Don't know/Not sure	7
	Refused	9

2. Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good? (34–35)

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

3. Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good? (36–37)

a. Number of days	— —
b. None <i>If Q. 2 also "None," go to Q. 5 (p. 5)</i>	8 8
Don't know/Not sure	7 7
Refused	9 9

4. During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation? (38–39)
- a. Number of days — —
 - b. None 8 8
 - Don't know/Not sure 7 7
 - Refused 9 9

Section 2: Health Care Access

5. Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs (health maintenance organizations), or government plans such as Medicare? (40)

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

6. About how long has it been since you had health care coverage? (41)

Read Only if Necessary

- a. Within the past 6 months (1 to 6 months ago)..... 1
- b. Within the past year (6 to 12 months ago)..... 2
- c. Within the past 2 years (1 to 2 years ago) 3
- d. Within the past 5 years (2 to 5 years ago) 4
- e. 5 or more years ago 5
- Don't know/Not sure 7
- Never 8
- Refused 9

7. Was there a time during the last 12 months when you needed to see a doctor, but could not because of the cost? (42)

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

8. About how long has it been since you last visited a doctor for a routine checkup? (43)

Read Only if Necessary

- a. Within the past year (1 to 12 months ago)..... 1
- b. Within the past 2 years (1 to 2 years ago) 2
- c. Within the past 5 years (2 to 5 years ago) 3
- d. 5 or more years ago 4
- Don't know/Not sure 7
- Never 8
- Refused 9

Section 3: Diabetes

9. Have you ever been told by a doctor that you have diabetes? (44)

- | | | |
|-------------------------------------------------------------------------|----------------------------------------------------|---|
| If "Yes" and female, ask "Was this only when you were pregnant?" | a. Yes | 1 |
| | b. Yes, but female told only during pregnancy..... | 2 |
| | c. No | 3 |
| | Don't know/Not sure | 7 |
| | Refused | 9 |

Section 4: Exercise

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

10. During the past month, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise? (45)

- a. Yes 1
- b. No *Go to Q. 20 (p. 11)* 2
- Don't know/Not sure *Go to Q. 20 (p. 11)* 7
- Refused *Go to Q. 20 (p. 11)* 9

11. What type of physical activity or exercise did you spend the most time doing during the past month? (46–47)

Activity (specify): _____
See coding list A

Refused *Go to Q. 15 (p. 9)* 9 9

➡ Ask Q. 12 only if answer to Q. 11 is running, jogging, walking, or swimming. All others go to Q. 13.

12. How far did you usually walk/run/jog/swim? (48–50)

See coding list B if response is not in miles and tenths.

- Miles and tenths — — —
- Don't know/Not sure 7 7 7
- Refused 9 9 9

13. How many times per week or per month did you take part in this activity during the past month? (51–53)

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

14. And when you took part in this activity, for how many minutes or hours did you usually keep at it? (54–56)

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

15. Was there another physical activity or exercise that you participated in during the last month? (57)

- a. Yes 1
- b. No *Go to Q. 20 (p. 11)* 2
- Don't know/Not sure *Go to Q. 20 (p. 11)* 7
- Refused *Go to Q. 20 (p. 11)* 9

16. What other type of physical activity gave you the next most exercise during the past month? (58–59)

- Activity (specify): _____ — —
See coding list A
- Refused *Go to Q. 20 (p. 11)* 9 9

➡ **Ask Q. 17 only if answer to Q. 16 is running, jogging, walking, or swimming. All others go to Q. 18.**

17. How far did you usually walk/run/jog/swim? (60–62)

- 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.**

18. How many times per week or per month did you take part in this activity? (63–65)

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

19. And when you took part in this activity, for how many minutes or hours did you usually keep at it? (66–68)

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

Section 5: Tobacco Use

20. Have you smoked at least 100 cigarettes in your entire life? (69)

- | | | |
|-----------------------------|-------------------------------------------------------------------|---|
| 5 packs =
100 cigarettes | a. Yes | 1 |
| | b. No <i>Go to Section 6: Nutrition (p. 13)</i> | 2 |
| | Don't know/Not sure <i>Go to Section 6: Nutrition (p. 13)</i> ... | 7 |
| | Refused <i>Go to Section 6: Nutrition (p. 13)</i> | 9 |

21. Do you smoke cigarettes now? (70)

- | | |
|---------------------------------------------------------|---|
| a. Yes | 1 |
| b. No <i>Go to Q. 25 (p. 12)</i> | 2 |
| Refused <i>Go to Section 6: Nutrition (p. 13)</i> | 9 |

22. On how many of the past 30 days did you smoke cigarettes? (71–72)

- | | |
|--------------------------------------------------------------------|-----|
| a. Number of days <i>If less than 30, Go to Q. 23a (p. 12)</i> ... | — — |
| b. None <i>Go to Q. 25 (p. 12)</i> | 8 8 |
| Don't know/Not sure | 7 7 |
| Refused | 9 9 |

23. On the average, about how many cigarettes a day do you now smoke? (73–74)

- | | | |
|---------------------------|-------------------------------------------------------|-----|
| 1 pack =
20 cigarettes | Number of cigarettes <i>Go to Q. 24 (p. 12)</i> | — — |
| | Don't know/Not sure <i>Go to Q. 24 (p. 12)</i> | 7 7 |

23a. On the average, when you smoked during the past 30 days, about how many cigarettes did you smoke a day? (75–76)

1 pack = 20 cigarettes	Number of cigarettes <i>Go to Section 6: Nutrition (p. 13)</i>	— —
	Don't know/Not sure <i>Go to Section 6: Nutrition (p. 13)</i>	7 7
	Refused <i>Go to Section 6: Nutrition (p. 13)</i>	9 9

24. During the past 12 months, have you quit smoking for 1 day or longer? (77)

- a. Yes *Go to Section 6: Nutrition (p. 13)* 1
- b. No *Go to Section 6: Nutrition (p. 13)* 2
- Don't know/Not sure *Go to Section 6: Nutrition (p. 13)* 7
- Refused *Go to Section 6: Nutrition (p. 13)* 9

25. About how long has it been since you last smoked cigarettes regularly (that is, daily)? (78–79)

Read Only if Necessary

- a. Within the past month (0 to 1 month ago) 0 1
- b. Within the past 3 months (1 to 3 months ago) 0 2
- c. Within the past 6 months (3 to 6 months ago) 0 3
- d. Within the past year (6 to 12 months ago) 0 4
- e. Within the past 5 years (1 to 5 years ago) 0 5
- f. Within the past 15 years (5 to 15 years ago) 0 6
- g. 15 or more years ago 0 7
- Don't know/Not sure 7 7
- Never smoked regularly 8 8
- Refused 9 9

Section 6: Nutrition

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.

26. How often do you drink fruit juices such as orange, grapefruit, or tomato? (80–82)

- 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

27. Not counting juice, how often do you eat fruit? (83–85)

- 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

28. How often do you eat green salad? (86–88)

- 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

29. How often do you eat potatoes (not including french fries, fried potatoes, or potato chips)? (89–91)

- 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

30. How often do you eat carrots? (92–94)

- 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

31. 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.) (95–97)

- 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

Section 7: Weight Control

32. Are you now trying to lose weight? (98)

- a. Yes *Go to Q. 34* 1
- b. No 2
- Don't know/Not sure 7
- Refused 9

33. Are you now trying to maintain your current weight, that is to keep from gaining weight? (99)

- a. Yes 1
- b. No *Go to Q. 36 (p. 17)* 2
- Don't know/Not sure *Go to Q. 36 (p. 17)* 7
- Refused *Go to Q. 36 (p. 17)* 9

34. Are you eating either fewer calories or less fat to . . . lose weight? *[If yes on Q. 32]* (100)
keep from gaining weight? *[If yes on Q. 33]*

- | | |
|--------------------------------|---------------------------------------------|
| Probe
for
which | a. Yes, fewer calories 1 |
| | b. Yes, less fat 2 |
| | c. Yes, fewer calories and less fat 3 |
| | d. No 4 |
| | Don't know/Not sure 7 |
| | Refused 9 |

35. Are you using physical activity or exercise to . . . (101)
lose weight? *[If yes on Q. 32]*
keep from gaining weight? *[If yes on Q. 33]*

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

36. In the past 12 months, has a doctor, nurse, or other health professional given you advice about your weight? (102)

- | | | |
|--------------------------------|-------------------------------------------|---|
| Probe
for
which | a. Yes, lose weight | 1 |
| | b. Yes, gain weight | 2 |
| | c. Yes, maintain current weight | 3 |
| | d. No | 4 |
| | Don't know/Not sure | 7 |
| | Refused | 9 |

Section 8: Demographics

37. What is your age? (103–104)

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

38. What is your race? (105)

Would you say: *Please Read*

- a. White 1
- b. Black 2
- c. Asian, Pacific Islander 3
- d. American Indian, Alaska Native 4
- or
- e. Other: (specify) _____ 5

Do not read these responses.

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

39. Are you of Spanish/Hispanic origin? (106)

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

40. Are you: (107)

Please Read

- a. Married 1
- b. Divorced 2
- c. Widowed. 3
- d. Separated 4
- e. Never been married 5
- or**
- f. A member of an unmarried couple 6
- Refused 9

41. How many children live in your household who are . . .

Please Read

- | | | | |
|----------------------------------------------------------------------------------|----|-----------------------------------|-----------|
| Code 1–9
7 = 7 or more
8 = none
9 = refused | a. | less than 5 years old | ___ (108) |
| | b. | 5 through 12 years old | ___ (109) |
| | c. | 13 through 17 years old | ___ (110) |

42. What is the highest grade or year of school you completed? (111)

Read Only if Necessary

- a. Never attended school or kindergarten only 1
- b. Grades 1 through 8 (Elementary) 2
- c. Grades 9 through 11 (Some high school) 3
- d. Grade 12 or GED (High school graduate) 4
- e. College 1 year to 3 years (Some college or technical school) . . . 5
- f. College 4 years or more (College graduate) 6
- Refused 9

43. Are you currently: (112)

Please Read

- a. Employed for wages 1
- b. Self-employed 2
- c. Out of work for more than 1 year 3
- d. Out of work for less than 1 year 4
- e. Homemaker 5
- f. Student 6
- g. Retired 7
- or**
- h. Unable to work 8
- Refused 9

44. Which of the following categories best describes your annual household income from all sources? (113–114)

Please Read

- a. Less than \$10,000 01
- b. \$10,000 to less than \$15,000 02
- c. \$15,000 to less than \$20,000 03
- d. \$20,000 to less than \$25,000 04
- e. \$25,000 to less than \$35,000 05
- f. \$35,000 to less than \$50,000 06
- g. \$50,000 to \$75,000 07
- or**
- h. Over \$75,000 08

Do not read these responses.	Don't know/Not sure	77
	Refused	99

45. About how much do you weigh without shoes? (115–117)

Round fractions up

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

46. How much would you like to weigh? (118–120)

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

47. About how tall are you without shoes? (121–123)

Round fractions down

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

48. What county do you live in? (124–126)

FIPS county code	— — —
Don't know/Not sure	7 7 7
Refused	9 9 9

49. Do you have more than one telephone number in your household? (127)

a. Yes	1
b. No <i>Go to Q. 51 (p. 22)</i>	2
Refused <i>Go to Q. 51 (p. 22)</i>	9

50. How many residential telephone numbers do you have? (128)

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

51. Indicate sex of respondent. (129)

Ask Only if Necessary

Male	<i>Go to Section 10: AIDS (p. 27)</i>	1
Female	2

Section 9: Women’s Health

52. A mammogram is an x-ray of each breast to look for breast cancer.
Have you ever had a mammogram? (130)

- a. Yes 1
- b. No *Go to Q. 55 (p. 24)* 2
- Don’t know/Not sure *Go to Q. 55 (p. 24)* 7
- Refused *Go to Q. 55 (p. 24)* 9

53. How long has it been since you had your last mammogram? (131)

Read only if Necessary

- a. Within the past year (1 to 12 months ago)..... 1
- b. Within the past 2 years (1 to 2 years ago) 2
- c. Within the past 3 years (2 to 3 years ago) 3
- d. Within the past 5 years (3 to 5 years ago) 4
- e. 5 or more years ago 5
- Don’t know/Not sure 7
- Refused 9

54. Was your last mammogram done as part of a routine checkup, because
of a breast problem other than cancer, or because you’ve already had
breast cancer? (132)

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

55. A clinical breast exam is when a doctor, nurse, or other health professional feels the breast for lumps. Have you ever had a clinical breast exam? (133)

- a. Yes 1
- b. No *Go to Q. 58 (p. 25)* 2
- Don't know/Not sure *Go to Q. 58 (p. 25)* 7
- Refused *Go to Q. 58 (p. 25)* 9

56. How long has it been since your last breast exam? (134)

Read Only if Necessary

- a. Within the past year (1 to 12 months ago)..... 1
- b. Within the past 2 years (1 to 2 years ago) 2
- c. Within the past 3 years (2 to 3 years ago) 3
- d. Within the past 5 years (3 to 5 years ago) 4
- e. 5 or more years ago 5
- Don't know/Not sure 7
- Refused 9

57. Was your last breast exam done as part of a routine checkup, because of a breast problem other than cancer, or because you've already had breast cancer? (135)

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

58. A Pap smear is a test for cancer of the cervix. Have you ever had a Pap smear? (136)

- a. Yes 1
- b. No *Go to Q. 61 (p. 26)* 2
- Don't know/Not sure *Go to Q. 61 (p. 26)* 7
- Refused *Go to Q. 61 (p. 26)* 9

59. How long has it been since you had your last Pap smear? (137)

Read Only if Necessary

- a. Within the past year (1 to 12 months ago)..... 1
- b. Within the past 2 years (1 to 2 years ago) 2
- c. Within the past 3 years (2 to 3 years ago) 3
- d. Within the past 5 years (3 to 5 years ago) 4
- e. 5 or more years ago 5
- Don't know/Not sure 7
- Refused 9

60. Was your last Pap smear done as part of a routine exam, or to check a current or previous problem? (138)

- a. Routine exam 1
- b. Check current or previous problem 2
- Other 3
- Don't know/Not sure 7
- Refused 9

61. Have you had a hysterectomy (that is, an operation to remove the uterus/womb)? (139)

- a. Yes **Go to Section 10: AIDS (p. 27)** 1
- b. No 2
- Don't know/Not sure 7
- Refused 9

➡ **If respondent 45 years old or older, go to Section 10: AIDS (p. 27).**

62. To your knowledge, are you now pregnant? (140)

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

Section 10: AIDS Knowledge and Testing

➡ If respondent is 65 years old or older, go to Closing Statement.

The next few questions are about the national health problem of AIDS. Please remember that your answers are strictly confidential and that you don't have to answer every question if you don't want to.

63. Would you be willing to work next to or near a person who you know is infected with the AIDS virus? (141)
- a. Yes 1
 - b. No 2
 - Don't know/Not sure 7
 - Refused 9
64. If you had a child in school, would you allow him or her to be in the same classroom with another child who is infected with the AIDS virus? (142)
- a. Yes 1
 - b. No 2
 - Don't know/Not sure 7
 - Refused 9
65. If you had a child in school, at what grade do you think he or she should begin AIDS education in school? (143–144)
- | | |
|-------------------------------|-------------------------------|
| Code 01
through 12 | a. Grade — — |
| | b. Kindergarten 5 5 |
| | c. Never 8 8 |
| | Don't know/Not sure 7 7 |
| | Refused 9 9 |

66. If you had a teenager who was sexually active, would you encourage him or her to use a condom? (145)

- a. Yes 1
- b. No 2
- Would give other advice..... 3
- Don't know/Not sure 7
- Refused 9

67. What are your chances of getting the AIDS virus? (146)

Would you say: *Please read*

- a. High 1
- b. Medium..... 2
- c. Low..... 3
- or**
- d. None 4
- Not applicable *Go to Q. 70 (p. 29)* 5
- Don't know/Not sure 7
- Refused 9

Do not read these responses.

68. In the past year, have your chances of getting the AIDS virus increased, decreased, or stayed the same? (147)

- a. Increased..... 1
- b. Decreased 2
- c. Stayed the same 3
- Don't know/Not sure 7
- Refused 9

69. Have you ever had your blood tested for the AIDS virus infection? (148)

- a. Yes *Go to Q. 70* 1
- b. No 2
- Don't know/Not sure 7
- Refused 9

70a. Have you donated blood since March 1985? (149)

- a. Yes 1
- b. No *Go to Q. 75 (p. 32)* 2
- Don't know/Not sure *Go to Q. 75 (p. 32)* 7
- Refused *Go to Q. 75 (p. 32)* 9

71a. When did you last donate blood? (150–153)

- Code month and year *Go to Q. 75 (p. 32)* __ __/ __ __
- Don't know/Not sure *Go to Q. 75 (p. 32)* 7 7 7 7
- Refused *Go to Q. 75 (p. 32)* 9 9 9 9

70. When was your last AIDS blood test? (154–157)

- Code month and year __ __/ __ __
- Don't know/Not sure 7 7 7 7
- Refused 9 9 9 9

71. What was the main reason you had your last AIDS blood test? (158–159)

Reason code — —

Read only if necessary

- a. For hospitalization or surgical procedure 01
- b. To apply for health insurance 02
- c. To apply for life insurance 03
- d. For employment 04
- e. To apply for a marriage license 05
- f. For military induction or military service. 06
- g. For immigration 07
- h. Just to find out if you were infected 08
- i. Because of referral by a doctor. 09
- j. Because of pregnancy 10
- k. Referred by your sex partner 11
- l. Because it was part of a blood donation process 12
- m. For routine checkup 13
- n. Because of occupational exposure 14
- o. Because of illness 15
- p. Other 87
- Don't know/Not sure 77
- Refused 99

72. Where did you have your last blood test for the AIDS virus? (160–161)

Facility Code — —

Read only if necessary

- a. Private doctor, HMO 01
- b. Blood bank, plasma center, Red Cross 02
- c. Health department 03
- d. AIDS clinic, counseling, testing site 04
- e. Hospital, emergency room, outpatient clinic 05
- f. Family planning clinic 06
- g. Prenatal clinic 07
- h. Tuberculosis clinic 08
- i. STD clinic 09
- j. Community health clinic 10
- k. Clinic run by employer 11
- l. Insurance company clinic 12
- m. Other public clinic 13
- n. Drug treatment facility 14
- o. Military induction or military service site 15
- p. Immigration site 16
- q. At home, home visit by nurse or health worker 17
- r. Other 87
- Don't know/Not sure 77
- Refused 99

73. Did you receive the results of your last test? (162)

- a. Yes 1
- b. No *Go to Q. 75* 2
- c. Don't know/Not sure *Go to Q. 75* 7
- Refused *Go to Q. 75* 9

74. Did you receive counseling or talk with a health care professional about the results of your test? (163)

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

75. Some people use condoms to keep from getting the AIDS virus through sexual activity. How effective do you think a properly used condom is for this purpose? (164)

Would you say: *Please read*

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

Do not read these responses.

76. Have you personally ever known anyone with AIDS or the AIDS virus? (165)

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

Closing Statement

That's my last question. Everyone's answers will be combined to give us information about the health practices of people in this state. Thank you very much for your time and cooperation.

or

Transition to Modules, or State-Added Questions, or Both

Finally, I have just a few questions left about some other health topics.

Module 1: Smokeless Tobacco Use

1. Have you ever used or tried any smokeless tobacco products such as chewing tobacco or snuff? (166)

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

2. Do you currently use any smokeless tobacco products such as chewing tobacco or snuff? (167)

"Yes" includes occasional use.	a. Yes, chewing tobacco	1
	b. Yes, snuff	2
	c. Yes, both	3
	d. No, neither	4
	Don't know/Not sure	7
	Refused	9

Module 2: Radon Testing

- 1. Have you heard of radon, which is a radioactive gas that occurs in nature? (168)
 - 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? (169)
 - 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? (170)
 - 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? (171)
 - a. Yes 1
 - b. No 2
 - Don't know/Not sure 7
 - Refused 9

5. Please indicate your agreement or disagreement with the following statement: Prolonged exposure to radon gas can be harmful to your health. Do you agree or disagree? (172)

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

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

	<i>Please Read</i>	Yes	No	DK/NS	Ref	
a. Headache	1	2	7	9		(173)
b. Asthma	1	2	7	9		(174)
c. Arthritis.....	1	2	7	9		(175)
d. Lung cancer	1	2	7	9		(176)
e. Other cancers besides lung	1	2	7	9		(177)

7. Which of the following best describes your residence? (178)

Please Read

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

**Do not read
these
responses.**

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

Module 3: Dietary Fat

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

1. How often do you eat hot dogs or lunch meats such as ham or other cold cuts? (179–181)

- 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? (182–184)

- 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? (185–187)
 - a. Per day 1 _ _
 - b. Per week 2 _ _
 - c. Per month 3 _ _
 - d. Per year 4 _ _
 - e. Never 5 5 5
 - Don't know/Not sure 7 7 7
 - Refused 9 9 9

- 4. How often do you eat hamburgers, cheeseburgers, or meat loaf? (188–190)
 - a. Per day 1 _ _
 - b. Per week 2 _ _
 - c. Per month 3 _ _
 - d. Per year 4 _ _
 - e. Never 5 5 5
 - Don't know/Not sure 7 7 7
 - Refused 9 9 9

- 5. How often do you eat beef other than hamburgers, cheeseburgers, or meat loaf? (191–193)
 - 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? (194–196)
- 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? (197–199)
- 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? (200–202)
- Include
cheese used
as an
ingredient,
e.g., on
pizza.**
- a. Per day 1 _ _
 - b. Per week 2 _ _
 - c. Per month 3 _ _
 - d. Per year 4 _ _
 - e. Never 5 5 5
 - Don't know/Not sure 7 7 7
 - Refused 9 9 9

9. How often do you eat doughnuts, cookies, cake, pastry, or pies? (203–205)
- 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? (206–208)
- 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? (209–211)
- 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? (212–214)

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

13. How many glasses (8 oz.) of whole milk do you usually drink?
Remember to include drinks made with whole milk or milk on cereal.
Do not include low-fat milk, such as skim milk or 2% milk. (215–217)

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

Module 4: Diabetes

1. How old were you when you were told you have diabetes? (218–219)

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

2. Are you now taking insulin? (220)

- a. Yes 1
- b. No *Go to Q. 4* 2
- Refused *Go to Q. 4* 9

3. Currently, about how often do you use insulin? (221–223)

- a. Times per day 1 — —
- b. Times per week..... 2 — —
- c. Use insulin pump 3 3 3
- Don't know/Not sure 7 7 7
- Refused 9 9 9

4. About how often do you check your blood for glucose or sugar? Include times when checked by a family member or friend, but do not include times when checked by a health professional. (224–226)

- 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

5. Have you ever heard of glycosylated hemoglobin [gli-KOS-ilated he-mo-glo-bin] or hemoglobin “A one C”? (227)

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

6. About how many times in the last year have you seen a doctor, nurse, or other health professional for your diabetes? (228–229)

- a. Number of times __ __
- b. None **Go to Q. 9**..... 8 8
- Don't know/Not sure **Go to Q. 9** 7 7
- Refused **Go to Q. 9** 9 9

➡ If “No,” “Dk/Ns,” or “Refused” to Q. 5, go to Q. 8.

7. About how many times in the last year has a doctor, nurse, or other health professional checked you for glycosylated hemoglobin or hemoglobin “A one C”? (230)

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

8. About how many times in the last year has a health professional checked your feet for any sores or irritations? (231)

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

9. When was the last time you had an eye exam in which the pupils were dilated? This would have made you temporarily sensitive to bright light. (232)

Read Only if Necessary

- a. Within the past month (0 to 1 month ago) 1
- b. Within the past year (1 to 12 months ago) 2
- c. Within the past 2 years (1 to 2 years ago) 3
- d. 2 or more years ago 4
- e. Never 8
- Don't know/Not sure 7
- Refused 9

I would now like to ask you three questions about how well you see with your glasses or contacts on if you use them.

10. How much of the time does your vision limit you in recognizing people or objects across the street? (233)

Would you say: *Please Read*

- a. All of the time 1
- b. Most of the time 2
- c. Some of the time 3
- d. A little bit of the time 4
- or**
- e. None of the time 5

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

9

11. How much of the time does your vision limit you in reading print in a newspaper, magazine, recipe, menu, or numbers on the telephone? (234)

Would you say: *Please Read*

- a. All of the time 1
- b. Most of the time 2
- c. Some of the time 3
- d. A little bit of the time 4

Do not read these responses.	or
	e. None of the time 5

Don't know/Not sure 7

Refused 9

12. How much of the time does your vision limit you in watching television? (235)

Would you say: *Please Read*

- a. All of the time 1
- b. Most of the time 2
- c. Some of the time 3
- d. A little bit of the time 4
- or**
- e. None of the time 5

**Do not read
these
responses.**

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

Module 5: Activity Limitations

These next questions are about limitations you may have in your daily life.

➡ If respondent is 65 years old or older, go to Section B.

Section A: Ages 18–64

1. What were you doing MOST of the past 12 months? (236)

Please Read

- a. Working at a job or business 1
- b. Keeping house *Go to Q. 4* 2
- c. Going to school *Go to Q. 6* 3
- or
- d. Something else *Go to Q. 6* 4

Do not read these responses.

- Don't know/Not sure *Go to Next Module* 7
- Refused *Go to Next Module* 9

2. Does any impairment or health problem NOW keep you from working at a job or business? (237)

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

3. Are you limited in the kind or amount of work you can do because of any impairment or health problem? (238)

- a. Yes *Go to Q. 9* 1
- b. No *Go to Q. 8* 2
- Don't know/Not sure *Go to Q. 8* 7
- Refused *Go to Q. 8* 9

4. Does any impairment or health problem **NOW** keep you from doing any housework at all? (239)

- a. Yes **Go to Q. 6** 1
- b. No 2
- Don't know/Not sure 7
- Refused 9

5. Are you limited in the kind or amount of housework you can do because of any impairment or health problem? (240)

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

6. Does any impairment or health problem keep you from working at a job or business? (241)

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

7. Are you limited in the kind or amount of work you could do because of any impairment or health problem? (242)

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

➡
If "Yes" to Q. 4 or "Yes" to Q. 5, go to Q. 9.

8. Are you limited in any way in any activities because of any impairment or health problem? (243)

- 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. Because of any impairment or health problem, do you need the help of other persons with your PERSONAL CARE needs, such as eating, bathing, dressing, or getting around the house? (244)

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

10. Because of any impairment or health problem, do you need the help of other persons in handling your ROUTINE needs, such as everyday household chores, doing necessary business, shopping, or getting around for other purposes? (245)

- a. Yes **Go to Next Module** 1
- b. No **Go to Next Module** 2
- Don't know/Not sure **Go to Next Module** 7
- Refused **Go to Next Module** 9

Section B: Ages 65 and Older

11. Because of any impairment or health problem, do you need the help of other persons with your PERSONAL CARE needs, such as eating, bathing, dressing, or getting around the house? (246)

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

12. Because of any impairment or health problem, do you need the help of other persons in handling your ROUTINE needs, such as everyday household chores, doing necessary business, shopping, or getting around for other purposes? (247)

- a. Yes *Go to Next Module* 1
- b. No 2
- Don't know/Not sure 7
- Refused 9

13. Are you limited in any way in any activities because of an impairment or health problem? (248)

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

Module 6: Health Care Utilization

1. Is there one particular clinic, health center, doctor’s office, or other place that you usually go to if you are sick or need advice about your health? (249)

- | | | |
|----------------------------------------------------------|--------------------------------------------------|---|
| Do not
probe for
more than
one place. | a. Yes, one particular place | 1 |
| | b. Yes, more than one particular place | 2 |
| | c. No | 3 |
| | Don’t know/Not sure | 7 |
| | Refused | 9 |

Module 7: Hypertension Awareness

1. About how long has it been since you last had your blood pressure taken by a doctor, nurse, or other health professional? (250)

Read Only if Necessary

- a. Within the past 6 months (1 to 6 months ago)..... 1
- b. Within the past year (6 to 12 months ago)..... 2
- c. Within the past 2 years (1 to 2 years ago)..... 3
- d. Within the past 5 years (2 to 5 years ago)..... 4
- e. 5 or more years ago 5
- Don't know/Not sure 7
- Never **Go to Next Module** 8
- Refused 9

2. Have you ever been told by a doctor, nurse, or other health professional that you have high blood pressure? (251)

- 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

3. Have you been told on more than one occasion that your blood pressure was high, or have you been told this only once? (252)

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

Module 8: Cholesterol Awareness

1. Blood cholesterol is a fatty substance found in the blood. Have you ever had your blood cholesterol checked? (253)

- 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

2. About how long has it been since you last had your blood cholesterol checked? (254)

Read Only if Necessary

- a. Within the past year (1 to 12 months ago)..... 1
- b. Within the past 2 years (1 to 2 years ago) 2
- c. Within the past 5 years (2 to 5 years ago) 3
- d. 5 or more years ago 4
- Don't know/Not sure 7
- Refused 9

3. Have you ever been told by a doctor or other health professional that your blood cholesterol is high? (255)

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

Module 9: Immunization

1. During the past 12 months, have you had a flu shot? (256)

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

2. Have you ever had a pneumonia vaccination? (257)

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

Module 10: Colorectal Cancer Screening

➡ If respondent is 40 years or older, continue with this module. Otherwise, go to next module.

1. A digital rectal exam is when a doctor or other health professional inserts a finger in the rectum to check for cancer and other health problems. Have you ever had this exam? (258)

- a. Yes 1
- b. No *Go to Q. 3* 2
- Don't know/Not sure *Go to Q. 3* 7
- Refused *Go to Q. 3* 9

2. When did you have your last digital rectal exam? (259)

Read Only if Necessary

- a. Within the past year (1 to 12 months ago)..... 1
- b. Within the past 2 years (1 to 2 years ago) 2
- c. Within the past 5 years (2 to 5 years ago) 3
- d. 5 or more years ago 4
- Don't know/Not sure 7
- Refused 9

3. A proctoscopic exam is when a tube is inserted in the rectum to check for cancer and other health problems. Have you ever had this exam? (260)

- 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

4. When did you have your last proctoscopic exam? (261)

Read Only if Necessary

- a. Within the past year (1 to 12 months ago)..... 1
- b. Within the past 2 years (1 to 2 years ago) 2
- c. Within the past 5 years (2 to 5 years ago) 3
- d. 5 or more years ago 4
- Don't know/Not sure 7
- Refused 9

Module 11: Injury Control

1. How often do you use seatbelts when you drive or ride in a car? (262)

Would you say:

Please Read

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

Do not read these responses.

➡ If core Q. 41 a, b, and c are all "None," go to Q. 4.

2. What is the age of the oldest child in your household under the age of 15? (263–264)

Code <1 yr. as "01"

- a. Code age in years — —
- b. No children under age 15 *Go to Q. 4* 8 8
- Don't know/Not sure *Go to Q. 4* 7 7
- Refused *Go to Q. 4* 9 9

3. How often does the oldest child (of children under age 15) in your household use a . . . (265)

car safety seat *[for child under 5]*

seatbelt *[for child 5 or older]*

. . .when they ride in a car?

Would you say: *Please Read*

a. Always 1

b. Nearly always 2

c. Sometimes 3

d. Seldom 4

or

e. Never 5

Don't know/Not sure 7

**Do not read
these
responses.**

Never rides in a car 8

Refused 9

4. Can you swim or tread water for 5 minutes in water that is over your head? (266)

a. Yes 1

b. No 2

Don't know/Not sure 7

Refused 9

5. Has your family practiced or discussed an escape plan in case of a fire at home? (267)

a. Yes 1

b. No 2

c. Respondent lives alone 3

Don't know/Not sure 7

Refused 9

Module 12: Alcohol Consumption

1. During the past month, have you had at least one drink of any alcoholic beverage such as beer, wine, wine coolers, or liquor? (268)
 - a. Yes 1
 - b. No *Go to Closing Statement* 2
 - Don't know/Not sure *Go to Closing Statement* 7
 - Refused *Go to Closing Statement* 9

2. During the past month, how many days per week or per month did you drink any alcoholic beverages, on the average? (269–271)
 - a. Days per week 1 ___
 - b. Days per month..... 2 ___
 - Don't know/Not sure *Go to Q. 4* 7 7 7
 - Refused *Go to Q. 4* 9 9 9

3. 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? (272–273)
 - Number of drinks ___
 - Don't know/Not sure 7 7
 - Refused 9 9

4. Considering all types of alcoholic beverages, how many times during the past month did you have 5 or more drinks on an occasion? (274–275)
 - a. Number of times ___
 - b. None 8 8
 - Don't know/Not sure 7 7
 - Refused 9 9

5. During the past month, how many times have you driven when you've had perhaps too much to drink? (276–277)

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

Activity Codes and Intensity Factors for Common Leisure Activities Coding List A

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

Coding List B

Lap Swimming

<i>Size pool</i>	<i>Laps</i>
50 ft. pool	10 laps = .1 mile
100 ft. pool	5 laps = .1 mile
50 meter pool	3 laps = .1 mile

Running/Jogging/Walking

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