

Type - All Numeric, A= Alpha AN=Alpha/Numeric
 CDC 0.648a
 REV 4-91
 RECORD SPECIFICATION - CONTINUATION SHEET
 FOR BRFS - 1990
 QUESTIONNAIRE

Page 2
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Field Size	Columns or Positions	Field Title (Name) (Indicate Filler if not used)	Type	Comments
8	17-24	TELEPHONE NUMBER		First Eight Digits of Phone #
2	25-26	FINAL DISPOSITION OF TELEPHONE CALL		01=Completed Interview 02=Refused Interview 03=Non-Working Number 04=No Answer 05=Business Telephone 06=No Eligible Respondent at this number 07=No Eligible Respondent could be reached during this time 08=Language barrier prevented completion of interview 09=Interview terminated within questionnaire 10=Line Busy 11=Selected Respondent unable to respond because of physical or mental impairment
1	27	WINDDOWN		Blank=Regular Mode 9=Wind Down Mode
1	28	NUMBER OF ADULTS IN HOUSEHOLD		(18 Years Plus)
1	29	NUMBER OF ADULT MEN IN HOUSEHOLD		(18 Years Plus)
1	30	NUMBER OF ADULT		

		WOMEN IN HOUSEHOLD		(18 Years Plus)

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Field Size	Columns or Positions	Field Title (Name) (Indicate Filler if not used)	Type	Comments
		***SECTION A *** SEATBELTS		
1	31	SEATBELT USE		1=Always 2=Nearly Always 3=Sometimes 4=Seldom 5=Never 7=Don't Know/Not Sure 8=Never Drive or Ride in a Car 9=Refused
		SECTION B HYPERTENSION		
1	32	TOLD YOU HAVE HIGH BLOOD PRESSURE		1=No 2=Yes, By a Doctor 3=Yes, By a Nurse 4=Yes, By a Health Professional 7=Don't Know/Not Sure 9=Refused
1	33	TOLD BLOOD PRESSURE HIGH MORE THAN ONCE		1=More Than Once 2=Only Once 7=Don't Know/Not Sure 9=Refused
1	34	MEDICINE PRESCRIBED FOR HIGH BLOOD PRESSURE		1=Yes 2=No 7=Don't Know/Not Sure 9=Refused

1	35	CURRENTLY TAKING MEDICATION	1=Yes, All or Most of the Time 2=Yes, Occasionally 3=No 7=Don't Know/Not Sure 9=Refused

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Field Size	Columns or Positions	Field Title (Name) (Indicate Filler if not used)	Type	Comments
		SECTION C EXERCISE		
1	36	DO YOU PARTICIPATE IN ACTIVITIES SUCH AS RUN, WALK, GARDENING, GOLF OR CALISTHENICS?		1=Yes 2=No 7=Don't Know/Not Sure 9=Refused
2	37-38	TYPE OF PHYSICAL ACTIVITY OR EXERCISE		99=Refused (See Last Page for Activity Code)
3	39-41	HOW FAR DID YOU WALK/RUN/JOG/OR SWIM?		Coded in Miles and Tenths (XXX-One Implied Decimal Place) 777=Don't Know/Not Sure 999=Refused
3	42-44	HOW OFTEN DID YOU TAKE PART IN ACTIVITY?		101-198=# Times Per Week 201-298=# Times Per Month 777=Don't Know/Not Sure 999=Refused

3	45-47	HOW MANY MINUTES OR HOURS DID YOU TAKE PART IN ACTIVITY?		Coded in Hours and Minutes 777=Don't Know/Not Sure 999=Refused
1	48	WAS THERE ANOTHER EXERCISE OR ACTIVITY YOU PARTICIPATED IN?		1=Yes 2=No 7=Don't Know/Not Sure 9=Refused

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Field Size	Columns or Positions	Field Title (Name) (Indicate Filler if not used)	Type	Comments
2	49-50	TYPE OF PHYSICAL ACTIVITY, GIVE NEXT MOST EXERCISE		99=Refused (See Last Page for Activity Code)
3	51-53	HOW FAR DID YOU WALK/RUN/JOG/OR SWIM?		Coded in Miles and Tenths (XXX-One Implied Decimal Place) 777=Don't Know/Not Sure 999=Refused
3	54-56	HOW OFTEN DID YOU TAKE PART IN ACTIVITY?		101-198=# Times per Week 201-298=# Times per Month 777=Don't Know/Not Sure 999=Refused
3	57-59	HOW MANY MINUTES OR HOURS DID YOU TAKE PART IN ACTIVITY?		Coded in Hours and Minutes 777=Don't Know/Not Sure 999=Refused

		SECTION D TOBACCO USE		
1	60	SMOKED 100 CIGARETTES IN LIFE?		1=Yes 2=No 7=Don't Know/Not Sure 9=Refused

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Field Size	Columns or Positions	Field Title (Name) (Indicate Filler if not used)	Type	Comments
1	61	DO YOU SMOKE NOW?		1=Yes 2=No 9=Refused
2	62-63	WHAT IS THE NUMBER OF CIGARETTES YOU SMOKE A DAY?		01-87=# of Cigarettes 88=Don't Smoke Regularly 99=Refused
1	64	EVER SERIOUSLY ATTEMPTED TO STOP SMOKING?		1=Yes 2=No 9=Refused
1	65	START OF MOST RECENT ATTEMPT TO QUIT		1=Past Week 2=Past 2 Weeks 3=Past Month

				4=Past 6 Months 5=Past Year 6=More than 1 yr. ago 7=Don't Know/Not Sure 9=Refused
1	66	HOW LONG DID YOU STAY OFF CIGARETTES?		1=Less Than One Day 2=1 to 6 Days 3=7 Days to Less Than 3 Months 4=3 Months to Less Than 6 Mos. 5=6 Months to Less Than 1 Year 6=1 or More Years 7=Don't Know/Not Sure 9=Refused
1	67	HOW LONG SINCE YOU SMOKED REGULARY?		1=Less than 1 month 2=1 month, but less than 3 mos. 3=3 mos., but less than 6 mos. 4=6 mos.,but less than 1 year 5=1 or more years 7=Don't Know/Not Sure 9=Refused

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Field Size	Columns or Positions	Field Title (Name) (Indicate Filler if not used)	Type	Comments
		SECTION E ALCOHOL CONSUMPTION		
1	68	HAVE YOU HAD ANY ALCOHOLIC BEVERAGES IN PAST MONTH?		1=Yes 2=No 9=Refused
3	69-71	IN PAST MONTH, HOW OFTEN DID YOU DRINK ALCOHOLIC BEVERAGES? (DAYS		101-107=# Days per Week 201-231=# Days per Month 777=Don't Know/Not Sure 999=Refused

		PER WEEK/MONTH)		
2	72-73	ON THE DAYS WHEN YOU DRINK, ABOUT HOW MANY DRINKS?		01-76=# of Drinks 77=Don't Know/Not Sure 99=Refused
2	74-75	CONSIDERING ALL TYPES OF ALCOHOL BEVERAGES, HOW MANY TIMES IN THE PAST MONTH DID YOU HAVE 5 OR MORE DRINKS ON AN OCCASION?		01-76=# Times 88=None 77=Don't Know/Not Sure 99=Refused
2	76-77	# TIMES DRIVEN WHEN YOU'VE HAD TOO MUCH TO DRINK		01-76=# Times 88=None 77=Don't Know/Not Sure 99=Refused

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Field Size	Columns or Positions	Field Title (Name) (Indicate Filler if not used)	Type	Comments
		SECTION F PREVENTIVE HEALTH PRACTICES		
1	78	HOW LONG SINCE LAST VISITED DOCTOR FOR ROUTINE CHECKUP?		1=Within Past Year 2=Within Past Two Years 3=Within Past Five Years 4=More than Five Years Ago 7=Don't Know/Not Sure 8=Never 9=Refused
1	79	WHAT TYPE OF		1=Family or General

		DOCTOR LAST ROUTINE CHECKUP?		Practitioner 2=Internist 3=Special, heart/lung/stomach 4=Other 5=Obstetrician/Gynecologist 7=Don't Know/Not Sure 9=Refused
1	80	EVER HAD CHOLESTEROL CHECKED?		1=Yes 2=No 7=Don't Know/Not Sure 9=Refused
1	81	HOW LONG SINCE LAST HAD CHOLESTEROL CHECKED?		1=Within Past Year 2=Within Past Two Years 3=Within Past Five Years 4=More than Five Years Ago 7=Don't Know/Not Sure 9=Refused
1	82	TOLD CHOLESTEROL LEVEL IN NUMBERS		1=Yes 2=No 7=Don't Know/Not Sure 9=Refused
3	83-85	WHAT IS YOUR CHOLESTEROL LEVEL?		Record the Cholesterol Level 777=Don't Know/Not Sure 999=Refused

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Field Size	Columns or Positions	Field Title (Name) (Indicate Filler if not used)	Type	Comments
1	86	EVER BEEN TOLD BY DR. OR OTHER HLTH. PROFESSIONAL THAT BLOOD CHOLESTEROL IS HIGH?		1=Yes 2=No 7=Don't Know/Not Sure 9=Refused

1	87	UNDER DR. ADVICE TO REDUCE CHOLESTEROL OR BLOOD FAT LEVEL?		1=Yes 2=No 7=Don't Know/Not Sure 9=Refused
1	88	DID THE DOCTOR PRESCRIBE MEDICINE TO LOWER CHOLESTEROL?		1=Yes 2=No 7=Don't Know/Not Sure 9=Refused
1	89	DID THE DOCTOR PROVIDE LOW FAT OR LOW CHOLESTEROL DIET PLAN?		1=Yes 2=No 7=Don't Know/Not Sure 9=Refused
1	90	DID THE DOCTOR REFER YOU TO A DIETITIAN, NUTRITIONIST, OR NURSE TO REDUCE FAT OR CHOLESTEROL?		1=Yes 2=No 7=Don't Know/Not Sure 9=Refused

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Field Size	Columns or Positions	Field Title (Name) (Indicate Filler if not used)	Type	Comments
1	91	EVER BEEN TOLD BY A DOCTOR THAT YOU HAVE DIABETES?		1=Yes 2=No 7=Don't Know/Not Sure 9=Refused

		SECTION G		
		DEMOGRAPHICS		
2	92-93	HOW OLD WERE YOU ON YOUR LAST BIRTHDAY?		18-99=All Ages* 07=Don't Know/Not Sure 09=Refused *(99 is also coded for ages greater than 99)
1	94	RACE		1=White 2=Black 3=Asian or Pacific Islander 4=Aleutian, Eskimo, or American Indian 5=Other 7=Don't Know/Not Sure 9=Refused
1	95	HISPANIC ORIGIN		1=Yes 2=No 7=Don't Know/Not Sure 9=Refused

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Field Size	Columns or Positions	Field Title (Name) (Indicate Filler if not used)	Type	Comments
1	96	HIGHEST GRADE OR YEAR OF SCHOOL		1=Eighth Grade or Less 2=Some High School

		COMPLETED		3=High School Grad or GED Cert 4=Some Technical School 5=Technical School Graduate 6=Some College 7=College Graduate 8=Post Grad or Professional Degree 9=Refused
1	97	EMPLOYMENT STATUS		1=Employed for Wages 2=Self Employed 3=Out of Work for More Than One Year 4=Out of Work for Less Than One Year 5=Homemaker 6=Student 7=Retired 9=Refused
1	98	MARITAL STATUS		1=Married 2=Divorced 3=Widowed 4=Separated 5=Never Been Married 6=Member of Unmarried Couple 9=Refused
1	99	TOTAL HOUSEHOLD INCOME		1=Less than \$10,000 2=\$10 to less than \$15,000 3=\$15 to less than \$20,000 4=\$20 to less than \$25,000 5=\$25 to less than \$35,000 6=\$35 to \$50,000 8=Don't Know/Not Sure 7=Over \$50,000 9=Refused

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Field Size	Columns or Positions	Field Title (Name) (Indicate Filler if not used)	Type	Comments
3	100-102	WEIGHT WITHOUT		Coded in Pounds

		SHOES		777=Don't Know/Not Sure 999=Refused
3	103-105	HEIGHT WITHOUT SHOES		Coded in Feet and Inches 777=Don't Know/Not Sure 999=Refused
1	106	SEX		1=Male 2=Female
		SECTION H WOMEN'S HEALTH		
1	107	HAVE YOU EVER HAD A MAMMOGRAM?		1=Yes 2=No 7=Don't Know/Not Sure 9=Refused
1	108	HOW LONG SINCE LAST MAMMOGRAM?		1=Within Past Year 2=Within Past Two Years 3=Within Past Five Years 4=More than Five Years Ago 7=Don't Know/Not Sure 9=Refused
1	109	WHAT IS THE MOST IMPORTANT REASON THAT YOU DID NOT HAVE A MAMMOGRAM IN THE LAST YEAR, OR HAVE <u>NEVER</u> HAD A MAMMOGRAM?		1=Not Recommended by Doctor/ Never Said It Was Needed 2=Not Needed/Not Necessary 3=Never heard of a Mammogram 4=Cost 5=No Insurance to Pay for It 6=Other 7=Don't Know/Not Sure 9=Refused

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Field Size	Columns or Positions	Field Title (Name) (Indicate Filler if not used)	Type	Comments
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1	110	LAST MAMMOGRAM DONE AS PART OF A ROUTINE CHECKUP?		1=Routine Checkup 2=Breast Problem 3=Had Breast Cancer 7=Don't Know/Not Sure 9=Refused
1	111	WHOSE IDEA WAS IT FOR YOU TO HAVE THIS LAST MAMMO- GRAM?		1=Respondent's Idea 2=Doctor's Idea 3=Someone Else's Idea 7=Don't Know/Not Sure 9=Refused
1	112	EVER HAD A BREAST PHYSICAL EXAM BY DR. OR MEDICAL ASSISTANT?		1=Yes 2=No 7=Don't Know/Not Sure 9=Refused
1	113	HOW LONG HAS IT BEEN SINCE LAST BREAST EXAM?		1=Within the Past Year 2=Within the Past 2 Years 3=Within the Past 5 Years 4=More than 5 Years Ago 7=Don't Know/Not Sure 9=Refused
1	114	WAS YOUR LAST BREAST EXAM DONE AS A PART OF A ROUTINE CHECKUP?		1=Routine Checkup 2=Breast Problem 3=Had Breast Cancer 7=Don't Know/Not Sure 9=Refused
1	115	ARE YOU NOW PREGNANT?		1=Yes 2=No 7=Don't Know/Not Sure 9=Refused
2	116-117	WHAT MONTH IS YOUR BABY DUE?		Code Month 01-12 77= Don't Know/Not Sure 99=Refused

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		Field Title (Name)		
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Field Size	Columns or Positions	(Indicate Filler if not used)	Type	Comments
		SECTION I AIDS		
1	118	EVER HEARD OF THE AIDS VIRUS?		1=Yes 2=No 7=Don't Know/Not Sure 9=Refused
1	119	ARE ANY DRUGS AVAILABLE WHICH CAN LENGTHEN LIFE OF PERSON WITH AIDS?		1=Yes 2=No 7=Don't Know/Not Sure 9=Refused
1	120	CAN SOMEONE WHO HAS AIDS LOOK AND FEEL WELL & HEALTHY?		1=Yes 2=No 7=Don't Know/Not Sure 9=Refused
1	121	CAN YOU GET INFECTED WITH THE AIDS VIRUS FROM-A: GIVING BLOOD?		1=Yes 2=No 7=Don't Know/Not Sure 9=Refused
1	122	CAN YOU GET INFECTED WITH THE AIDS VIRUS FROM-B: MOSQUITIES OR OTHER INSECTS?		1=Yes 2=No 7=Don't Know/Not Sure 9=Refused
1	123	DO YOU HAVE ANY CHILDREN IN KINDERGARTEN THRU 8TH GRADE?		1=Yes 2=No 7=Don't Know/Not Sure 9=Refused
1	124	WOULD YOU ALLOW YOUR CHILD IN THE SAME CLASSROOM WITH A CHILD WITH AIDS?		1=Yes 2=No 7=Don't Know/Not Sure 9=Refused

Field Size	Columns or Positions	Field Title (Name) (Indicate Filler if not used)	Type	Comments
2	125-126	WHAT GRADE CHILD SHOULD BEGIN AIDS EDUCATION?		Code Grade 88=Never 77=Don't Know/Not Sure 99=Refused
1	127	WOULD YOU EAT IN A RESTAURANT IF THE COOK WAS INFECTED WITH AIDS?		1=Yes 2=No 7=Don't Know/Not Sure 9=Refused
1	128	WOULD YOU WORK WITH SOMEONE WHO HAS AIDS VIRUS?		1=Yes 2=No 7=Don't Know/Not Sure 9=Refused
2	129-130	WHERE COULD YOU GO TO BE TESTED FOR AIDS?		01=Private Doctor, HMO 02=Blood Bank, Plasma Center, Red Cross 03=Health Department 04=AIDS Clinic, AIDS Testing Site 05=Hospital, Emergency Room 06=Family Planning Clinic 07=STD Clinic 08=Community Health Clinic, Primary Care Clinic 09=Company or Industry Clinic 10=Military Induction or Examination 87=Other 88=No Place 77=Don't Know/Not Sure 99=Refused

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Field Size	Columns or Positions	Field Title (Name) (Indicate Filler if not used)	Type	Comments
2	131-132	WHERE ELSE COULD YOU GO FOR TEST?		01=Private Doctor, HMO 02=Blood Bank, Plasma Center, Red Cross 03=Health Department 04=AIDS Clinic, AIDS Testing Site 05=Hospital, Emergency Room 06=Family Planning Clinic 07=STD Clinic 08=Community Health Clinic, Primary Care Clinic 09=Company or Industry Clinic 10=Military Induction or Examination 87=Other 88=No Place 77=Don't Know/Not Sure 99=Refused
1	133	HOW EFFECTIVE IS CONDOM USE IN PRE-VENTING GETTING THE AIDS VIRUS?		1=Very Effective 2=Somewhat Effective 3=Not at all Effective 4=Don't Know How Effective 5=Don't Know Method 9=Refused
1	134	# OF TELEPHONE NUMBERS		1-5 Total Number of Telephone Numbers
		NOTE:* COLUMNS 135-254 CONTAIN MODULES 1-9		
		MODULE 1 COUNTY RESIDENCE		
3	135-137	WHAT COUNTY DO YOU		Record County Code 777=Don't Know/Not Sure

LIVE IN?

999=Refused

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Field Size	Columns or Positions	Field Title (Name) (Indicate Filler if not used)	Type	Comments
		***MODULE 2 *** SMOKELESS TOBACCO USE		
1	138	HAVE YOU EVER USED OR TRIED ANY SMOKELESS TOBACCO PRODUCTS, SUCH AS, CHEWING TOBACCO OR SNUFF?		1=Yes, Chewing Tobacco 2=Yes, Snuff 3=Yes, Both 4=No, Neither 7=Don't Know/Not Sure 9=Refused
1	139	DO YOU CURRENTLY USE ANY SMOKELESS TOBACCO PRODUCTS, SUCH AS, CHEWING TOBACCO OR SNUFF?		1=Yes, Chewing Tobacco 2=Yes, Snuff 3=Yes, Both 4=No, Neither 7=Don't Know/Not Sure 9=Refused
		MODULE 3 CERVICAL CANCER SCREENING		
1	140	HAVE YOU EVER HEARD OF A PAP SMEAR TEST?		1=Yes 2=No 7=Don't Know/Not Sure 9=Refused
1	141	HAVE YOU EVER HAD A PAP SMEAR?		1=Yes 2=No 7=Don't Know/Not Sure 9=Refused
1	142	WHEN DID YOU HAVE YOUR LAST PAP SMEAR?		1=Within Past Year 2=Within Past Two Years 3=Within Past Five Years 4=More than Five Years Ago 7=Don't Know/Not Sure

				9=Refused
1	143	HAVE YOU HAD A HYSTERECTOMY?		1=Yes 2=No 7=Don't Know/Not Sure 9=Refused

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Field Size	Columns or Positions	Field Title (Name) (Indicate Filler if not used)	Type	Comments
		MODULE 4 COLORECTAL CANCER SCREENING		
1	144	HAVE YOU EVER HEARD OF A DIGITAL RECTAL EXAM?		1=Yes 2=No 7=Don't Know/Not Sure 9=Refused
1	145	HAVE YOU EVER HAD A DIGITAL RECTAL EXAMINATION?		1=Yes 2=No 7=Don't Know/Not Sure 9=Refused
1	146	WHEN DID YOU LAST HAVE A DIGITAL RECTAL EXAMINATION?		1=Within Past Year 2=Within Past Two Years 3=Within Past Five Years 4=More than Five Years Ago 7=Don't Know/Not Sure 9=Refused
1	147	HAVE YOU EVER HEARD OF A BLOOD STOOL TEST?		1=Yes 2=No 7=Don't Know/Not Sure 9=Refused
1	148	HAVE YOU EVER HAD A BLOOD STOOL TEST?		1=Yes 2=No 7=Don't Know/Not Sure 9=Refused

1	149	WHEN DID YOU HAVE YOUR LAST BLOOD STOOL TEST?		1=Within Past Year 2=Within Past Two Years 3=Within Past Five Years 4=More than Five Years Ago 7=Don't Know/Not Sure 9=Refused

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Field Size	Columns or Positions	Field Title (Name) (Indicate Filler if not used)	Type	Comments
1	150	HAVE YOU EVER HEARD OF A PROCTOSCOPIC EXAMINATION?		1=Yes 2=No 7=Don't Know/Not Sure 9=Refused
1	151	HAVE YOU EVER HAD A PROCTOSCOPIC EXAMINATION?		1=Yes 2=No 7=Don't Know/Not Sure 9=Refused
1	152	WHEN DID YOU HAVE YOUR LAST PROCTOSCOPIC EXAMINATION?		1=Within Past Year 2=Within Past Two Years 3=Within Past Five Years 4=More Than Five Years Ago 7=Don't Know/Not Sure 9=Refused
		*** MODULE 5*** INJURY CONTROL and CHILD SAFETY		
1	153	IS THERE A WORKING SMOKE DETECTOR IN YOUR HOUSEHOLD?		1=Yes 2=No 7=Don't Know/Not Sure 9=Refused

1	154	IN THE PAST 12 MONTHS HAVE YOU USED A THERMOMETER TO TEST THE TEMPERATURE OF THE HOT WATER?		1=Yes 2=No 7=Don't Know/Not Sure 9=Refused

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Field Size	Columns or Positions	Field Title (Name) (Indicate Filler if not used)	Type	Comments
2	155-156	WHAT IS THE AGE OF THE YOUNGEST CHILD IN YOUR HOUSEHOLD?		01-17=Child's Age in Years 89=Age is Less Than One Year 88=No Children in Household 77=Don't Know/Not Sure 99=Refused
1	157	DO YOU HAVE THE TELEPHONE NUMBER FOR A POISON CONTROL CENTER IN YOUR AREA?		1=Yes 2=No 7=Don't Know/Not Sure 9=Refused
1	158	DO YOU HAVE ANY IPECAC SYRUP IN YOUR HOUSEHOLD?		1=Yes 2=No 7=Don't Know/Not Sure 9=Refused
1	159	WHEN RIDING IN A CAR, HOW OFTEN IS THE YOUNGEST CHILD BUCKLED IN A CAR SAFETY SEAT		1=All The Time 2=Most of The Time 3=Sometimes 4=Rarely 5=Never

		OR SEAT BELT?		7=Don't Know/Not Sure 9=Refused
		MODULE 6 WEIGHT CONTROL PRACTICES		
1	160	ARE YOU NOW TRYING TO LOSE WEIGHT?		1=Yes 2=No 3=No, Trying to Gain Weight 7=Don't Know/Not Sure 9=Refused

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3	161-163	WHEN DID YOU BEGIN YOUR CURRENT ATTEMPT TO LOSE WEIGHT?		101-199=# of Days 201-299=# of Weeks 301-399=# of Months 401-499=# of Years 555=Always Trying to Lose Weight 777=Don't Know/Now Sure 999=Refused
3	164-166	HOW MUCH DID YOU WEIGH WHEN YOU BEGAN YOUR CURRENT ATTEMPT TO LOSE WEIGHT?		Code # of Pounds 777=Don't Know/Not Sure 999=Refused
3	167-169	HOW MUCH WOULD YOU LIKE TO WEIGH?		Code # of Pounds 777=Don't Know/Not Sure 999=Refused

1	170	ARE YOU NOW TRYING TO MAINTAIN YOUR CURRENT WEIGHT?		1=Yes 2=No 7=Don't Know/Not Sure 9=Refused
1	171	EATING FEWER CALORIES TO LOSE WEIGHT, OR TO KEEP FROM GAINING WEIGHT?		1=Yes 2=No 7=Don't Know/Not Sure 9=Refused
4	172-175	ABOUT HOW MANY CALORIES ARE YOU EATING PER DAY?		Code # of Calories 7777=Don't Count Calories 9999=Refused 9997=10,000 or Greater

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Field Size	Columns or Positions	Field Title (Name) (Indicate Filler if not used)	Type	Comments
3	176-178	HOW LONG HAVE YOU BEEN EATING THIS MANY CALORIES PER DAY?		101-199=# of days 201-299=# of Weeks 301-399=# of Months 401-499=# of Years 777=Don't Know/Not Sure 999=Refused
1	179	ARE YOU USING PHYSICAL ACTIVITY OR EXERCISE TO LOSE WEIGHT OR TO KEEP FROM GAINING WEIGHT?		1=Yes 2=No 7=Don't Know/Not Sure 9=Refused
5	180-184	ARE YOU DOING THE FOLLOWING TO LOSE WEIGHT OR TO KEEP FROM GAINING WEIGHT?		1=Yes 2=No 7=Don't Know/Not Sure 9=Refused

1	180	TAKING DIET PILLS TO DECREASE APPETITE?		1=Yes 2=No 7=Don't Know/Not Sure 9=Refused
1	181	TAKING SPECIAL PRODUCTS SUCH AS CANNED OR POWDERED SUPPLEMENTS?		1=Yes 2=No 7=Don't Know/Not Sure 9=Refused
1	182	FASTING FOR 24 HOURS OR LONGER?		1=Yes 2=No 7=Don't Know/Not Sure 9=Refused

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Field Size	Columns or Positions	Field Title (Name) (Indicate Filler if not used)	Type	Comments
1	183	PARTICIPATING IN AN ORGANIZED WEIGHT CONTROL PROGRAM, SUCH AS WEIGHT WATCHERS, TOPS, ETC.?		1=Yes 2=No 7=Don't Know/Not Sure 9=Refused
1	184	CAUSING YOURSELF TO VOMIT AFTER YOUR EAT?		1=Yes 2=No 7=Don't Know/Not Sure 9=Refused
1	185	HAVE YOU BEEN ADVISED BY A DOCTOR OR OTHER PROFES-		1=Yes, by a Doctor 2=Yes, by Nurse/Physician's asst 3=Yes, by Nutritionist/Dietitian

		SIGNAL TO REDUCE YOUR WEIGHT?		4=Yes,Other Health Professional 5=No 7=Don't Know/Not Sure 9=Refused
1	186	DO YOU NOW CONSIDER YOURSELF TO BE OVER-WEIGHT, UNDERWEIGHT, OR ABOUT AVERAGE?		1=Overweight 2=Underweight 3=About Average 7=Don't Know/Not Sure 9=Refused

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Field Size	Columns or Positions	Field Title (Name) (Indicate Filler if not used)	Type	Comments
		MODULE 7 RADON TESTING PRACTICES		
1	187	HAVE YOU HEARD OF RADON?		1=Yes 2=No 7=Don't Know/Not Sure 9=Refused
1	188	HAS YOUR HOUSEHOLD AIR BEEN TESTED		1=Yes 2=No 7=Don't Know/Not Sure

		FOR RADON GAS?		9=Refused
1	189	DO YOU KNOW HOW TO TEST YOUR HOME FOR RADON?		1=Yes 2=No 7=Don't Know/Not Sure 9=Refused
1	190	DOES ANYONE IN YOUR HOME PLAN TO HAVE YOUR HOME TESTED FOR RADON?		1=Yes 2=No 7=Don't Know/Not Sure 9=Refused
1	191	PROLONGED EXPOSURE TO RADON GAS CAN BE HARMFUL TO YOUR HEALTH?		1=Agree 2=Disagree 7=Don't Know/Not Sure 9=Refused

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Field Size	Columns or Positions	Field Title (Name) (Indicate Filler if not used)	Type	Comments
5	192-196	CAN ANY OF THE FOLLOWING CONDITIONS BE CAUSED BY PROLONGED RADON EXPOSURE?		1=Yes 2=No 7=Don't Know/Not Sure 9=Refused
1	192	HEADACHES?		

1	193	ASTHMA?		
1	194	ARTHRITIS?		
1	195	LUNG CANCER?		
1	196	OTHER CANCERS BESIDES LUNG?		
1	197	WHICH OF THE FOLLOWING DESCRIBES YOUR RESIDENCE?		1=Family Home, Duplex, Town-house 2=Apt., Condo at Basement Level or on 1st or 2nd Floor 3=Apt. or Condo Above 2nd Floor 4=Trailer or Mobile Home 5=Other 7=Don't Know/Not Sure 9=Refused
		MODULE 8 DIETARY FAT		
3	198-200	HOW OFTEN DO YOU EAT HOT DOGS, LUNCH MEATS, OR OTHER COLD CUTS?		101-199=Per Day 201-299=Per Week 301-399=Per Month 401-499=Per Year 555=Never 777=Don't Know/Not Sure 999=Refused

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Field Size	Columns or Positions	Field Title (Name) (Indicate Filler if not used)	Type	Comments
3	201-203	HOW OFTEN DO YOU EAT BACON OR SAUSAGE?		101-199=Per Day 201-299=Per Week 301-399=Per Month 401-499=Per Year 555=Never 777=Don't Know/Not Sure 999=Refused

3	204-206	HOW OFTEN DO YOU EAT PORK EXCEPT HAM, BACON, OR SAUSAGE?		101-199=Per Day 201-299=Per Week 301-399=Per Month 401-499=Per Year 555=Never 777=Don't Know/Not Sure 999=Refused
3	207-209	HOW OFTEN DO YOU EAT HAMBURGERS, CHEESEBURGERS, OR MEATLOAF?		101-199=Per Day 201-299=Per Week 301-399=Per Month 401-499=Per Year 555=Never 777=Don't Know/Not Sure 999=Refused
3	210-212	HOW OFTEN DO YOU EAT BEEF EXCEPT HAMBURGER, CHEESE-BURGER, OR MEAT-LOAF?		101-199=Per Day 201-299=Per Week 301-399=Per Month 401-499=Per Year 555=Never 777=Don't Know/Not Sure 999=Refused
3	213-215	HOW OFTEN DO YOU EAT FRIED CHICKEN?		101-199=Per Day 201-299=Per Week 301-399=Per Month 401-499=Per Year 555=Never 777=Don't Know/Not Sure 999=Refused

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Field Size	Columns or Positions	Field Title (Name) (Indicate Filler if not used)	Type	Comments
3	216-218	HOW OFTEN DO YOU EAT FRENCH FRIES OR FRIED POTATOES?		101-199=Per Day 201-299=Per Week 301-399=Per Month 401-499=Per Year 555=Never

				777=Don't Know/Not Sure 999=Refused
3	219-221	HOW OFTEN DO YOU EAT CHEESE PRODUCTS?		101-199=Per Day 201-299=Per Week 301-399=Per Month 401-499=Per Year 555=Never 777=Don't Know/Not Sure 999=Refused
3	222-224	HOW OFTEN DO YOU EAT DOUGHNUTS, COOKIES, CAKE, PA- STRY, AND PIES?		101-199=Per Day 201-299=Per Week 301-399=Per Month 401-499=Per Year 555=Never 777=Don't Know/Not Sure 999=Refused
3	225-227	HOW OFTEN DO YOU EAT SNACKS LIKE CHIPS OR POPCORN?		101-199=Per Day 201-299=Per Week 301-399=Per Month 401-499=Per Year 555=Never 777=Don't Know/Not Sure 999=Refused

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Field Size	Columns or Positions	Field Title (Name) (Indicate Filler if not used)	Type	Comments
3	228-230	HOW OFTEN DO YOU ADD BUTTER/MARG- ARINE TO BREAD,		101-199=Per Day 201-299=Per Week 301-399=Per Month

		ROLLS, OR VEGETABLES?		401-499=Per Year 555=Never 777=Don't Know/Not Sure 999=Refused
3	231-233	HOW MANY EGGS DO YOU USUALLY EAT?		101-199=Per Day 201-299=Per Week 301-399=Per Month 401-499=Per Year 555=Never 777=Don't Know/Not Sure 999=Refused
3	234-236	HOW MANY GLASSES OF WHOLE MILK DO YOU DRINK?		101-199=Per Day 201-299=Per Week 301-399=Per Month 401-499=Per Year 555=Never 777=Don't Know/Not Sure 999=Refused
		MODULE 9 FRUITS AND VEGETABLES		
3	237-239	HOW OFTEN DO YOU DRINK FRUIT JUICES (ORANGE, TOMATO, OR GRAPEFRUIT)?		101-199=Per Day 201-299=Per Week 301-399=Per Month 401-499=Per Year 555=Never 777=Don't Know/Not Sure 999=Refused

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Field Size	Columns or Positions	Field Title (Name) (Indicate Filler if not used)	Typ e	Comments
3	240-242	NOT COUNTING JUICE		101-199=Per Day 201-299=Per Week

		HOW OFTEN DO YOU EAT FRUIT?		301-399=Per Month 401-499=Per Year 555=Never 777=Don't Know/Not Sure 999=Refused
3	243-245	HOW OFTEN DO YOU EAT GREEN SALAD?		101-199=Per Day 201-299=Per Week 301-399=Per Month 401-499=Per Year 555=Never 777=Don't Know/Not Sure 999=Refused
3	246-248	HOW OFTEN DO YOU EAT POTATOES?		101-199=Per Day 201-299=Per Week 301-399=Per Month 401-499=Per Year 555=Never 777=Don't Know/Not Sure 999=Refused
3	249-251	HOW OFTEN DO YOU EAT CARROTS?		101-199=Per Day 201-299=Per Week 301-399=Per Month 401-499=Per Year 555=Never 777=Don't Know/Not Sure 999=Refused
3	252-254	NOT COUNTING CARROTS, POTATOES, OR SALAD, HOW MANY VEGETABLES DO YOU USUALLY EAT?		101-199=Per Day 201-299=Per Week 301-399=Per Month 401-499=Per Year 555=Never 777=Don't Know/Not Sure 999=Refused

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Field Size	Columns or Positions	Field Title (Name) (Indicate Filler if not used)	Type	Comments

5	255-259	FILLER		
91	260-350	STATE SPECIFIC INFORMATION		
2	351-352	NEW RACE CODE		01=White 02=Black 03=Hispanic, White 04=Hispanic, Black 05=Other Hispanic 06=Asian or Pacific Islander 07=Aleutian, Eskimo, or Am.Ind. 77=Don't Know/Not Sure 08=Other 99=Refused
1	353	COMPUTED SMOKING STATUS		1=Current Smoker 2=Former Smoker 3=Never Smoked 4=Not Regular Smoker 9=Refused
4	354-357	TOTAL NUMBER DRINKS A MONTH		0001-1000=# of Drinks 8888=Did not Drink in the Past Month 9999=Refused
5	358-362	WEIGHT FOR HEIGHT PERCENT OF MEDIAN		999.99 (2 Implied Decimal Places)
13	363-375	RISK FACTORS		1=At Risk 0=Not At Risk 9=Refused
1	363	AT RISK FOR SEATBELT USE (1) (SELDOM AND NEVER)		1=At Risk 0=Not At Risk 9=Refused

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		Field Title		
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Field Size	Columns or Positions	(Name) (Indicate Filler if not used)	Type	Comments
1	364	AT RISK FOR SEATBELT USE (2) (SOMETIMES, SELDOM & NEVER)		1=At Risk 0=Not At Risk 9=Refused
1	365	FILLER		
1	366	AT RISK FOR HYPERTENSION (2) (TOLD BLOOD PRESSURE HIGH)		1=At Risk 0=Not At Risk 9=Refused
1	367	AT RISK FOR HYPERTENSION (4) (TOLD BP HIGH AND PERSON TOLD ON MORE THAN ONE OCCASION BP HIGH OR PERSON CURRENTLY TAKING MEDICATION FOR HYPERTENSION)		1=At Risk 0=Not At Risk 9=Refused
1	368	AT RISK FOR OBESITY (GREATER THAN 120% OF WEIGHT FOR HEIGHT PERCENT OF MEDIAN)		1=At Risk 0=Not At Risk 9=Refused
1	369	AT RISK FOR SMOKING (CURRENT SMOKERS)		1=At Risk 0=Not At Risk 9=Refused

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Field Size	Columns or Positions	Field Title (Name) (Indicate Filler if not used)	Type	Comments
1	370	AT RISK FOR ACUTE DRINKING (REPORTED HAVING 5+ DRINKS AT LEAST ONCE ON AN OCCASION)		1=At Risk 0=Not At Risk 9=Refused
1	371	AT RISK FOR DRINKING AND DRIVING (REPORTED HAVING DRIVEN AT LEAST ONCE WHEN PERHAPS HAD TOO MUCH TO DRINK)		1=At Risk 0=Not At Risk 9=Refused
1	372	AT RISK FOR CHRONIC DRINKING (HAVING 60+ DRINKS A MONTH)		1=At Risk 0=Not At Risk 9=Refused
1	373	AT RISK FOR SEDENTARY LIFESTYLE (SEDENTARY OR IRREGULAR PHYSICAL ACTIVITY PROFILE)		1=At Risk 0=Not At Risk 9=Refused
1	374	AT RISK FOR SMOKELESS TOBACCO (CURRENT USER)		1=At Risk 0=Not At Risk 9=Refused
1	375	AT RISK FOR OVERWEIGHT BASED ON BMI (AT RISK DEFINED AS ≥ 27.8 For Males and ≥ 27.3 For Females)		1=At Risk 0=Not at Risk 9=Refused

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Field Size	Columns or Positions	Field Title (Name) (Indicate Filler if not used)	Type	Comments
1	376	PHYSICAL ACTIVITY LEVEL		1=Sedentary 2=Irregular Activity 3=Regular Activity 4=1990 Objective 0,9=Unknown
1	377	COMPUTED SMOKELESS STATUS		1=Current User 2=Former User 3=Never Used 9=Unknown
3	378-380	BODY MASS INDEX		99.9 (1 Implied Decimal Place)
1	381	CHOLESTEROL RISK		1=At Risk 0=Not at Risk 3=Borderline High 9=Unknown
6	382-387	TOTAL GRAMS OF FAT CONSUMED PER DAY		9999.99 (2 Implied decimal Points)
1	388	SUMMARY INDEX FOR DIETARY FAT		1=Less Than or Equal to 25th Percentile 2=25th-75th Percentile 3=Greater Than 75th Percentile 9=Unknown
5	389-393	TOTAL NUMBER OF		999.99 (2 Implied Decimal

		SERVINGS OF FRUITS AND VEGETABLES CONSUMED PER DAY		Places)

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Field Size	Columns or Positions	Field Title (Name) (Indicate Filler if not used)	Type	Comments
1	394	SUMMARY INDEX FOR FRUITS AND VEGETABLES		1=Less Than Once Per Day or Never 2=Once But Less Than 3 Times Per Day 3=3 But Less Than 5 Times Per Day 4=5 or More Times Per Day 9=Unknown
4	395-398	RAW WEIGHTING FACTOR UNEQUAL SELECTION PROBABILITY WEIGHT (Number of Adults in Household /the Number of Phone # Reaching House)		99.99 (2 Implied Decimal Places)
4	399-402	CLUSTER SIZE ADJUSTMENT (CSA) (Expected Cluster Size Divided by the Actual Cluster Size)		99.99 (2 Implied Decimal Places)
4	403-406	WT1 (Raw * CSA) THE PRODUCT OF UNEQUAL SELECTION PROBABILITY WEIGHT AND CLUSTER SIZE ADJUSTMENT		99.99 (2 Implied Decimal Places)
10	407-416	POST STRATIFICATION (FREQUENCY BY		99999999.99 (2 Implied Decimal Places)

AGE/RACE/SEX
 DISTRIBUTION FROM
 1989 INTERCENSAL
 ESTIMATES DIVIDED
 BY THE WEIGHTED
 SAMPLE FREQUENCY
 BY AGE/RACE/SEX)

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Field Size	Columns or Positions	Field Title (Name) (Indicate Filler if not used)	Type	Comments
10	417-426	FINAL WEIGHT: POST STRATIFICATION MULTIPLIED BY THE PRODUCT OF STRATUM ADJUSTMENT AND THE PRODUCT OF UNEQUAL SELECTION PROBABILITY WEIGHT AND CLUSTER SIZE ADJUSTMENT		99999999.99 (2 Implied Decimal Places)
1	427	AGE GROUP CODES USED IN POST- STRATIFICATION		CODES 1-6 1 = 18 - 24 2 = 25 - 34 3 = 35 - 44 4 = 45 - 54 5 = 55 - 64 6 = 65 +

23	428-450	BLANK		