

BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM

\_\_\_\_\_  
(Project Title)

Input  
Validity  Yes  No      1989  
 Output      Project Number

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(Project Title)

TYPE OF FILE

\_\_\_\_\_  
(File Name)

Punch Card Form \_\_\_\_\_ RECORD SPECIFICATIONS

Magnetic Tape

Disk \_\_\_\_\_ (Record Title)

ISAM      \*FILE SEQUENCE

Key Tape      Data      Positions

Paper Tape      \_\_\_\_\_  
\_\_\_\_\_

RECORD DATA

MISCELLANEOUS DATA

Label \_\_\_\_\_  
Record Length \_\_\_\_\_  
Blocking Factor \_\_\_\_\_

Volume \_\_\_\_\_ Per \_\_\_\_\_  
Source \_\_\_\_\_  
Recipient \_\_\_\_\_

| Field Seq. | Size | Columns or Positions | Field Title (Name)<br>(Indicate Filler if not used) | Type | Data Field Seq. | Comments |
|------------|------|----------------------|---|------|-----------------|----------|
|            | 27   | 1 - 27               | IDENTIFICATION INFORMATION                          |      |                 |          |
|            | 2    | 1 - 2                | FIPS STATE CODE                                     |      |                 |          |
|            | 1    | 3                    | STRATUM CODE  |      |                 |          |
|            | 5    | 4 - 8                | PSU NUMBER  |      |                 |          |
|            | 1    | 9                    | RECORD NUMBER                                       |      |                 |          |
|            | 6    | 10 - 15              | DATE OF INTERVIEW                                   |      |                 |          |
|            | 2    | 16 - 17              | INTERVIEWER IDENTIFICATION                          |      |                 |          |

Sorted Tape - \*If sorted tape, fill in top of this page and refer to basic file in the field data

Data Field Seq. - List sequence from Details of Data Fields.  
Type - N = Numeric A = Alpha AN= Alpha/Numeric

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|------------|------|----------------------|---|------|-----------------|---|
|            | 8    | 18 - 25              | TELEPHONE NUMBER                                    |      |                 |   |
|            | 2    | 26 - 27              | FINAL DISPOSITION OF TELEPHONE CALL                 |      |                 | 01=Completed Interview<br>02=Refused Interview<br>03=Non-Working Number<br>04=No Answer<br>05=Business Telephone<br>06=No Eligible Respondent at this number<br>07=No Eligible Respondent could be reached during time period<br>08=Language barrier Prevented Completion of Interview<br>09=Interview Terminated within Questionnaire<br>10=Line Busy<br>11=Selected Respondent Unable to Respond Because of Physical or Mental Impairment |
|            | 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)   |
|            | 1    | 31                   | SEATBELT USE  |      |                 | 1=Always<br>2=Nearly Always<br>3=Sometimes<br>4=Seldom<br>5=Never<br>7=Don't Know/Not Sure<br>8=Never Ride in a Car<br>9=Refused  |

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|------------|------|----------------------|---|------|-----------------|--|
| 1          |      | 32                   | TOLD YOU HAVE HIGH BLOOD PRESSURE   |      |                 | 1=No<br>2=Yes, By a Doctor<br>3=Yes, By a Nurse<br>4=Yes, By a Health Professional<br>7=Don't Know/Not Sure<br>9=Refused |
| 1          |      | 33                   | TOLD BLOOD PRESSURE HIGH MORE THAN ONCE   |      |                 | 1=More Than Once<br>2=Only Once<br>7=Don't Know/Not Sure<br>9=Refused  |
| 1          |      | 34                   | MEDICINE PRESCRIBED FOR HIGH BLOOD  |      |                 | 1=Yes<br>2=No<br>7=Don't Know/Not Sure<br>9=Refused  |
| 1          |      | 35                   | CURRENTLY TAKING MEDICATION   |      |                 | 1=Yes, Most of the Time<br>2=Yes, Occasionally<br>3=No<br>7=Don't Know/Not Sure<br>9=Refused                             |
| 1          |      | 36                   | BLOOD PRESSURE PRESENTLY NORMAL   |      |                 | 1=Normal<br>2=Under Control<br>3=Still High<br>7=Don't Know/Not Sure<br>9=Refused  |
| 1          |      | 37                   | PARTICIPATE IN ACTIVITIES SUCH AS RUN, WALK, GARDENING, GOLF OR CALISTHENICS      |      |                 | 1=Yes<br>2=No<br>7=Don't Know/Not Sure<br>9=Refused  |
| 2          |      | 38 - 39              | TYPE OF PHYSICAL ACTIVITY OR EXERCISE   |      |                 | 99=Refused<br>(See Last Page for Activity Code)  |
|            |      | *                    | NOTE: DATA IS CODED IN COLUMNS 40-42 IF COLUMNS 38-39 ARE CODED 22, 30, 46, or 51 |      |                 |  |

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|------------|------|----------------------|---|------|-----------------|---|
|            | 3    | 40 - 42              | HOW FAR DID YOU WALK/RUN/JOG/OR SWIM  |      |                 | Coded in Miles and Tenths<br>777=Don't Know/Not Sure<br>999=Refused                             |
|            | 3    | 43 - 45              | HOW OFTEN TAKE PART IN ACTIVITY?  |      |                 | 101-198=# Times Per Week<br>201-298=# Times Per Month<br>777=Don't Know/Not Sure<br>999=Refused |
|            | 3    | 46 - 48              | HOW MANY MINUTES OR HOURS TAKE PART IN ACTIVITY?                                    |      |                 | Coded in Hours and Minutes<br>777=Don't Know/Not Sure<br>999=Refused                            |
|            | 1    | 49                   | WAS THERE ANOTHER EXERCISE OR ACTIVITY YOU PARTICIPATED IN?                         |      |                 | 1=Yes<br>2=No<br>7=Don't Know/Not Sure<br>9=Refused   |
|            | 2    | 50 - 51              | TYPE OF PHYSICAL ACTIVITY, GIVE NEXT MOST EXERCISE                                  |      |                 | 99=Refused<br>(See Last Page for Activity Code)   |
|            |      |                      | * NOTE: DATA IS CODED IN COLUMNS 52-54 if COLUMNS 50-51 ARE CODED 22, 30, 46, or 51 |      |                 |   |
|            | 3    | 52 - 54              | HOW FAR DID YOU WALK /RUN/JOG/OR SWIM?  |      |                 | Coded in Miles and Tenths<br>777=Don't Know/Not Sure<br>999=Refused                             |
|            | 3    | 55 - 57              | HOW OFTEN DID YOU TAKE PART IN ACTIVITY?  |      |                 | 101-198=# Times Per Week<br>201-298=# Times Per Month<br>777=Don't Know/Not Sure<br>999=Refused |

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|------------|------|----------------------|--|------|-----------------|--|
|            | 3    | 58 - 60              | HOW MANY MINUTES OR HOURS DID YOU TAKE PART IN ACTIVITY?                   |      |                 | Coded in Hours and Minutes<br>777=Don't Know/Not Sure<br>999=Refused   |
|            | 1    | 61                   | NOW TRYING TO LOSE WEIGHT  |      |                 | 1=Yes<br>2=No<br>3=No, Trying to Gain Weight<br>7=Don't Know/Not Sure<br>9=Refused   |
|            | 3    | 62 - 64              | WHEN DID YOU BEGIN YOUR CURRENT ATTEMPT TO LOSE WEIGHT?                    |      |                 | 101-199=# of Days<br>201-299=# of Weeks<br>301-399=# of Months<br>401-499=# of Years<br>555=Always Trying to Lose Weight<br>777=Don't Know/Not Sure<br>999=Refused |
|            | 3    | 65 - 67              | HOW MUCH DID YOU WEIGH WHEN YOU BEGAN YOUR CURRENT ATTEMPT TO LOSE WEIGHT? |      |                 | Coded in Pounds<br>777=Don't Know/Not Sure<br>999=Refused  |
|            | 3    | 68 - 70              | HOW MUCH WOULD YOU LIKE TO WEIGH?  |      |                 | Coded in Pounds<br>777=Don't Know/Not Sure<br>999=Refused  |
|            | 1    | 71                   | ARE YOU NOW TRYING TO MAINTAIN YOUR CURRENT WEIGHT?                        |      |                 | 1=Yes<br>2=No<br>7=Don't Know/Not Sure<br>9=Refused  |
|            | 1    | 72                   | EATING FEWER CALORIES TO LOSE WEIGHT, OR TO KEEP FROM GAINING WEIGHT?      |      |                 | 1=Yes<br>2=No<br>7=Don't Know/Not Sure<br>9=Refused  |
|            | 4    | 73 - 76              | ABOUT HOW MANY CALORIES ARE YOU EATING PER DAY?                            |      |                 | Code # of Calories<br>7777=Don't Know/Not Sure<br>9999=Refused<br>9997=10,000 or Greater   |

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|------------|------|----------------------|---|------|-----------------|--|
|            | 3    | 77 - 79              | HOW LONG HAVE YOU BEEN EATING THIS MANY CALORIES PER DAY?   |      |                 | 101-199=# of Days<br>201-299=# of Weeks<br>301-399=# of Months<br>401-499=# of Years<br>777=Don't Know/Not Sure<br>999=Refused |
|            | 1    | 80                   | ARE YOU USING PHYSICAL ACTIVITY OR EXERCISE TO LOSE WEIGHT OR TO KEEP FROM GAINING WEIGHT               |      |                 | 1=Yes<br>2=No<br>7=Don't Know/Not Sure<br>9=Refused  |
|            | 5    | 81 - 85              | ARE YOU DOING THE FOLLOWING TO LOSE WEIGHT OR TO KEEP FROM GAINING WEIGHT?                              |      |                 | 1=Yes<br>2=No<br>7=Don't Know/Not Sure<br>9=Refused  |
|            | 1    | 81                   | TAKING DIET PILLS TO DECREASE YOUR APPETITE?  |      |                 |  |
|            | 1    | 82                   | TAKING SPECIAL PRODUCTS SUCH AS CANNED OR POWDERED SUPPLEMENTS?   |      |                 |  |
|            | 1    | 83                   | FASTING FOR 24 HOURS OR LONGER AS PART OF YOUR DIET?  |      |                 |  |
|            | 1    | 84                   | PARTICIPATING IN AN ORGANIZED WEIGHT CONTROL PROGRAM (SUCH AS WEIGHT WATCHERS, TOPS, OR NUTRI-SYSTEMS?) |      |                 |  |
|            | 1    | 85                   | CAUSING YOURSELF TO VOMIT AFTER YOU EAT?  |      |                 |  |

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|------------|------|----------------------|---|------|-----------------|---|
| 1          |      | 86                   | HAVE YOU BEEN ADVISED BY A DOCTOR OR OTHER HEALTH PROFESSIONAL TO REDUCE YOUR WEIGHT? |      |                 | 1=Yes, by a Doctor<br>2=Yes, by Nurse/Physician's asst.<br>3=Yes, by Nutritionist/Dietitian<br>4=Yes, Other Health Professional<br>5=No<br>7=Don't Know/Not Sure<br>9=Refused |
| 1          |      | 87                   | DO YOU NOW CONSIDER YOURSELF TO BE OVERWEIGHT, UNDERWEIGHT, OR ABOUT AVERAGE?         |      |                 | 1=Overweight<br>2=Underweight<br>3=About Average<br>7=Don't Know/Not Sure<br>9=Refused  |
| 1          |      | 88                   | SMOKED 100 CIGARETTES IN LIFE   |      |                 | 1=Yes<br>2=No<br>7=Don't Know/Not Sure<br>9=Refused   |
| 1          |      | 89                   | DO YOU SMOKE NOW?   |      |                 | 1=Yes<br>2=No<br>9=Refused  |
| 2          |      | 90 - 91              | NUMBER OF CIGARETTES SMOKE A DAY  |      |                 | 01-87=# of Cigarettes<br>88=Don't Smoke Regularly<br>99=Refused   |
| 1          |      | 92                   | STOPPED SMOKING FOR A WEEK OR MORE IN PAST YEAR                                       |      |                 | 1=Yes<br>2=No<br>9=Refused  |
| 1          |      | 93                   | HAVE YOU HAD ANY ALCOHOLIC BEVERAGES IN PAST MONTH?                                   |      |                 | 1=Yes<br>2=No<br>9=Refused  |
| 3          |      | 94 - 96              | IN PAST MONTH, HOW OFTEN DID YOU DRINK ALCOHOLIC BEVERAGES? (DAYS PER WK/MONTHS)      |      |                 | 101-107=# Days Per Week<br>201-231=# Days Per Month<br>777=Don't Know/Not Sure<br>999=Refused   |
| 2          |      | 97 - 98              | ON THE DAYS WHEN YOU DRINK, ABOUT HOW MANY DRINKS DO YOU DRINK ON THE AVERAGE?        |      |                 | 01-76=# of Drinks<br>77=Don't Know/Not Sure<br>99=Refused   |

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|            | 2    | 99 - 100             | CONSIDERING ALL TYPES OR ALCOHOLIC BEVERAGES, HOW MANY TIMES DURING THE PAST MONTH DID YOU HAVE 5 OR MORE DRINKS ON AN OCCASION? |      |                 | 01-76=# Times<br>88=None<br>77=Don't Know/Not Sure<br>99=Refused   |
|            | 2    | 101 - 102            | # TIMES DRIVEN WHEN YOU'VE HAD TOO MUCH TO DRINK   |      |                 | 01-76=# Times<br>88=None<br>77=Don't Know/Not Sure<br>99=Refused   |
|            | 1    | 103                  | HOW LONG SINCE LAST VISITED DR. FOR ROUTINE CHECKUP  |      |                 | 1=Within Past Year<br>2=Within Past Two Years<br>3=Within Past Five Years<br>4=More than Five Years ago<br>7=Don't Know/Not Sure<br>8=Never<br>9=Refused         |
|            | 1    | 104                  | WHAT TYPE OF DOCTOR DID YOU SEE FOR YOUR LAST ROUTINE CHECK-UP?  |      |                 | 1=Family or General Practitioner<br>2=Internist<br>3=Special, heart/lung/stomach<br>4=Other<br>5=Obstetrician/Gynecologist<br>7=Don't Know/Not Sure<br>9=Refused |
|            | 1    | 105                  | EVER HAD CHOLESTEROL CHECKED?  |      |                 | 1=Yes<br>2=No<br>7=Don't Know/Not Sure<br>9=Refused  |
|            | 1    | 106                  | HOW LONG SINCE LAST HAD CHOLESTEROL CHECKED?   |      |                 | 1=Within Past Year<br>2=Within Past Two Years<br>3=Within Past Five Years<br>4=More than Five Years ago<br>7=Don't Know/Not Sure<br>9=Refused                    |
|            | 1    | 107                  | TOLD CHOLESTEROL LEVEL IN NUMBERS  |      |                 | 1=Yes<br>2=No<br>7=Don't Know/Not Sure<br>9=Refused  |

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|------------|------|----------------------|--|------|-----------------|--|
|            | 3    | 108-110              | WHAT IS YOUR CHOLESTEROL LEVEL?  |      |                 | Record the Number<br>777=Don't Know/Not Sure<br>999=Refused  |
|            | 1    | 111                  | EVER BEEN TOLD BY DR. OR OTHER HEALTH PROFESSIONAL THAT BLOOD CHOLESTEROL IS HIGH? |      |                 | 1=Yes<br>2=No<br>7=Don't Know/Not Sure<br>9=Refused  |
|            | 1    | 112                  | UNDER DR. ADVICE TO REDUCE CHOLESTEROL OR BLOOD FAT LEVEL?                         |      |                 | 1=Yes<br>2=No<br>7=Don't Know/Not Sure<br>9=Refused  |
|            | 3    | 113 - 115            | DID THE DOCTOR:  |      |                 | 1=Yes<br>2=No<br>7=Don't Know/Not Sure<br>9=Refused  |
|            | 1    | 113                  | PRESCRIBE MEDICINE TO LOWER CHOLESTEROL  |      |                 |  |
|            | 1    | 114                  | PROVIDE A LOW FAT OR LOW CHOLESTEROL DIET  |      |                 |  |
|            | 1    | 115                  | REFER YOU TO A DIETITIAN, NUTRITIONIST, OR NURSE TO REDUCE FAT OR CHOLESTEROL      |      |                 |  |
|            | 1    | 116                  | EVER BEEN TOLD BY A DOCTOR THAT YOU HAVE DIABETES                                  |      |                 | 1=Yes<br>2=No<br>7=Don't Know/Not Sure<br>9=Refused  |
|            | 2    | 117-118              | HOW OLD WERE YOU ON YOUR LAST BIRTHDAY?  |      |                 | 18-99=All Ages*<br>07=Don't Know/Not Sure<br>09=Refused *(99 Is Also Coded For Ages Greater Than 99) |

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|------------|------|----------------------|---|------|-----------------|--|
|            | 1    | 119                  | RACE  |      |                 | 1=White<br>2=Black<br>3=Asian or Pacific Islander<br>4=Aleutian/Eskimo/or Amer.Indian<br>5=Other<br>7=Don't Know/Not Sure<br>9=Refused   |
|            | 1    | 120                  | HISPANIC ORIGIN                                     |      |                 | 1=Yes<br>2=No<br>7=Don't Know/Not Sure<br>9=Refused  |
|            | 1    | 121                  | HIGHEST GRADE OR YEAR OF SCHOOL COMPLETED           |      |                 | 1=Less Than 9th Grade<br>2=Some High School<br>3=High School Grad or GED Cert<br>4=Some Technical School<br>5=Technical School Graduate<br>6=Some College<br>7=College Graduate<br>8=Post Grad or Professional Degree<br>9=Refused |
|            | 1    | 122                  | EMPLOYMENT STATUS                                   |      |                 | 1=Employed for Wages<br>2=Self Employed<br>3=Out of Work For More Than One Year<br>4=Out of Work For Less Than One Year<br>5=Homemaker<br>6=Student<br>7=Retired<br>9=Refused  |
|            | 1    | 123                  | MARITAL STATUS                                      |      |                 | 1=Married<br>2=Divorced<br>3=Widowed<br>4=Separated<br>5=Never Been Married<br>6=Member of Unmarried Couple<br>9=Refused   |

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|------------|------|----------------------|---|------|-----------------|---|
|            | 1    | 124                  | TOTAL HOUSEHOLD INCOME  |      |                 | 1=Less than \$10,000<br>2=\$10,000 to \$15,000<br>3=\$15,000 to \$20,000<br>4=\$20,000 to \$25,000<br>5=\$25,000 to \$35,000<br>6=\$35,000 to \$50,000<br>8=Over \$50,000<br>7=Don't Know/Not Sure<br>9=Refused   |
|            | 3    | 125 - 127            | WEIGHT WITHOUT SHOES  |      |                 | Coded in Pounds<br>777=Don't Know/Not Sure<br>999=Refused   |
|            | 3    | 128 - 130            | HEIGHT WITHOUT SHOES  |      |                 | Coded in Feet and Inches<br>777=Don't Know/Not Sure<br>999=Refused  |
|            | 1    | 131                  | SEX   |      |                 | 1=Male<br>2=Female  |
|            | 1    | 132                  | HAVE YOU EVER HAD A MAMMOGRAM?  |      |                 | 1=Yes<br>2=No<br>7=Don't Know/Not Sure<br>9=Refused   |
|            | 1    | 133                  | HOW LONG SINCE LAST MAMMOGRAM?  |      |                 | 1=Within Past Year<br>2=Within Past Two Years<br>3=Within Past Five Years<br>4=More than Five Years ago<br>7=Don't Know/Not Sure<br>9=Refused   |
|            | 1    | 134                  | WHAT IS THE MOST IMPORTANT REASON THAT YOU DID NOT HAVE A MAMMOGRAM IN THE LAST YEAR , OR HAVE NEVER HAD A MAMMOGRAM? |      |                 | 1=Not Recommended by Doctor/<br>Never Said It Was Needed<br>2=Not Needed/Not Necessary<br>3=Never Heard of a Mammogram<br>4=Cost<br>5=No Insurance to Pay for it<br>6=Other<br>7=Don't Know/Not Sure<br>9=Refused |

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|---|----------------------|---|------|-----------------|---|
| NOTE: (The coded responses in column 134 were received from persons who have never had a mammogram and those who have not had a mammogram within the past year) |                      |   |      |                 |   |
| 1   | 135                  | WAS YOUR LAST MAMMOGRAM DONE AS PART OF A ROUTINE CHECK-UP, BECAUSE OF BREAST PROBLEM, OR BECAUSE YOU'VE ALREADY HAD BREAST CANCER? |      |                 | 1=Routine Checkup<br>2=Breast Problem<br>3=Had Breast Cancer<br>7=Don't Know/Not Sure<br>9=Refused    |
| 1   | 136                  | WHOSE IDEA WAS IT FOR YOU TO HAVE THIS LAST MAMMOGRAM-WAS IT YOUR IDEA, YOUR DOCTOR'S IDEA OR SOMEONE ELSE'S IDEA?                  |      |                 | 1=Respondent's Idea<br>2=Doctor's Idea<br>3=Someone Else's Idea<br>7=Don't Know/Not Sure<br>9=Refused |
| 1   | 137                  | ARE YOU NOW PREGNANT? (ASK ONLY TO FEMALES 18-45 YEARS OF AGE)  |      |                 | 1=Yes<br>2=No<br>7=Don't Know/Not Sure<br>9=Refused   |
| 2   | 138-139              | WHAT MONTH IS YOUR BABY DUE?  |      |                 | Code Month 01 - 12<br>77=Don't Know/Not Sure<br>99=Refused  |
| 1   | 140                  | # OF TELEPHONE NUMBERS  |      |                 | 1-5=Total Number of Numbers   |
|   | * NOTE               | COLUMNS 141 - 171 CONTAIN MODULES 1 - 6   |      |                 |   |
| * MODULE 1: COUNTY OF RESIDENCE:  |                      |   |      |                 |   |
| 3   | 141-143              | WHAT COUNTY DO YOU LIVE IN?   |      |                 | Record County Code:<br>777=Don't Know/Not Sure<br>999=Refused   |

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| * MODULE 2: SMOKELESS TOBACCO USE:                               |      |                      |  |      |                 |   |
| 1  |      | 144                  | HAVE YOU EVER USED OR TRIED ANY SMOKELESS TOBACCO PRODUCTS; SUCH AS, CHEWING TOBACCO OR SNUFF? |      |                 | 1=Yes, Chewing Tobacco<br>2=Yes, Snuff<br>3=Yes, Both<br>4=No, Neither<br>7=Don't Know/Not Sure<br>9=Refused                                  |
| 1  |      | 145                  | DO YOU CURRENTLY USE ANY SMOKELESS TOBACCO PRODUCTS; SUCH AS, CHEWING TOBACCO OR SNUFF?        |      |                 | 1=Yes, Chewing Tobacco<br>2=Yes, Snuff<br>3=Yes, Both<br>4=No, Neither<br>7=Don't Know/Not Sure<br>9=Refused                                  |
| * MODULE 3: CERVICAL CANCER SCREENING:                           |      |                      |  |      |                 |   |
| 1  |      | 146                  | HAVE YOU EVER HEARD OF A PAP SMEAR TEST?   |      |                 | 1=Yes<br>2=No<br>7=Don't Know/Not Sure<br>9=Refused   |
| 1  |      | 147                  | HAVE YOU EVER HAD A PAP SMEAR?   |      |                 | 1=Yes<br>2=No<br>7=Don't Know/Not Sure<br>9=Refused   |
| 1  |      | 148                  | WHEN DID YOU HAVE YOUR LAST PAP SMEAR?   |      |                 | 1=Within Past Year<br>2=Within Past Two Years<br>3=Within Past Five Years<br>4=More than Five Years ago<br>7=Don't Know/Not Sure<br>9=Refused |
| NOTE: (The following question is not asked of pregnant females.) |      |                      |  |      |                 |   |
| 1  |      | 149                  | HAVE YOU HAD A HYSTERECTOMY?   |      |                 | 1=Yes<br>2=No<br>7=Don't Know/Not Sure<br>9=Refused   |

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| Field Seq.                               | Size | Columns or Positions | Field Title (Name)<br>(Indicate Filler if not used)     | Type | Data Field Seq. | Comments  |
|--|------|----------------------|---|------|-----------------|---|
| * MODULE 4: COLORECTAL CANCER SCREENING: |      |                      |   |      |                 |   |
| 1  |      | 150                  | HAVE YOU EVER HEARD OF A DIGITAL RECTAL EXAMINATION?    |      |                 | 1=Yes<br>2=No<br>7=Don't Know/Not Sure<br>9=Refused   |
| 1  |      | 151                  | HAVE YOU EVER HAD A DIGITAL RECTAL EXAMINATION?         |      |                 | 1=Yes<br>2=No<br>7=Don't Know/Not Sure<br>9=Refused   |
| 1  |      | 152                  | WHEN DID YOU HAVE YOUR LAST DIGITAL RECTAL EXAMINATION? |      |                 | 1=Within Past Year<br>2=Within Past Two Years<br>3=Within Past Five Years<br>4=More than Five Years ago<br>7=Don't Know/Not Sure<br>9=Refused |
| 1  |      | 153                  | HAVE YOU EVER HEARD OF A BLOOD STOOL TEST?              |      |                 | 1=Yes<br>2=No<br>7=Don't Know/Not Sure<br>9=Refused   |
| 1  |      | 154                  | HAVE YOU EVER HAD A BLOOD STOOL TEST?                   |      |                 | 1=Yes<br>2=No<br>7=Don't Know/Not Sure<br>9=Refused   |
| 1  |      | 155                  | WHEN DID YOU HAVE YOUR LAST BLOOD STOOL TEST?           |      |                 | 1=Within Past Year<br>2=Within Past Two Years<br>3=Within Past Five Years<br>4=More than Five Years ago<br>7=Don't Know/Not Sure<br>9=Refused |
|  |      |                      |   |      |                 |   |
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| Field Seq.                                   | Size | Columns or Positions | Field Title (Name)<br>(Indicate Filler if not used)   | Type | Data Field Seq. | Comments  |
|--|------|----------------------|---|------|-----------------|---|
|  | 1    | 156                  | HAVE YOU EVER HEARD OF A PROCTOSCOPIC EXAMINATION?  |      |                 | 1=Yes<br>2=No<br>7=Don't Know/Not Sure<br>9=Refused   |
|  | 1    | 157                  | HAVE YOU EVER HAD A PROCTOSCOPIC EXAMINATION?   |      |                 | 1=Yes<br>2=No<br>7=Don't Know/Not Sure<br>9=Refused   |
|  | 1    | 158                  | WHEN DID YOU HAVE YOUR LAST PROCTOSCOPIC EXAMINATION?   |      |                 | 1=Within Past Year<br>2=Within Past Two Years<br>3=Within Past Five Years<br>4=More than Five Years ago<br>7=Don't Know/Not Sure<br>9=Refused |
| * MODULE 5: INJURY CONTROL AND CHILD SAFETY: |      |                      |   |      |                 |   |
|  | 1    | 159                  | IS THERE A WORKING SMOKE DETECTOR IN YOUR HOUSEHOLD?  |      |                 | 1=Yes<br>2=No<br>7=Don't Know/Not Sure<br>9=Refused   |
|  | 1    | 160                  | IN THE PAST 12 MONTHS HAVE YOU (OR HAS ANYONE IN YOUR HOUSEHOLD) USED A THERMOMETER TO TEST THE TEMPERATURE OF THE HOT WATER? |      |                 | 1=Yes<br>2=No<br>7=Don't Know/Not Sure<br>9=Refused   |
|  | 2    | 161-162              | WHAT IS THE AGE OF THE YOUNGEST CHILD IN YOUR HOUSEHOLD?  |      |                 | 01-17=Child's Age in Years<br>89=Age is Less Than One Year<br>88=No Children in Household<br>77=Don't Know/Not Sure<br>99=Refused             |
|  | 1    | 163                  | DO YOU HAVE THE TELEPHONE NUMBER FOR A POISON CONTROL CENTER IN YOUR AREA?  |      |                 | 1=Yes<br>2=No<br>7=Don't Know/Not Sure<br>9=Refused   |

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|-------------------|------|----------------------|--|------|-----------------|--|
|                   | 1    | 164                  | DO YOU HAVE ANY I P E C A C SYRUP IN YOUR HOUSEHOLD?   |      |                 | 1=Yes<br>2=No<br>7=Don't Know/Not Sure<br>9=Refused  |
|                   | 1    | 165                  | WHEN RIDING IN A CAR, HOW OFTEN IS THE YOUNGEST CHILD BUCKLED IN A CAR SAFETY SEAT OR SEAT BELT? |      |                 | 1=All The Time<br>2=Most of The Time<br>3=Sometimes<br>4=Rarely<br>5=Never<br>7=Don't Know/Not Sure<br>9=Refused |
| * MODULE 6: AIDS: |      |                      |  |      |                 |  |
|                   | 1    | 166                  | COMPARED TO MOST PEOPLE, HOW MUCH WOULD YOU SAY YOU KNOW ABOUT A I D S?                          |      |                 | 1=A Lot<br>2=Some<br>3=A Little<br>4=Nothing<br>7=Don't Know/Not Sure<br>9=Refused                               |
|                   | 1    | 167                  | WHAT ARE YOUR CHANCES OF GETTING THE A I D S VIRUS?  |      |                 | 1=High<br>2=Medium<br>3=Low<br>4=None<br>7=Don't Know/Not Sure<br>9=Refused                                      |
|                   | 1    | 168                  | HAS CONCERN ABOUT A I D S CHANGED YOUR LIFE IN ANY WAY?  |      |                 | 1=Yes<br>2=No<br>7=Don't Know/Not Sure<br>9=Refused  |
|                   | 1    | 169                  | HAVE YOU HAD YOUR BLOOD TESTED FOR THE A I D S VIRUS?  |      |                 | 1=Yes<br>2=No<br>7=Don't Know/Not Sure<br>9=Refused  |

