

1994 Year 2000 Objectives

OMB No. 0920-0214; Approval Expires 4/30/95

FORM HIS-3 (1994)
(4-194)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
ACTING AS COLLECTING AGENT FOR THE
U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
U.S. PUBLIC HEALTH SERVICE
CENTERS FOR DISEASE CONTROL
NATIONAL CENTER FOR HEALTH STATISTICS

NATIONAL HEALTH INTERVIEW SURVEY

1994 SUPPLEMENT BOOKLET

III. FAMILY RESOURCES

IV. YEAR 2000 OBJECTIVES

V. AIDS KNOWLEDGE AND ATTITUDES

NOTICE - Information contained on this form which would permit identification of any individual or establishment has been collected with a guarantee that it will be held in strict confidence, will be used only for purposes stated for this study, and will not be disclosed or released to others without the consent of the individual or the establishment in accordance with section 308(d) of the Public Health Service Act (42 USC 242m). Public reporting burden for this collection of information is estimated to vary from 40 to 60 minutes per response, with an average of 45 minutes per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to PHS Reports Clearance Officer; ATTN: PRA; Humphrey Building, Room 721-H, 200 Independence Avenue, SW; Washington, DC 20201; and to the Office of Management and Budget, Paperwork Reduction Project (0920-0214) Washington, DC 20503.

2. R.O. number: 9-10 3. Sample: 11-13 RT 84
3-7
8

1. Book ____ of ____ books

4. Control number: PSU 14-16 Segment 17-23 Serial 24-25 5. Family number: 26

6. Field Representative's name: _____ Code: 27-29

7. Beginning time: 30-33 34 8. Ending time: 35-38 39
1 a.m. 1 a.m.
2 p.m. 2 p.m.

RT 93
3-4
6

Section IV - YEAR 2000 OBJECTIVES

ITEM IV2 Refer to sample person selection label. 1 Y (Item A1)
2 A (Section V, AIDS on page 67)

Part A - ENVIRONMENTAL HEALTH

ITEM A1 Adult SP status. Begin here on Section IV callbacks. Available (1)
 Callback required (Item 16 on Household page of HIS-1)
 Noninterview (Response status on Back Cover)

The next questions are about smoking inside this home. 31

8a. Does ANYONE who lives here smoke cigarettes, cigars, or pipes ANYWHERE INSIDE this home? 1 Yes (8b)
2 No } (8d)
9 DK }

b. In an average week, how many PEOPLE who live here smoke cigarettes, cigars, or pipes anywhere inside this home? 32-33

_____ People
(Number)

c. On the average, about how many DAYS PER WEEK do people who live here smoke ANYWHERE INSIDE this home? 34

Less than 1 day per week/Rarely
_____ Days per week
(Number)
9 DK

d. On the average, about how many DAYS PER WEEK are there VISITORS who smoke ANYWHERE INSIDE this home? 35

Less than 1 day per week/Rarely/None
_____ Days per week
(Number)
9 DK

1994 Year 2000 Objectives, cont.

Part B - TOBACCO		RT 94
		3-4
These next questions are about cigarette smoking.		5
1. Have you smoked at least 100 cigarettes in your entire life? <i>If asked: approximately 5 packs</i>	<input type="checkbox"/> Yes (2) <input type="checkbox"/> No <input type="checkbox"/> DK } (8)	
2. Around this time LAST YEAR, were you smoking cigarettes everyday, some days, or not at all?	<input type="checkbox"/> Everyday <input type="checkbox"/> Some days <input type="checkbox"/> Not at all <input type="checkbox"/> DK	6
3a. Do you NOW smoke cigarettes everyday, some days, or not at all?	<input type="checkbox"/> Everyday (4) <input type="checkbox"/> Some days (6) <input type="checkbox"/> Not at all (3b) <input type="checkbox"/> DK (6)	7
b. How long has it been since you quit smoking cigarettes?	_____ (Number) $\left\{ \begin{array}{l} 1 \text{ Days} \\ 2 \text{ Weeks} \\ 3 \text{ Months} \\ 4 \text{ Years} \end{array} \right\}$ (8) <input type="checkbox"/> DK (8)	8-10
4. On the average, how many cigarettes do you now smoke a day?	_____ Cigarettes a day (Number) <input type="checkbox"/> DK	11-12
5. During the past 12 months, have you stopped smoking for one day or longer?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK } (7)	13
6a. On how many of the past 30 days did you smoke cigarettes?	<input type="checkbox"/> None (7) _____ Days } (6b) (Number) <input type="checkbox"/> DK	14-15
b. On the average, when you smoked DURING THE PAST 30 DAYS, about how many cigarettes did you smoke EACH day?	_____ Cigarettes a day (Number) <input type="checkbox"/> DK	16-17
7. Would you like to completely quit smoking cigarettes?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	18
8a. Have you ever used snuff such as Skoal, Skoal Bandits, or Copenhagen?	<input type="checkbox"/> Yes (8b) <input type="checkbox"/> No <input type="checkbox"/> DK } (9)	19
b. Have you used snuff at least 20 times in your entire life?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	20
c. Do you use snuff now?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	21
9a. Have you ever used chewing tobacco, such as Redman, Levi Garrett, or Beechnut?	<input type="checkbox"/> Yes (9b) <input type="checkbox"/> No <input type="checkbox"/> DK } (Part C, page 57)	22
b. Have you used chewing tobacco at least 20 times in your entire life?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	23
c. Do you use chewing tobacco now?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	24

1994 Year 2000 Objectives, cont.

Part C - OCCUPATIONAL SAFETY AND HEALTH

<p>The next questions are about health and safety in the workplace.</p> <p><i>Ask or verify:</i></p> <p>1a. Were you employed at a job or business during the past two weeks?</p>	<p style="text-align: right;">25</p> <p>1 <input type="checkbox"/> Yes (1b) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (Part D on page 60)</p>
<p>b. Were you an employee of a private company, the federal, state, or local government, or were you self-employed?</p>	<p style="text-align: right;">26</p> <p>1 <input type="checkbox"/> Private company 2 <input type="checkbox"/> Federal government 3 <input type="checkbox"/> State government 4 <input type="checkbox"/> Local government 5 <input type="checkbox"/> Self employed 6 <input type="checkbox"/> Other 9 <input type="checkbox"/> DK } (Part D, page 60)</p>
<p>c. Altogether, does your employer have 50 or more employees?</p>	<p style="text-align: right;">27</p> <p>1 <input type="checkbox"/> Yes (1d) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (2)</p>
<p>d. Does your employer have 50 or more employees at the building or location where you work?</p>	<p style="text-align: right;">28</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p>
<p><i>HAND CARD YC1. Read all categories if telephone interview.</i></p> <p>2. Which of these best describes the area in which you work most of the time?</p>	<p style="text-align: right;">29</p> <p>1 <input type="checkbox"/> Work mainly indoors (3) 2 <input type="checkbox"/> Work mainly outdoors 3 <input type="checkbox"/> Travel to different buildings or sites 4 <input type="checkbox"/> In a motor vehicle 5 <input type="checkbox"/> Other 9 <input type="checkbox"/> DK } (Check item C1)</p>
<p>The next few questions are about smoking at work.</p> <p>3a. Does your employer have an official policy that restricts smoking in any way?</p>	<p style="text-align: right;">30</p> <p>1 <input type="checkbox"/> Yes (3b) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (Check item C1)</p>
<p><i>HAND CARD YC2. Read all categories if telephone interview.</i></p> <p>b. Which of these best describes your employer's smoking policy for indoor public or common areas, such as lobbies, rest rooms, and lunch rooms?</p> <p><i>Mark (X) only one.</i></p>	<p style="text-align: right;">31</p> <p>1 <input type="checkbox"/> Not allowed in ANY indoor common areas 2 <input type="checkbox"/> Allowed in SOME indoor common areas, including designated smoking areas 3 <input type="checkbox"/> Allowed in ALL indoor common areas 9 <input type="checkbox"/> DK</p>
<p><i>HAND CARD YC3. Read all categories if telephone interview.</i></p> <p>c. Which of these best describes your employer's smoking policy for work areas?</p> <p><i>Mark (X) only one.</i></p>	<p style="text-align: right;">32</p> <p>1 <input type="checkbox"/> Not allowed in ANY work areas 2 <input type="checkbox"/> Allowed in SOME work areas 3 <input type="checkbox"/> Allowed in ALL work areas 9 <input type="checkbox"/> DK</p>
<p>ITEM C1</p> <p><i>Refer to Part B, question 3a on page 56. (Smokes cigarettes now)</i></p>	<p style="text-align: right;">33</p> <p>1 <input type="checkbox"/> Box 1, Every day 2 <input type="checkbox"/> Box 2, Some days 3 <input type="checkbox"/> All others (5) } (4)</p>

Notes

1994 Year 2000 Objectives, cont.

Part C - OCCUPATIONAL SAFETY AND HEALTH - Continued		
4a. Do you ever smoke during the time you are at work?		34
1 <input type="checkbox"/> Yes (4b) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (Item C2)		
b. Where do you smoke when you are at work? <i>Mark (X) all that apply.</i>		
1 <input type="checkbox"/> In my work area 2 <input type="checkbox"/> In a public area, such as a restroom, lunchroom, lobby, or other smoking area 3 <input type="checkbox"/> Outside the building 4 <input type="checkbox"/> Not applicable -- I work outside or at different sites 5 <input type="checkbox"/> In my car or other vehicle 6 <input type="checkbox"/> Other - Specify <u> </u>		35 36 37 38 39 40
9 <input type="checkbox"/> DK		41
ITEM C2	Refer to question 3a, on page 57. (Employer has official smoking policy)	42
1 <input type="checkbox"/> "Yes" in 3a (4c) 2 <input type="checkbox"/> All others (5)		
c. Do you feel that you smoke fewer cigarettes per day because of your employer's smoking policy?		43
1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK		
5. Does your employer offer a quit smoking program or any other help to employees who want to quit smoking?		44
1 <input type="checkbox"/> Yes (Item C3) 2 <input type="checkbox"/> No } (Item C4) 9 <input type="checkbox"/> DK		
ITEM C3	Refer to Part B, question 1, page 56. (Smoked at least 100 cigarettes)	45
1 <input type="checkbox"/> "Yes" in 1 (6) 2 <input type="checkbox"/> All others (Item C4)		
6. In the past year, have you participated in a quit smoking program made available by your employer?		46
1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK		

Part E - CLINICAL PREVENTIVE SERVICES		
2a. What was the reason for your last visit to a medical doctor or other health professional? Was it for a new problem, followup of a previous problem, a general physical exam, (Females only: an ob/gyn checkup, related to pregnancy) or something else? <i>Mark (X) only one</i>		24
1 <input type="checkbox"/> A new problem 2 <input type="checkbox"/> Followup of a previous problem 3 <input type="checkbox"/> A general physical exam 4 <input type="checkbox"/> An ob/gyn checkup 5 <input type="checkbox"/> Combined general and ob/gyn checkup 6 <input type="checkbox"/> Related to pregnancy 7 <input type="checkbox"/> Other - Specify <u> </u>		
The next questions are about medical checkups and routine tests.		25
b. About how long has it been since your last general physical exam or routine checkup by a medical doctor or other health professional? Do not include a visit about a specific problem.		
1 <input type="checkbox"/> Less than 1 year 2 <input type="checkbox"/> 1 year, less than 2 years 3 <input type="checkbox"/> 2 years, less than 3 years 4 <input type="checkbox"/> 3 years, less than 4 years 5 <input type="checkbox"/> 4+ years 6 <input type="checkbox"/> Never 9 <input type="checkbox"/> DK (3)		(3) (7)
3. During this last check-up, were you asked about -		
a. Your diet and eating habits?	Yes No DK 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	26
b. The amount of physical activity or exercise you get?	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	27
c. Whether you smoke cigarettes or use other forms of tobacco?	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	28
d. How much and how often you drink alcohol?	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	29
Were you asked about -		
e. Whether you use marijuana, cocaine, or other drugs?	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	30
<i>Ask ONLY IF SP is less than 65 otherwise, skip to 4.</i>		
f. Sexually transmitted diseases?	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	31
<i>Ask ONLY IF SP is less than 50 otherwise, skip to 4.</i>		
Were you asked about -		
g. The use of contraceptives?	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	32