1984

Behavioral Risk Factor Surveillance System Questionnaire

Originally released for 1984 data collection year
Reconstructed October 7, 2008
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INTERVIEWER'S SCRIPT

HELLO. I'm (Interviewer Name) calling for the (Agency).
We're doing a study of the health practices of (State Name) residents.
Your number has been chosen randomly by the (Agency)
to be included in the study, and we would like to ask some questions
about things people do which may affect their health.

1. Is this YES -> GO TO QUESTION 2
   NO -> Thank you very much, but I seem to have dialed the wrong number.
   It is possible that your number may be called at a later time.
   STOP

2. Is this a private residence? YES -> GO TO QUESTION 2
   NO -> Thank you very much, but we are only interviewing in private
   residences. STOP

FINAL DISPOSITION OF TELEPHONE CALL

01 - Completed Interview
02 - Refused Interview
03 - Non-working Number
04 - No Answer (multiple tries)
05 - Business Phone
06 - No Eligible Respondent at this number
07 - No Eligible Respondent could be reached during time period
08 - Language barrier prevented completion of interview
09 - Interview terminated within questionnaire
10 - Line busy (multiple tries)
11 - Selected respondent unable to respond because of physical or mental impairment

Edited by: _______________  Date: ___
RESPONDENT SELECTION: (PLEASE READ)

Our study requires that we select just one adult from each household.

How many members of your household, including yourself, are 18 years of age or older? ........................................

I would like to speak to the adult member of your household who has the next birthday.

NOTE: If selected respondent is not at home, try to arrange for an appointment.

Name of selected respondent for callback.

Callback date: __________ , time: __________

NOTE: If screening was NOT done with respondent, introduce yourself and your agency.
CONFIRM that you are speaking with the person in the household with the NEXT birthday— and continue. Otherwise just continue.

The interview will take about 10 minutes or perhaps a little less and all the information obtained in this study will be confidential.

Your name will not be used, but your responses will be grouped together with information from others participating in the study.

Of course, your part is voluntary and you can end the interview anytime you like. First, I'd like to begin by asking you about using seatbelts....
SECTION A: SEATBELTS

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

   Would you say (PLEASE READ) (28)

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

SECTION B: HYPERTENSION

These next questions are about hypertension or high blood pressure:

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

   (PROBE FOR DOCTOR, NURSE OR OTHER HEALTH PROFESSIONAL)

   (29)

   a. No, GO TO SECTION C, PAGE 8 ........... 1
   b. Yes, by a Doctor ......................... 2
   c. Yes, by a Nurse ........................... 3
   d. Yes, by other Health Professional .... 4
   Do not remember/Not sure GO TO SECTION C, PAGE 8 ............. 7
   Refused, GO TO SECTION C, PAGE 8 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?

   (30)
   a. More than once ......................  1
   b. Only once ...........................  2
      Do not remember/Not sure .....  7
      Refused .........................  9

4. Is any medicine currently prescribed for your high blood pressure?

   (31)
   a. Yes .................................  1
   b. No, GO TO Q6, PAGE 7 ..........  2
      Do not remember/Not sure GO TO
      Q6, PAGE 7 .......................  7
      Refused, GO TO Q6, PAGE 7 .......  9

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

   (32)
   a. Yes, most of the time ..............  1
   b. Yes, only occasionally ............  2
      or
      No ..................................  3
      Do not remember/Not sure .......  7
      Refused, .........................  9

(Probe for "Most of the time" or "Only occasionally" if necessary. If answer is "Yes", use "Yes, most of the time")
6. Are you doing any of the following to help control your high blood pressure? Anything else?

(PLEASE READ. CIRCLE APPROPRIATE ANSWER FOR EACH ITEM)

(PLEASE NOTE: "d4" IS DO NOT SMOKE)

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
<th>NOT SURE</th>
<th>REFUSED</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Following a low salt diet</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>9</td>
</tr>
<tr>
<td>b. Watching your weight</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>9</td>
</tr>
<tr>
<td>c. Avoiding stress, relaxing</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>9</td>
</tr>
<tr>
<td>d. Cutting down or stopping smoking</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>4</td>
</tr>
<tr>
<td>d. Following an exercise program</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>9</td>
</tr>
<tr>
<td>f. Other, Specify __________________________</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>9</td>
</tr>
</tbody>
</table>

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

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

<p>| | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Normal</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Under Control</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Still High</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Don’t know/Not sure</td>
<td>7</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Refused</td>
<td>9</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
SECTION C: EXERCISE

The next few questions are about exercise and other recreational or physical activities.

8. During the past month, did you participate in any physical activities or exercises such as running, calisthenics, golf, yardwork or walking?

(40)

a. Yes, GO TO Q 10 ................................. 1
b. No .................................................. 2
   Don’t know/Not sure ...................... 7
   Refused ................................. 9

9. Were there other activities or exercises that you participated in during the last month besides running, calisthenics, golf, yardwork or walking?

(41)

a. Yes ............................................ 1
b. No, GO TO SECTION D, PAGE 11 ............. 2
   Don’t know/Not sure, GO TO SECTION D, PAGE 11 ............. 7
   Refused, GO TO SECTION D, PAGE 11 ...................... 9

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

(42-43)

SEE CODING LIST A a. Activity ............................. __ __
   Refused ................................. 99

Activity
ASK QUESTION 11 ONLY IF ANSWER TO Q10 IS RUNNING, WALKING, OR SWIMMING, ALL OTHERS, GO TO Q 12.

11. How far did you usually walk/run/swim?

(44-46)

a. Miles and tenths ............................ __ __
   (SEE CODING LIST B IF RESPONSE IS NOT IN MILES AND TENTHS)
   Don’t know/Not sure ...................... 777
   Refused ................................. 999
12. How many times per week or per month did you take part in this activity during the past month?
   (47-49)
   a. Times per week ........................ 1 __ __
   or
   b. Times per month ........................ 2 __ __
      Don’t know/Not sure ................... 777
      Refused ............................... 999

13. And when you took part in this activity, for how many minutes or hours did you usually keep at it?
   (50-52)
   a. Hours & Minutes ........................ __:__.__
      Don’t know/Not sure ................... 777
      Refused ............................... 999

14. Was there another physical activity or exercise that you participated in during the last month?
   (53)
   a. Yes ........................................ 1
   b. No, GO TO SECTION D, PAGE 11 ........... 2
      Don’t know/Not sure, GO TO SECTION D, PAGE 11 .................. 7
      Refused, GO TO SECTION D, PAGE 11 .............................. 9

15. What other type of physical activity gave you the next most exercise during the past month?
   (54-55)
   a. Activity ................................. __ __
      SEE CODING LIST A
      Don’t know/Not sure, GO TO SECTION D, PAGE 11 ............... 77
      Refused GO TO SECTION D, PAGE 11 .............................. 99
16. How far did you usually walk/run/swim? (56-58)
   a. Miles & tenths .............................. __ __ __
      (SEE CODING LIST B IF RESPONSE IS NOT IN MILES AND TENTHS)
      Don’t know/Not sure ...................... 777
      Refused ................................. 999

17. How many times per week or per month did you take part in this activity? (59-61)
   a. Times per week ........................... 1 __ __
   or
   b. Times per month ......................... 2 __ __
      Don’t know/Not sure ...................... 777
      Refused ................................. 999

18. And when you took part in this activity, for how many minutes or hours did you usually keep at it? (62-64)
   a. Hours and Minutes ........................ __:__ __
      Don’t know/Not sure ...................... 777
      Refused ................................. 999
SECTION D: DIET

Next, I'd like to ask some questions about the food you eat.

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

<table>
<thead>
<tr>
<th>Would you say</th>
<th>(PLEASE READ)</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Most of the time</td>
<td>1</td>
</tr>
<tr>
<td>b. Sometimes</td>
<td>2</td>
</tr>
<tr>
<td>c. Rarely</td>
<td>3</td>
</tr>
<tr>
<td>Don’t know/Not sure</td>
<td>7</td>
</tr>
<tr>
<td>Refused</td>
<td>9</td>
</tr>
</tbody>
</table>

20. Including breakfast, lunch and dinner, how many days per week, if any, do you eat red meat such as beef, pork, hamburger or sausage but not including chicken or fish?

| a. Days per week               | __ __         |
| b. None or never               | 88            |
| Don’t know/Not sure            | 77            |
| Refused                        | 99            |

21. Are you now on a diet to lose weight?

| a. Yes                         | 1             |
| b. No, GO TO 23, PAGE 12       | 2             |
| Refused, GO TO 23, PAGE 12     | 9             |

22. How much weight, if any, have you lost since beginning your diet?

| a. Pounds                      | __ __ Pounds  |
| Don’t know/Not sure            | 77            |
| Refused                        | 99            |
23. What is your current weight? (without shoes, with light indoor clothing on)

(71-73)

a. Weight ........................................... ___ ___ ___ pounds

Don’t know/Not sure ............ 777
Refused ......................... 999

24. What is your height without shoes?

(74-76)

a. Height ........................................... ___ ___ ___ Ft. Inches

Don’t know/Not sure ............ 777
Refused ......................... 999
SECTION E: CIGARETTE SMOKING

Now, I would like to ask you a few questions about smoking cigarettes:

25. Have you smoked at least 100 cigarettes in your life?

   a. Yes .................................. 1
   b. No, GO TO SECTION F, PAGE 14 ........... 2

(100 cigarettes = 5 packs)
   Don’t know/Not sure ............... 8
   Refused ........................ 9

26. Do you smoke cigarettes now?

   a. Yes .................................. 1
   b. No, GO TO SECTION F, PAGE 14 ........... 2

   Refused, GO TO SECTION F, PAGE 14 9

27. On the average, about how many cigarettes a day do you now smoke?

   a. Number of cigarettes ................. __ __
(1 Pack = 20 cigarettes)
   b. Don't smoke regularly............... 88

   Refused ........................ 99

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

   a. Yes .................................. 1
   b. No ................................... 2

   Refused .......................... 9
SECTION F: ALCOHOL CONSUMPTION

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

29. Have you had any beer, wine or liquor during the past month, that is, since ________________

   a. Yes .................................. 1
   b. No, GO TO SECTION G, PAGE 17 ........ 2
      Refused, GO TO SECTION G, PAGE 17     9

30. During the past month, how many days per week or per month did you drink any beer?

   a. Days per week ......................... 1 __ __
      or
   b. Days per month ........................ 2 __ __
   c. Never or none GO TO Q 32, PAGE 15.... 888
      Don’t know/Not sure, GO TO Q 32,
      PAGE 15................................. 777
      Refused GO TO Q 32, PAGE 15 ......... 999

31. On the days when you drank beer, about how many beers did you drink on the average?

   a. Number of beers ....................... __ __
      Don’t know/Not sure .................. 77
      Refused ............................... 99
32. Also, during the past month, how many days per week or per month did you drink any wine?

(88-90)

a. Days per week ......................... 1 __ __

or

b. Days per month ........................ 2 __ __

c. Never or none GO TO Q 34 .......... 888

Don’t know/Not sure, GO TO Q 34 . 777

Refused GO TO Q 34 ..................... 999

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

(91-92)

a. Number of glasses of wine ............. __ __

Don’t know/Not sure .................... 77

Refused ................................. 99

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

(93-95)

a. Days per week ......................... 1 __ __

or

b. Days per month ........................ 2 __ __

c. Never or none GO TO Q 36, PAGE 16 . 888

Don’t know/Not sure, GO TO Q 36,
PAGE 16 ................................. 777

Refused GO TO Q 36, PAGE 16 ...... 999

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

(96-97)

a. Number of drinks ...................... __ __

Don’t know/Not sure .................... 77

Refused ................................. 99
36. Considering all types of alcoholic beverages, that is beer, wine, and liquor, as drinks, how many times during the past month did you have 5 or more drinks on an occasion?

   (98-99)

   a. Number of times ......................... __ __
   b. None ........................................ 88
      Don’t know/Not sure ..................... 77
      Refused ................................. 99

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

   (100-101)

   a. Number of times ......................... __ __
   b. None ........................................ 88
      Don’t know/Not sure ..................... 77
      Refused ................................. 99
SECTION G: DEMOGRAPHICS

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

38. How old were you on your last birthday?

   (102-103)

   a. CODE AGE IN YEARS .................. __ __

      Do not remember/Not sure ..... 08

      Refused ...................... 09

   IF AGE IS UNKNOWN OR REFUSED, ASK THE FOLLOWING
   What is your date of birth?

   (104-109)

   a. MM  DD YY

      Date of Birth........

      Don’t know/Not sure ...... 777777

      Refused ................. 999999

39. What is your race?

   Would you say (110)

   (PLEASE READ)

   a. White ................................. 1

   b. Black ................................. 2

   c. Asian or Pacific Islander ............ 3

   d. Aleutian, Eskimo or American Indian .. 4

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

      Refused ........................ 9
40. Are you of Hispanic origin such as Mexican American, Latin American, Puerto Rican or Cuban?

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

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

(READ ONLY IF NECESSARY)

a. Eighth Grade or Less ................. 1
b. Some High School ..................... 2
c. High School Grad or GED Certificate .. 3
d. Some Technical School .............. 4
e. Technical School Graduate .......... 5
f. Some College ......................... 6
g. College Graduate ..................... 7
h. Post Grad or Professional Degree ..... 8
   Refused ........................ 9
42. Are you currently:

(PLEASE READ) (113)

a. Employed for wages ................... 1
b. Self employed ........................ 2
c. Out of work for more than 1 year ..... 3
d. Out of work for less than 1 year ..... 4
e. Homemaker ............................ 5
f. Student .............................. 6
or
g. Retired ............................... 7

Refused .............................. 9

43. And are you:

(PLEASE READ) (114)

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

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

(PLEASE READ) (115)

a. Less than $10,000 .................... 1
b. $10 to $15,000 ....................... 2
c. $15 to $20,000 ....................... 3
d. $20 to $25,000 ....................... 4
e. $25 to $35,000 ....................... 5
or
f. Over $35,000 .......................... 6

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

Refused .............................. 9
45. INTERVIEWER: INDICATE SEX OF RESPONDENT

(ASK IF NECESSARY) (116)

a. Male ......................................... 1
b. Female ......................................... 2

SECTION H: FINAL QUESTION AND CLOSING STATEMENT

46. Are there any other telephone numbers which can be used to reach this household?

   a. Yes, GO TO Q47

   No, CODE COLUMN 117, Q47 AS "1" AND READ
   b. CLOSING STATEMENT

47. How many telephone numbers will reach this household including the number I used today?

(DIFFERENTIATE BETWEEN TELEPHONE NUMBERS AND
TELEPHONE SETS IF NECESSARY. INCLUDE ALL TELEPHONE
NUMBERS THAT CAN REACH HOUSEHOLD) (117)

   Total Telephone Numbers ................. __

CLOSING STATEMENT

This concludes this interview. Again, the information will be kept strictly confidential and will be used only for routine statistical research purposes. Thank you for your assistance. We greatly appreciate your time and cooperation.
## Coding Lists

### Coding List A: Activity codes

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

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

**Lap swimming**

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

**Running/jogging/walking**

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