

1985
BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM
DATA COLLECTION INSTRUMENT

FIPS STATE CODE	STRATUM CODE	PSU NUMBER	RECORD NUMBER	DATE OF INTERVIEW MM DD YY	INTERVIEWER ID															
<table border="1" style="display: inline-table; width: 40px; height: 20px;"> <tr><td style="width: 20px; text-align: center;">0</td><td style="width: 20px; text-align: center;">6</td></tr> </table> (1-2)	0	6	<table border="1" style="display: inline-table; width: 40px; height: 20px;"> <tr><td style="width: 20px; text-align: center;">1</td></tr> </table> (3)	1	<table border="1" style="display: inline-table; width: 80px; height: 20px;"> <tr><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td></tr> </table> (4-7)					<table border="1" style="display: inline-table; width: 40px; height: 20px;"> <tr><td style="width: 20px;"></td><td style="width: 20px;"></td></tr> </table> (8)			<table border="1" style="display: inline-table; width: 80px; height: 20px;"> <tr><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td></tr> </table> (9-14)					<table border="1" style="display: inline-table; width: 40px; height: 20px;"> <tr><td style="width: 20px;"></td><td style="width: 20px;"></td></tr> </table> (15-16)		
0	6																			
1																				

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.

	Area Code	Prefix	Suffix									
1. Is this	<table border="1" style="display: inline-table; width: 60px; height: 20px;"> <tr><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td></tr> </table> (17-19)				<table border="1" style="display: inline-table; width: 60px; height: 20px;"> <tr><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td></tr> </table> (20-22)				<table border="1" style="display: inline-table; width: 40px; height: 20px;"> <tr><td style="width: 20px;"></td><td style="width: 20px;"></td></tr> </table> (23-24)			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 PAGE 2
---------------------------------	---------------------

NO -> Thank you very much, but we are only interviewing in
 private residences. STOP

Refusal Information _____

FINAL DISPOSITION OF TELEPHONE CALL

 (25-26)

- | | |
|---|--|
| 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
12- Other |
|---|--|

Edited by: _____ Date: _____

Our study requires that we interview only one person who lives in your household.

1. How many members of your household, including yourself, are 18 years of age or older? (27)

IF ONE PERSON HOUSEHOLD
GO TO ALL RESPONDENTS

2. How many are men and how many are women? Men (28) Women (29)
3. Who is the oldest man/woman who presently lives in this household?
4. Who is the next oldest man/woman who presently lives in this household?

INTERVIEWER: ORDER OF LISTING IS ALL MEN FIRST, OLDEST TO YOUNGEST THEN ALL WOMEN, OLDEST TO YOUNGEST.

Resident Number	Name/Relationship	LAST DIGIT OF TELEPHONE #										Resident Number
		0	1	2	3	4	5	6	7	8	9	
1		1	1	1	1	1	1	1	1	1	1	1
2		2	1	2	1	2	1	2	1	2	1	2
3		3	1	2	3	1	2	3	1	2	X	3
4		1	2	3	4	1	2	3	4	X	X	4
5		2	3	4	5	1	2	3	4	5	1	5
6		5	6	1	2	3	4	X	X	X	X	6
7		2	3	4	5	6	7	1	X	X	X	7
8		8	1	2	3	4	5	6	7	X	X	8

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

INTERVIEWER: IF RESPONDENT IS NOT HOME, TRY TO ARRANGE TIME FOR CALLBACK

CALLBACK: _____
Date _____ Time _____

IF SCREENING WAS NOT DONE WITH RESPONDENT

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

ALL RESPONDENTS

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? *SEATBELT*

Would you say:	(PLEASE READ)	(30)
a. Always		1
b. Nearly Always		2
c. Sometimes		3
d. Seldom		4
e. Never		5
	Don't know/Not sure	7
	Never drive or ride in a car.....	8
	Refused	9

SECTION B: HYPERTENSION

These next questions are about hypertension or high blood pressure: *BPHIGH*

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)	(31)	
a. No, <u>GO TO SECTION C, PAGE 6</u>	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, <u>GO TO SECTION C, PAGE 6</u>	7
	Refused, <u>GO TO SECTION C PAGE 6</u>	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? *HIGHGT1* (32)

- 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? *BPTREAT* (33)

- a. Yes 1
- b. No, GO TO Q 6, PAGE 5..... 2
- Do not remember/Not sure..GO TO Q 6, PAGE 5. 7
- Refused, GO TO Q6, PAGE 5..... 9

5. Are you currently taking medicine for your high blood pressure? *USETREAT* (34)

(Probe for "All or most of the time" or "Only occasionally" if necessary. If answer is "Yes", use "Yes, all or most of the time")

- a. Yes, all or most of the time 1
- b. Yes, only occasionally 2
- OR
- c. No 3
- Do not remember/Not sure 7
- Refused 9

6. Are you doing any of the following to help control your high blood pressure?

(PLEASE READ. CIRCLE APPROPRIATE ANSWER FOR EACH ITEM)

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

		<u>YES</u>	<u>NO</u>	<u>NOT SURE</u>	<u>REFUSED</u>	
<i>LOW SALT</i>	a. Following a low salt diet.....	1	2	7	9	(35)
<i>WT WATCH</i>	b. Watching your weight.....	1	2	7	9	(36)
<i>VOID STRS</i>	c. Avoiding stress, relaxing	1	2	7	9	(37)
<i>CUTS MOKE</i>	d. Cutting down or stopping smoking.....	1	2	7	4	9 (38)
<i>EXER PROG</i>	e. Following an exercise program	1	2	7	9	(39)

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

(PLEASE NOTE: NORMAL OR UNDER CONTROL INCLUDES "RETURNED TO NORMAL" AND "NO LONGER HAVE HIGH BLOOD PRESSURE") (40)

a. Normal.....	1
b. Under control.....	2
c. Still High	3
Don't know/Not sure.....	7
Refused	9

SECTION C: EXERCISE

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

8. During the past month, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening or walking for exercise? *EXERCISE* (41)
- 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 past month besides running, calisthenics, golf, yardwork or walking for exercise? *EXERCISE* (42)
- a. Yes..... 1
 - b. No, GO TO SECTION D, PAGE 9..... 2
 - Don't know/Not sure, GO TO SECTION D, PAGE 9... 7
 - Refused, GO TO SECTION D, PAGE 9 9
10. What type of physical activity or exercise did you spend the most time doing during the past month? *EXERCISE* (43-44)
- a. Activity —
 - Refused..... 99
- SEE CODING LIST A

Activity

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

11. How far did you usually walk/run/jog/swim? *EXERCISE* (45-47)
- a. Miles and tenths —
 - Dont't know/Not sure..... 777
 - Refused..... 999
- (SEE CODING LIST B IF RESPONSE IS NOT IN MILES AND TENTHS)

12. How many times per week or per month did you take part in this activity during the past month? *EXEROFT1* (48-50)

- 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? *EXERHMM1* (51-53)

- 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? *EXEROTH2* (54)

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

15. What other type of physical activity gave you the next most exercise during the past month? *EXERACT2* (55-56)

- a. Activity.....

SEE CODING LIST A

Don't know/Not sure,
GO TO SECTION D, PAGE 9..... 77

Activity

Refused, GO TO SECTION D, PAGE 9..... 99

ASK QUESTION 16 ONLY IF ANSWER TO Q15 IS RUNNING, JOGGING, WALKING, OR SWIMMING, ALL OTHERS GO TO Q 17

16. How far did you usually walk/run/jog/swim? *EYERDYS2*
(57-59)

(SEE CODING LIST B
IF RESPONSE IS NOT
IN MILES AND TENTHS)

a.	Miles & 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? *EYERDFTZ*
(60-62)

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? *EYERHMMZ*
(63-65)

a.	Hours and Minutes.....	_ : _
	Don't know/Not sure.....	777
	Refused.....	999

SECTION D: DIET

WEIGHT

19. About how much do you weigh without shoes?

(66-68)

a. Weight

Pounds

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

777

Refused

999

20. About how tall are you without shoes?

HEIGHT

(69-71)

a. Height.....

Ft. Inches

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

777

Refused.....

999

21. Are you now trying to lose weight?

LOSEWT

(72)

a. Yes.....

1

b. No, GO TO Q24, PAGE 10.....

2

Refused, GO TO Q24, PAGE 10...

9

22. Are you eating fewer calories to lose weight?

FEWCAL

(73)

a. Yes

1

b. No

2

Don't know/Not sure

7

Refused

9

23. Have you increased your physical activity to lose weight?

PHYACT

(74)

a. Yes

1

b. No

2

Don't know/Not sure

7

Refused

9

24. How often do you usually add salt to your food at the table? *ADDSALT*

Would you say (PLEASE READ) (75)

- a. Most of the time..... 1
- b. Sometimes..... 2
- c. Rarely..... 3
- d. Never..... 4

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

- Refused..... 9

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? *SMOKE100* (76)
- (100 cigarettes
= 5 packs)
- a. Yes 1
 - b. No, GO TO SECTION F, PAGE 12..... 2
 - Don't know/Not sure..... 8
 - Refused 9
26. Do you smoke cigarettes now? *SMOKE NOW* (77)
- a. Yes 1
 - b. No, GO TO SECTION F, PAGE 12..... 2
 - Refused, GO TO SECTION F, PAGE 12... 9
27. On the average, about how many cigarettes a day do you *SMOKE NOW*
now smoke? (78-79)
- (1 Pack
= 20 cigarettes)
- a. Number of cigarettes —
 - b. Don't smoke regularly 88
 - Refused 99
28. Have you stopped smoking for a week or more sometime during the *SMOKED OUT*
past year? (80)
- 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 _____? *DRINK ANY*
(81)

- a. Yes 1
- b. No, GO TO SECTION G, PAGE 15..... 2
- Refused, GO TO SECTION G, PAGE 15. 9

30. During the past month, how many days per week or per month did you drink any beer? *DRK BEER*
(82-84)

- a. Days per week 1 _____
OR
- b. Days per month 2 _____
- c. Never or none GO TO Q 32, PAGE 13..... 888
- Don't know/Not sure, GO TO Q 32, .. 777
PAGE 13
- Refused GO TO Q 32, PAGE 13..... 999

31. On the days when you drank beer, about how many beers did you drink on the average? *N/BEER OCC*
(85-86)

- 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? DRKWINE
(87-89)

- 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? NWINECC
(90-91)

- 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? DRKLQR
(92-94)

- a. Days per week 1 ___
OR
- b. Days per month 2 ___
- c. Never or none, GO TO Q 36, PAGE 14.... 888
- Don't know/Not sure, GO TO Q 36,
PAGE 14. 777
- Refused, GO TO Q 36, PAGE 14..... 999

35. On the days when you drank any liquor, about how many drinks did you have on the average? NLDRDCE
(95-96)

- 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? DRINKGES
(97-98)

- 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? DRINKDRI
(99-100)

- a. Number of times — —
- b. None 88
- Don't know/Not sure..... 77
- Refused 99

SECTION G: DEMOGRAPHICS

These next few questions ask for a little more information about yourself.

38. How old were you on your last birthday? *AGE* (101-102)
- | | | |
|----|--------------------------------|-------|
| a. | CODE AGE IN YEARS..... | _____ |
| | Do not remember/Not sure | 07 |
| | Refused | 09 |

39. What is your race? *RACE* (103)
- Would you say (PLEASE READ)
- | | | |
|----|---------------------------------------|---|
| a. | White | 1 |
| b. | Black | 2 |
| c. | Asian or Pacific Islander | 3 |
| d. | Aleutian, Eskimo or American Indian.. | 4 |
| e. | Other specify _____ | 5 |
| | Do not know/Not sure | 7 |
| | Refused | 9 |

40. Are you of Hispanic origin such as Mexican American, Latin American, Puerto Rican or Cuban? *HISPANIC* (104)
- | | | |
|----|----------------------------|---|
| a. | Yes | 1 |
| b. | No | 2 |
| | Do not know/Not sure | 7 |
| | Refused | 9 |

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

EDUCA

(105)

(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)

EMPLOY

(106)

- 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)

MARITAL

(107)

- 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)

INCOME

(108)

- a. Less than \$10,000..... 1
- b. \$10 to \$15,000..... 2
- c. \$15 to \$20,000..... 3
- e. \$20 to \$25,000..... 4
- e. \$25 to \$35,000..... 5
- f. \$35 - 50,000..... 6
- OR
- g. Over 50,000..... 8
- Don't know/Not sure..... 7
- Refused..... 9

45. INTERVIEWER: INDICATE SEX OF RESPONDENT

SEX

(109)

(ASK IF NECESSARY)

- a. Male 1
- b. Female 2

INTERVIEWER: ASK THIS QUESTION ONLY TO FEMALES
BETWEEN 18 AND 45, OTHERWISE, GO TO Q 47

PREGNANT

46. To your knowledge, are you now pregnant? (110)
- a. Yes 1
 - b. No 2
 - Don't know/Not sure 7
 - Refused 9

ALL INTERVIEWERS GO TO SECTION H - PAGE 19

47. Are there any other telephone numbers which can be used to reach this household?
- a. Yes, GO TO Q48
 - b. No, CODE COLUMN 111, Q47 AS "1" AND READ CLOSING STATEMENT

48. 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)

(111)

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.

SECTION H: HEALTH STATUS

Finally, I have a couple of questions which ask about your health status.

49. All in all, would you say that your health is excellent, good, fair or poor?

HLTHGOOD
(112)

- a. Excellent 1
- b. Good 2
- c. Fair 3
- d. Poor 4
- e. Refused 9

50. I am going to read you a list of medical conditions and physical ailments that usually last for some time. As I read each one, please tell me if you have ever experienced this problem or been told by a medical doctor that you have this problem.

	<u>YES</u>	<u>NO</u>	<u>DON'T KNOW/ NOT SURE</u>	<u>REFUSED</u>	
Diabetes	1	2	7	9	(113) <i>DIABETES</i>
Heart Trouble	1	2	7	9	(114) <i>HEART</i>
Stroke	1	2	7	9	(115) <i>STROKE</i>
Arthritis	1	2	7	9	(116) <i>ARTHRIT</i>
Chronic Bronchitis or Emphysema	1	2	7	9	(117) <i>BRONCH</i>
Asthma	1	2	7	9	(118) <i>ASTHMA</i>
Kidney or Bladder Trouble	1	2	7	9	(119) <i>KIDNEY</i>
Liver Trouble	1	2	7	9	(120) <i>LIVER</i>
Cancer	1	2	7	9	(121) <i>CANCER</i>
Frequent Headaches	1	2	7	9	(122) <i>HEADACHE</i>
Frequent Back Trouble	1	2	7	9	(123) <i>BACK</i>

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

- a. Yes, GO TO Q52
- b. No, CODE COLUMN 124, Q47 AS "1" AND READ CLOSING STATEMENT

52. 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)

NUMPHONS
(124)

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.

FOR QUESTIONS 51 AND 52, RECORD RESPONSES IN QUESTIONS 47 AND 48

12-15-83.

1984

BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM
DATA COLLECTION INSTRUMENT

FIPS STATE CODE	STRATUM CODE	PSU NUMBER	RECORD NUMBER	DATE OF INTERVIEW MM DD YY	INTERVIEWER ID
<input type="text" value="06"/> (1-2)	<input type="text" value="1"/> (3)	<input type="text"/> <input type="text"/> <input type="text"/> (4-7)	<input type="text"/> (8)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (9-14)	<input type="text"/> <input type="text"/> (15-16)

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) TCF
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 (17-19) (20-22) (23-24) 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 PAGE 2

NO -> Thank you very much, but we are only interviewing in
private residences. STOP

FINAL DISPOSITION OF TELEPHONE CALL (25-26)

- 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?..... (27) 1

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

SEATBELT

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?

BPHIGH

(PROBE FOR DOCTOR, NURSE OR OTHER HEALTH PROFESSIONAL)



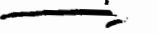
(29)

- a. No, GO TO SECTION C, PAGE 6..... 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 6 7 →
- Refused, GO TO SECTION C PAGE 6 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? *HIGHBT1* (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? *PREVIOUS BPTREAT* (31)

- a. Yes 1
- b. No, GO TO Q6, PAGE 5..... 2 
- Do not remember/Not sure
GO TO Q6, PAGE 5 7 
- Refused, GO TO Q6, PAGE 5..... 9 

5. Are you currently taking medicine for your high blood pressure? *USE TREAT* (32)

(Probe for "Most of the time" or "Only occasionally" if necessary. If answer is "Yes", use "Yes, most of the time")

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

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)

		<u>YES</u>	<u>NO</u>	<u>NOT SURE</u>	<u>REFUSED</u>	
<i>LOWSALT</i>	a. Following a low salt diet.....	1	2	7	9	(33)
<i>WTWATCH</i>	b. Watching your weight.....	1	2	7	9	(34)
<i>VOIDSTRS</i>	c. Avoiding stress, relaxing	1	2	7	9	(35)
<i>CUTSMOKE</i>	d. Cutting down or stopping smoking.....	1	2	7	4 9	(36)
<i>EXER PROG</i>	e. Following an exercise program	1	2	7	9	(37)
	f. Other, Specify _____	1	2	7	9	(38)

7. As far as you know, is your blood pressure presently normal *BPUPNOW* 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") (39)

- a. Normal..... 1
- b. Under control..... 2
- c. Still High 3
- Don't know/Not sure..... 7
- Refused 9

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? *EXERANY* (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? *EXEROTH* (41)

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

10. What type of physical activity or exercise did you spend the most time doing during the past month? (42-43)

EXERACT1

- a. Activity
- Refused..... 99

SEE CODING LIST A

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? *EXERDIS1* (44-46)

- a. Miles and tenths
- Don't know/Not sure..... 777
- Refused..... 999

(SEE CODING LIST B IF RESPONSE IS NOT IN MILES AND TENTHS)

12. How many times per week or per month did you take part in this *EXEROFT 1* 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 *EXERHMM 1* 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 *EXEROTH 2* participated in during the last month? (53)

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

15. What other type of physical activity gave you the next most *EXERACT 2* exercise during the past month? (54-55)

- a. Activity.....

SEE CODING LIST A

Don't know/Not sure, GO TO SECTION D, PAGE 9..... 77 →

Activity

Refused, GO TO SECTION D, PAGE 9..... 99 →

ASK QUESTION 16 ONLY IF ANSWER TO Q15 IS RUNNING, WALKING, OR SWIMMING,
ALL OTHERS GO TO Q 17

16. How far did you usually walk/run/swim? *EYERDIS2* (56-58)

(SEE CODING LIST B
IF RESPONSE IS NOT
IN MILES AND TENTHS)

a. Miles & tenths
Don't know/Not sure..... 777
Refused..... 999

17. How many times per week or per month did you take part *EXEROFT2*
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 *EXERHMM2*
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. **ADD SALT**

19. How often do you usually add salt to your food at the table? (65)

Would you say (PLEASE READ)

- a. Most of the time..... 1
- b. Sometimes..... 2
- c. Rarely..... 3
- Don't know/Not sure..... 7
- Refused..... 9

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? **RED MEAT** (66-67)

- a. Times 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? **ON DIET** (68)

- a. Yes..... 1
- b. No, GO TO 23, PAGE 10..... 2 →
- Refused, GO TO 23, PAGE 10..... 9 →

22. How much weight, if any, have you lost since beginning your diet? (69-70) **WT LOST**

- a. Pounds..... _____
Pounds
- Don't know/Not sure 77
- Refused 99

23. What is your current weight? (without shoes, with light indoor clothing on)

WEIGHT
(71-73)

a. Weight
Pounds

Don't know/Not sure..... 777

Refused 999

24. What is your height without shoes?

HEIGHT
(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? *SMOKED 100* (77)

(100 cigarettes
= 5 packs)

a. Yes 1

b. No, GO TO SECTION F, PAGE 12...... 2 →

Don't know/Not sure..... 8

Refused 9

26. Do you smoke cigarettes now? *SMOKENOW* (78)

a. Yes 1

b. No, GO TO SECTION F, PAGE 12...... 2 →

Refused, GO TO SECTION F, PAGE 12...... 9 →

27. On the average, about how many cigarettes a day do you now smoke? *SMOKENUM* (79-80)

(1 Pack
= 20 cigarettes)

a. Number of cigarettes —

b. Don't smoke regularly 88

Refused 99

28. Have you stopped smoking for a week or more sometime during the past year? *SMOKQUIT* (81)

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 _____? *DRINK ANY* (82)

- a. Yes 1
- b. No, GO TO SECTION G, PAGE 15..... 2 →
- Refused, GO TO SECTION G, PAGE 15..... 9 →

30. During the past month, how many times per week or per
month did you drink any beer? *DOES DRK BEER* (83-85)

- a. Times per week 1
- or
- b. Times per month 2 *2*
- c. Never or none GO TO Q 32, PAGE 13..... 888 →
- Don't know/Not sure, GO TO Q 32, PAGE 13..... 777 →
- Refused GO TO Q 32, PAGE 13..... 999 →

31. On the days when you drank beer, about how many beers did you
drink on the average? *NO BEER CC* (86-87)

- a. Number of beers _____
- Don't know/Not sure..... 77
- Refused 99

DRKWINE

32. Also, during the past month, how many times per week or per month did you drink any wine? (88-90)

- a. Times per week 1 ___
or
- b. Times per month 2 ___
- c. Never or none, GO TO Q34..... 888 →
- Don't know/Not sure, GO TO Q34..... 777 →
- Refused, GO TO Q 34..... 999 →

NWINEOCC

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

DRKLIR

34. And, during the past month, about how many times per week or per month did you have any liquor to drink, such as vodka, gin, rum or whiskey? (93-95)

- a. Times per week 1 ___
or
- b. Times per month 2 ___
- c. Never or none, GO TO Q36, PAGE 14..... 888 →
- Don't know/Not sure, GO TO Q36, PAGE 14 777 →
- Refused, GO TO Q 36, PAGE 14..... 999 →

NLIRROCC

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

DRINKGES

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

DRINKDRI

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

These next few questions ask for a little more information about yourself.

AGE

38. How old were you on your last birthday? (102-103)

- a. CODE AGE IN YEARS 3 4
- 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. Date of Birth

MM	DD	YY
<input type="text"/>	<input type="text"/>	<input type="text"/>
- b. Don't know/not sure 77777
- Refused 999999

39. What is your race?

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
- Do not know/Not sure 7
- Refused 9

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

HISPANIC

(111)

- a. Yes 1
- b. No 2
- Do not know/Not sure 7
- Refused 9

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

EDUCA

(112)

(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)

EMPLOY

(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)

MARITAL

(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?

- INCOME

(115)

(PLEASE READ)

- a. Less than \$10,000..... 1
- b. \$10 to \$15,000..... 2
- c. \$15 to \$20,000..... 3
- e. \$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

SEX

45. INTERVIEWER: INDICATE SEX OF RESPONDENT (116)

(ASK IF NECESSARY)

- a. Male 1
- b. Female 2

ALL INTERVIEWERS GO TO SECTION H - PAGE 19

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

- a. Yes, GO TO Q47
- b. No, CODE COLUMN 117, Q47 AS "1" AND READ 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)

NUMPHONS

(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.

SECTION H: HEALTH STATUS

Finally, I have a couple of questions which ask about your health status.

HLTH GOOD

48. All in all, would you say that your health is excellent, good, fair or poor?

	(118)
a. Excellent	1
b. Good	2
c. Fair	3
d. Poor	4
e. Refused	9

49. I am going to read you a list of medical conditions and physical ailments that usually last for some time. As I read each one, please tell me if you have ever experienced this problem or been told by a medical doctor that you have this problem.

	<u>YES</u>	<u>NO</u>	<u>DON'T KNOW/ NOT SURE</u>	<u>REFUSED</u>	
Diabetes	1	2	7	9	(119) <i>DIABETES</i>
Heart Trouble	1	2	7	9	(120) <i>HEART</i>
Stroke	1	2	7	9	(121) <i>STROKE</i>
Arthritis	1	2	7	9	(122) <i>ARTHRIT</i>
Chronic Bronchitis or Emphysema	1	2	7	9	(123) <i>BROUCH</i>
Asthma	1	2	7	9	(124) <i>ASTHMA</i>
Kidney or Bladder Trouble	1	2	7	9	(125) <i>KIDNEY</i>
Liver Trouble	1	2	7	9	(126) <i>LIVER</i>
Cancer	1	2	7	9	(127) <i>CANCER</i>
Frequent Headaches	1	2	7	9	(128) <i>HEADACHE</i>
Frequent Back Trouble	1	2	7	9	(129) <i>BACK</i>

FOR QUESTIONS 50 AND 51, RECORD RESPONSES IN QUESTIONS 46 AND 47

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.

CLOSING STATEMENT

Total Telephone Numbers

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

(130)

NUM PHOS

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

b. No, CODE COLUMN 131, ~~Q47~~ AS "1" AND READ CLOSING STATEMENT

a. Yes, GO TO Q47

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