CALIFORNIA
1986
BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM
DATA COLLECTION INSTRUMENT

<table>
<thead>
<tr>
<th>FIPS STATE CODE</th>
<th>STRATUM CODE</th>
<th>PSU NUMBER</th>
<th>RECORD NUMBER</th>
<th>DATE OF INTERVIEW</th>
<th>INTERVIEWER ID</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 6</td>
<td>1</td>
<td>(3)</td>
<td>(4-7)</td>
<td>(3-14)</td>
<td>(15-16)</td>
</tr>
</tbody>
</table>

HELLO. I'm calling for the...
We're doing a study of the health practices of California residents.

Your number has been chosen randomly by the...
to be included in the study, and we'd like to ask some questions
about things people do which may affect their health.

1. Is this Area Code
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

01- Completed Interview
02- Refused Interview
03- Non-working Number
04- No Answer (multiple trials)
05- Business Phone
06- No Eligible Respondent
 at this number
07- No Eligible Respondent could
 be reached during time period

Edited by: ______________ Date: __________

08- Language barrier prevented
 completion of interview
09- Interview terminated within
 questionnaire
10- Line busy (multiple trials)
11- Selected respondent unable to
 respond because of physical or
 mental impediment
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? [ ]

IF ONE PERSON HOUSEHOLD GO TO ALL RESPONDENTS

(27)

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
1 1 1 1 1 1 1 1 1 1 1
2 2 1 2 1 2 1 2 1 2 2
3 3 1 2 3 1 2 3 1 2 X 3
4 4 1 2 3 4 1 2 3 4 X X 4
5 5 2 3 4 5 1 2 3 4 5 1 5
6 6 5 6 1 2 3 4 X X X X 6
7 7 2 3 4 5 6 7 1 X X X X 7
8 8 1 2 3 4 5 6 7 X X 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? (PLEASE READ)

   Would you say: 
   
   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:

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, 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?

   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?

   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 Q 6, PAGE 5........... 9

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

(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: "do not smoke")

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
<th>SURE</th>
<th>REFUSED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low Salt</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>9 (35)</td>
</tr>
<tr>
<td>Watch</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>9 (36)</td>
</tr>
<tr>
<td>Avoid Stress, Relaxing</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>9 (37)</td>
</tr>
<tr>
<td>Cutting Down or Stopping Smoking</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>4 9 (38)</td>
</tr>
<tr>
<td>Exercise Program</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>9 (39)</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>Normal</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Under Control</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>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, 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?
   a. Yes. \textit{GO TO 0 10} .................. \hspace{1cm} 1
   b. No ...................................... \hspace{1cm} 2
   Don't know/Not sure...................... \hspace{1cm} 7
   Refused..................................... \hspace{1cm} 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?
   \textit{EVEROTH} \hspace{1cm} (42)
   a. Yes........................................ \hspace{1cm} 1
   b. No, \textit{GO TO SECTION D, PAGE 9}......... \hspace{1cm} 2
   Don't know/Not sure, \textit{GO TO SECTION D, PAGE 9} \hspace{1cm} 7
   Refused, \textit{GO TO SECTION D, PAGE 9} \hspace{1cm} 9

10. What type of physical activity or exercise did you spend the most time doing during the past month?
    \textit{EVERACT1} \hspace{1cm} (41-44)
    i. Activity ................................... \hspace{1cm} — —
    See Coding List A
    Refused..................................... \hspace{1cm} 99

---

ASK QUESTION 11 ONLY IF ANSWER TO Q10 IS RUNNING, JOGGING, WALKING, OR SWIMMING, ALL OTHERS, \textit{GO TO 0 12}.

11. How far did you usually walk/run/jog/swim?
    \textit{EVERW1} \hspace{1cm} (45-47)
    a. Miles and tenths .......................... \hspace{1cm} — —
    Don't know/Not sure ........................ \hspace{1cm} 777
    (SEE CODING LIST B
    IF RESPONSE IS NOT
    IN MILES AND TENTHS)
    Refused..................................... \hspace{1cm} 999
12. How many times per week or per month did you take part in this activity during the past month?
   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?
   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?
   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?
   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
16. How far did you usually walk/run/jog/swim?

(See Coding List B
IF RESPONSE IS NOT
IN MILES AND TENTHS)

a. Miles & tenths

<table>
<thead>
<tr>
<th>Miles</th>
<th>Tenths</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Don't know/Not sure: 777
Refused: 999

17. How many times per week or per month did you take part in this activity?

a. Times per week

<table>
<thead>
<tr>
<th>Times per Week</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

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?

a. Hours and Minutes

<table>
<thead>
<tr>
<th>Hours</th>
<th>Minutes</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Don't know/Not sure: 777
Refused: 999
19. About how much do you weigh without shoes?
   a. Weight ...........................................
       Pounds ...........................................
       Don’t know/Not sure ....................... 777
       Refused ......................................... 999

20. About how tall are you without shoes?
   a. Height ...........................................
       Ft. Inches ....................................... 777
       Don’t know/Not sure ....................... 999

21. Are you now trying to lose weight?
   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?
   a. Yes ............................................. 1
   b. No ............................................. 2
       Don’t know/Not sure ....................... 7
       Refused ......................................... 9

23. Have you increased your physical activity to lose weight?
   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?  
   (PLEASE READ)  

   Would you say                          (ADD SALT)  
   
   a. Most of the time....................  
   b. Sometimes..........................  
   c. Rarely..............................  
   d. Never................................  

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

   1  2  3  4  7  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? (76)
   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? (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 now smoke? (78-79)
   a. Number of cigarettes .........................
      (1 Pack
   b. Don't smoke regularly ...................... 88
      Refused ..................................... 99

28. Have you stopped smoking for a week or more sometime during the past year? (80)
   a. Yes ........................................ 1
   b. No .......................................... 2
      Refused ..................................... 9
SECTION F: SMOKELESS TOBACCO

The next questions are about smokeless tobacco, tobacco products most people call chewing tobacco or snuff.

29. Have you ever used or tried any smokeless tobacco products such as chewing tobacco or snuff? USEEVER
   (81)
   a. Yes .............................................. 1
   b. No, GO TO Q 33 .............................. 2
      Don't know/Not sure, GO TO Q 33 ......... 7
      Refused, GO TO Q 33 ............................. 9

30. Do you currently use any smokeless tobacco products such as chewing tobacco or snuff? USENOW
    (82)
    a. Yes (includes occasional use) .............. 1
    b. No, GO TO Q 33 .............................. 2
       Don't know/Not sure, GO TO Q 33 ......... 7
       Refused, GO TO Q 33 ............................. 9

31. Have you stopped using smokeless tobacco for a week or more sometime during the past year? USEQUIT
    (83)
    a. Yes .............................................. 1
    b. No .............................................. 2
       Occasional Use Only .......................... 3
       Don't know/Not sure ........................... 7
       Refused ........................................... 9

32. For how long have you been using/did you use smokeless tobacco? (84-85) USEYRS
    a. Number of Years ................................
    b. Less than 1 year ............................... 8 7
    c. Occasional use only/Never used regularly .. 8 9
       Don't know/Not sure, ........................... 7 7
       Refused, ........................................... 9
33. Do you think using smokeless tobacco can cause any of the following?

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
<th>SURE</th>
<th>REFUSED</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Tooth decay</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>9</td>
</tr>
<tr>
<td>b. Cancer of the mouth</td>
<td>2</td>
<td>7</td>
<td>9</td>
<td></td>
</tr>
<tr>
<td>c. Gum disease or mouth sores</td>
<td>2</td>
<td>7</td>
<td>9</td>
<td></td>
</tr>
<tr>
<td>d. Stained teeth</td>
<td>2</td>
<td>7</td>
<td>9</td>
<td></td>
</tr>
</tbody>
</table>
SECTION G: ALCOHOL CONSUMPTION

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

34. Have you had any beer, wine or liquor during the past month, that is, since ________?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Yes</td>
<td>1</td>
</tr>
<tr>
<td>b. No, GO TO SECTION H, PAGE 17</td>
<td>9</td>
</tr>
<tr>
<td>Refused, GO TO SECTION H, PAGE 17</td>
<td></td>
</tr>
</tbody>
</table>

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

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Days per week</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>OR</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Days per month</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>c. Never or none GO TO Q 37, PAGE 15</td>
<td>888</td>
<td></td>
</tr>
<tr>
<td>Don't know/Not sure, GO TO Q 37</td>
<td>777</td>
<td></td>
</tr>
<tr>
<td>PAGE 15</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Refused, GO TO Q 37, PAGE 15</td>
<td>999</td>
<td></td>
</tr>
</tbody>
</table>

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

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Number of beers</td>
<td></td>
</tr>
<tr>
<td>Don't know/Not sure</td>
<td>77</td>
</tr>
<tr>
<td>Refused</td>
<td>99</td>
</tr>
</tbody>
</table>
37. Also, during the past month, how many days per week or per month did you drink any wine?
   a. Days per week ....................... 1 ___
      OR
   b. Days per month ...................... 2 ___
   c. Never or none, GO TO O 39.......... 888
      Don't know/Not sure, GO TO O 39..... 777
      Refused, GO TO O 39................. 999

38. On the days when you drank wine, about how many glasses of wine did you drink on the average?
   a. Number of glasses of wine ............
      Don't know/Not sure.................. 77
      Refused ................................ 99

39. 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?
   a. Days per week ....................... 1 ___
      OR
   b. Days per month ...................... 2 ___
   c. Never or none, GO TO O 41, PAGE 16... 888
      Don't know/Not sure, GO TO O 41, PAGE 16... 777
      Refused, GO TO O 41, PAGE 16......... 999

40. On the days when you drank any liquor, about how many drinks did you have on the average?
   a. Number of drinks .....................
      Don't know/Not sure.................. 77
      Refused ................................ 99
41. 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?
   a. Number of times
   b. None
   Don't know/Not sure
   Refused

42. And during the past month, how many times have you driven when you've had perhaps too much to drink?
   a. Number of times
   b. None
   Don't know/Not sure
   Refused
SECTION II: DEMOGRAPHICS

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

43. How old were you on your last birthday?
   a. CODE AGE IN YEARS
      Do not remember/Not sure
      Refused
   Age

44. What is your race?
   Would you say
   ORACE
   (PLEASE READ)
   a. White
   b. Black
   c. Asian or Pacific Islander
   d. Aleutian, Eskimo or American Indian
   e. Other specify
   Race

45. Are you of Hispanic origin such as Mexican American, Latin American, Puerto Rican or Cuban?
   HISPANIC
   a. Yes
   b. No
   Do not know/Not sure
   Refused
   Hispanic
46. 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

47. Are you currently:

   (PLEASE READ)

   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
48. And are you:  

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Married</td>
<td>1</td>
</tr>
<tr>
<td>Divorced</td>
<td>2</td>
</tr>
<tr>
<td>Widowed</td>
<td>3</td>
</tr>
<tr>
<td>Separated</td>
<td>4</td>
</tr>
<tr>
<td>Never been married OR A member of an unmarried couple</td>
<td>5 6</td>
</tr>
<tr>
<td>Refused</td>
<td>9</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than $10,000</td>
<td>1</td>
</tr>
<tr>
<td>$10 to $15,000</td>
<td>2</td>
</tr>
<tr>
<td>$15 to $20,000</td>
<td>3</td>
</tr>
<tr>
<td>$20 to $25,000</td>
<td>4</td>
</tr>
<tr>
<td>$25 to $35,000</td>
<td>5</td>
</tr>
<tr>
<td>$35 - 50,000 OR Over 50,000</td>
<td>6 8</td>
</tr>
<tr>
<td>Don't know/Not sure</td>
<td>7</td>
</tr>
<tr>
<td>Refused</td>
<td>9</td>
</tr>
</tbody>
</table>

50. INTERVIEWER: INDICATE SEX OF RESPONDENT  

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>1</td>
</tr>
<tr>
<td>Female</td>
<td>2</td>
</tr>
</tbody>
</table>
51. Do your knowledge, are you now pregnant?
   a. Yes .................................. 1
   b. No .................................... 2
   Don't know/Not sure..................... 7
   Refused .................................. 9

52. Are there any other telephone numbers which can be used to reach this household?
   a. Yes, go to Q 53
   b. No, CODE COLUMN 121, Q 57 AS "1" AND READ CLOSING STATEMENT

53. 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*

   Total Telephone Numbers ..................
SECTION 1: HEALTH STATUS

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

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

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

55. 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.

<table>
<thead>
<tr>
<th>Condition</th>
<th>YES</th>
<th>NO</th>
<th>NOT SURE</th>
<th>REFUSED</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Diabetes</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>y</td>
</tr>
<tr>
<td>b) Heart Trouble</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>y</td>
</tr>
<tr>
<td>c) Stroke</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>y</td>
</tr>
<tr>
<td>d) Arthritis</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>y</td>
</tr>
<tr>
<td>e) Chronic Bronchitis or Emphysema</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>y</td>
</tr>
<tr>
<td>f) Asthma</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>y</td>
</tr>
<tr>
<td>g) Kidney or Bladder Trouble</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>y</td>
</tr>
<tr>
<td>h) Liver Trouble</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>y</td>
</tr>
<tr>
<td>i) Cancer</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>y</td>
</tr>
<tr>
<td>j) Frequent Headaches</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>y</td>
</tr>
<tr>
<td>k) Frequent Back Trouble</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>y</td>
</tr>
</tbody>
</table>
rally I have a couple of additional questions with seatbelts ....

... In the past month, when you have driven or ridden in a car, were any of the passengers children under four years of age?

If NECESSARY, ADD "...either your own or someone else's"

CHILDREN

1. Yes
2. No (skip to q 53p)
3. Never ride in a car (skip to q 53p)
4. Don't know / not sure (skip to q 53p)
5. Not ascertained / refused (skip to q 53p)

******************************************************
Action 50$57 column(s)
SAFECAT

there are children under four in the car, how often do they ride in a CAR SAFETY SEAT?
Did you say always, nearly always, sometimes, seldom or never?

1. Always
2. Nearly Always
3. Sometimes
4. Seldom
5. Never

7. Don't know / not sure
8. Exp
9. Not ascertained / refused

*** 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.

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