

Laura

BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM

1991 California Questionnaire

Questions about the BRFSS should be directed to:

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Hello I'm calling for the State Department of Health.

Is this [phone number]?

Is this a residential Number ? (If yes, Continue)

We are doing a study of the health practices of CALIFORNIA residents. Your number has been chosen randomly by the DEPARTMENT OF HEALTH to be included in the study, and we would like to ask some questions about things people do which may affect their health.

Our study requires that we interview only one person who lives in your household. How many members of your household, including yourself, are 18 years of age or older? *NUMADULT*

I need to know how many are men and how many are women.

First, how many are MEN? *NUMMEN*

And how many are WOMEN? *NUMWOMEN*

Who is the OLDEST man (woman)?  
Who is the NEXT OLDEST man (woman)?

May I speak with -----?

The interview will take only a short time and all the information obtained in this study will be confidential.

First, I'd like to begin by asking you about using seatbelts...

1. SEATBELT

How often do you USE SEATBELTS when you drive or ride in a car ?

Would you say always, nearly always, sometimes, seldom, or never?

1. Always
2. Nearly Always
3. Sometimes
4. Seldom
5. Never
8. Never drive or ride in a car
7. Don't Know / Not Sure
9. Not Ascertained / Refused

These next few questions are about HYPERTENSION or High Blood Pressure.

2. BPCHECK2

About how long has it been since you last had your blood pressure taken by a doctor or other health professional?

1. Within the past six months ...(0 - 6 months)
2. Within the past year ...(7 - 12 months)
3. Within the past two years ...(13 - 24 months)
4. Within the past five years ..(25 - 60 months)
5. More than five years ago ...(61+ months)
7. Don't know/Not sure
8. Never
9. Refused

3. BPHIGH

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)

1. No (Go to question 6)
2. Yes, by a Doctor
3. Yes, by a Nurse
4. Yes, by other Health Professional
7. Don't Know / Not Sure (Go to question 6)
9. Not Ascertained / Refused (Go to question 6)

4. HIGHGT1

Have you been told on more than one occasion that your blood pressure was high, or have you been told this only once?

1. More than once
2. Only once
7. Don't Know / Not Sure
9. Not Ascertained / Refused

5. BPTREAT

Is any medicine currently prescribed for your high blood pressure?

1. Yes
2. No
7. Don't Know / Not Sure
9. Not Ascertained / Refused

The next few questions are about exercise, recreation, or physical activities OTHER THAN your REGULAR JOB duties.

6. EXERANY

During the past MONTH, did you participate in any PHYSICAL ACTIVITIES or EXERCISE such as running, calisthenics, golf, gardening or walking for exercise?

1. Yes
2. No (Go to question 16)
7. Don't Know / Not Sure (Go to question 16)
9. Not Ascertained / Refused (Go to question 16)

7. EXERACT1

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

- |                                |              |
|--------------------------------|--------------|
| 1. Jog                         | 6. Aerobics  |
| 2. Run                         | 7. Bicycling |
| 3. Swim                        | 8. Gardening |
| 4. Walk                        | 9. Golfing   |
| 5. Other (specify)_____        |              |
| r. Refused (Go to question 11) |              |

8. EXERDIS1

How far did you usually JOG|RUN|SWIM|WALK?

-----  
EXAMPLE: one half mile is coded as 0.5  
1 mile is coded as 1.0

- \_\_\_\_\_ Enter distance
- d. Don't Know/ Not Sure
  - r. Refused

9. EXEROFT

How many times per WEEK or per MONTH did you take part in this activity during the past month ?

- 1xx = enter #times a week  
2xx = enter #times a month
7. Don't Know / Not Sure
  9. Not Ascertained / Refused

10. EXERHMM1

And when you took part in this activity, for how many minutes or hours did you usually keep at it?

EXAMPLE: for 30 MINUTES ENTER 30  
for AN HOUR AND 30 MINUTES ENTER 130)

\_\_\_\_\_ ENTER HOURS/MINUTES OR MINUTES ONLY  
d. Don't Know / Not Sure  
r. Refused

11. EXEROTH2

Was there another physical activity or exercise that you participated in during the last month?

1. Yes
2. No (Go to question 16)
7. Don't Know / Not Sure (Go to question 16)
9. Not Ascertained / Refused (Go to question 16)

12. EXERACT2

What other type of physical activity gave you the next most exercise during the past MONTH?

- |                                |              |
|--------------------------------|--------------|
| 1. Jog                         | 6. Aerobics  |
| 2. Run                         | 7. Bicycling |
| 3. Swim                        | 8. Gardening |
| 4. Walk                        | 9. Golfing   |
| 5. Other (specify) _____       |              |
| r. Refused (Go to question 16) |              |

13. EXERDIS2

How far did you usually JOG|RUN|SWIM|WALK?

EXAMPLE: one half mile is coded as 0.5  
1 mile is coded as 1.0

14. EXEROFT2

How many times per WEEK or per MONTH did you take part in this activity ?

15. EXERHMM2

And when you took part in this activity, for how many minutes or hours did you usually keep at it?

EXAMPLE: for 30 MINUTES ENTER 30  
for AN HOUR AND A HALF ENTER 130)

The next few questions are about efforts to lose weight.

16. LOSEWT

Are you now trying to lose weight?

1. Yes
2. No (Go to question 19)
9. Refused (Go to question 19)

17. FEWCAL

Are you eating fewer calories to lose weight?

1. Yes
2. No
7. Don't know/Not sure
9. Refused

18. PHYACT

Have you increased your physical activity to lose weight?

1. Yes
2. No
7. Don't know/Not sure
9. Refused

Now I'd like to ask you a few questions about Cigarette Smoking...

19. SMOKE100

Have you smoked at least 100 cigarettes in your entire life?

1. Yes
2. No (Go to question 25)
7. Don't Know / Not Sure (Go to question 25)
9. Refused (Go to question 25)

20. SMOKEAGE

About how old were you when you first started smoking cigarettes fairly regularly?

CODE AGE IN YEARS

- d. Don't Know/Not Sure
- r. Refused

21. SMOKENOW

Do you smoke cigarettes NOW?

- 1. Yes
- 2. No (Go to question 24)
- 9. Refused

22. SMOKENUM

On the AVERAGE, about how many cigarettes a DAY do you now smoke?

EXAMPLE: FOR 1 PACK OF CIGARETTES -ENTER 20)

ENTER NUMBER OF CIGARETTES

- 87. Don't Smoke Regularly
- 99. Refused

23. QUIT1DAY

During the past twelve months, have you quit smoking intentionally for one day or longer?

- 1. Yes (Go to question 25)
- 2. No (Go to question 25)
- 7. Don't know/Not sure (Go to question 25)
- 9. Refused (Go to question 25)

24. SMOKREG2

About how long has it been since you last smoked cigarettes regularly?

- 1. Less than one month
- 2. One month to less than three months
- 3. Three months to less than six months
- 4. Six months to less than one year
- 5. One year to less than five years
- 6. Five or more years
- 7. Don't know/Not sure
- 9. Refused

These next few questions are about the use of beer, wine, wine coolers, or liquor, such as vodka, gin, rum, or whiskey --all kinds of alcoholic beverages that people drink at meals, special occasions, or when just relaxing.

25. DRINKANY

Have you had any beer, wine, wine coolers, cocktails, or liquor during the past MONTH, that is since (GIVE DATE)?

1. Yes
2. No (Go to question 30)
9. Refused (Go to question 30)

26. DRKALC

During the past MONTH, how many days per WEEK or per MONTH did you drink any alcoholic beverages, on the average ?

- 1xx to enter days per week  
2xx to enter days per month  
7. Don't Know / Not Sure (Go to question 28)  
9. Not Ascertained / Refused (Go to question 28)

27. NALCOCC

A drink is 1 can or bottle of beer, 1 glass of wine, 1 can or bottle of wine cooler, 1 cocktail, or 1 shot of liquor. On the days when you drank, about how many drinks did you drink ON THE AVERAGE ?

- \_\_\_\_ ENTER NUMBER OF DRINKS  
d. Don't Know  
r. Refused

28. DRINKGE5

Considering all types of alcoholic beverages, that is beer, wine, wine coolers, cocktails, and liquor as drinks, how many times during the past MONTH did you have 5 or more drinks on an occasion?

- \_\_\_\_ ENTER NUMBER OF TIMES  
0. None  
77. Don't Know  
99. Refused



29. DRINKDRI

And during the past MONTH, how many times have you driven when you've had PERHAPS too much to drink?

\_\_\_ ENTER NUMBER OF TIMES

- 0. None
- 77. Don't Know
- 99. Refused

Some people visit a doctor for a routine checkup, even though they are feeling well and have not been sick.

30. CHECKUP

About how long has it been since you last visited a doctor for a ROUTINE CHECKUP? Was it within the past year ? the past two years, the past 5 years or more than 5 years ago?

- 1. Within the past year ... (0 - 12 mos)
- 2. " the past 2 years... (13 -24 mos)
- 3. " the past 5 years... (25 -60 mos)
- 4. > 5 years ago ... (61 + mos)
- 8. Never
- 7. Don't Know / Not Sure
- 9. Not Ascertained / Refused

These next questions are about BLOOD CHOLESTEROL which is a fatty substance found in the blood.

31. BLOODCHO

Have you ever had your blood cholesterol checked ?

- 1. Yes
- 2. No (Go to question 36)
- 7. Don't know/Not sure (Go to question 36)
- 9. Refused (Go to question 36)

32. CHOLCHK

ABOUT how long has it been since you last had your blood cholesterol checked? Was it within the past year, within the past 2 years, within the past 5 years or more than 5 years ago?

- 1. Within the past year... (0 - 12 mos)
- 2. " the past 2 years... (13 -24 mos)
- 3. " the past 5 years... (25 -60 mos)
- 4. > 5 years ago ... (61 + mos)
- 7. Don't Know/Not Sure
- 9. Refused

33. TOLDLEV

Have you ever been told your blood cholesterol level, in numbers?

1. Yes
2. No (Go to question 35)
7. Don't know/Not sure (Go to question 35)
9. Refused (Go to question 35)

34. LEVEL

What is your blood cholesterol level ?

Record the number

- d. Don't Know/Not Sure
- r. Refused

35. TOLDHI

Have you ever been told by a doctor or other health professional that your blood cholesterol is high ?

1. Yes
2. No
7. Don't know/Not sure
9. Refused

36. DIABCORE

Next, I'd like to ask you about diabetes, sometimes called sugar diabetes...

Have you ever been told by a doctor that you have diabetes?

1. Yes
2. No
7. Don't know/Not Sure
9. Refused

These next questions are about Health Care Plans which include Health Insurance, pre-paid plans such as HMO's (Health Maintenance Organizations), or government plans such as Medicare.

37. HAVEPLAN

Do you have any kind of Health Care Plan?

1. Yes
2. No (Go to question 41)
7. Don't know/Not Sure (Go to question 41)
9. Refused (Go to question 41)

38. PAYHOSP

For hospital bills, does your Health Care Plan cover all, most, some, or none of your expenses?

1. All
2. Most
3. Some
4. None
7. Don't know/Not Sure
9. Refused

39. PAYSICK

For visits to a doctor's office when you are sick does your Health Care Plan cover all, most, some or none of your expenses?

1. All
2. Most
3. Some
4. None
7. Don't know/Not Sure
9. Refused

40. PAYWELL

When you are not sick, does your Health Care Plan cover all, most, some, or none of your check-ups or other preventive services?

1. All
2. Most
3. Some
4. None
7. Don't know/Not Sure
9. Refused

41. PAYNOGO

Was there a time during the last twelve months, when you needed to see a doctor, but could not due to the cost?

1. Yes
2. No
7. Don't know/Not Sure
9. Refused

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

42. AGE

How OLD were you on your last birthday?

- CODE CURRENT AGE IN YEARS
7. Don't Know/Not Sure
  9. Refused

43. ORACE

What is your RACE ?

Would you say White, Black, Asian or Pacific Islander, or Aleutian, Eskimo or American Indian?

1. White
2. Black
3. Asian or Pacific Islander
4. Aleutian, Eskimo or American Indian
5. Other
7. Don't Know/Not Sure
9. Not Ascertained/Refused

44. HISPANIC

Are you of HISPANIC ORGIN such as Mexican American, Latin American, Puerto Rican or Cuban?

1. Yes
2. No
7. Don't know/Not Sure
9. Refused

45. EDUCA

What is the HIGHEST GRADE OR YEAR OF SCHOOL you completed?

1. Eighth Grade or Less
2. Some High School
3. High School Grad or GED Certificate
4. Some Technical School
5. Technical School Graduate
6. Some College
7. College Graduate
8. Post Grad or Professional Degree
9. Don't Know/Refused

46. EMPLOY

Are you CURRENTLY employed for wages, self-employed, out of work for more than 1 year, out of work for less than 1 year, homemaker, student, or retired?

1. Employed for Wages
2. Self-Employed
3. Out of Work for MORE than 1 Year
4. Out of Work for LESS than 1 Year
5. Homemaker
6. Student
7. Retired
9. Don't Know/Refused

47. MARITAL

And are you married, divorced, widowed, separated, never been married, or a member of an unmarried couple?

1. Married
2. Divorced
3. Widowed
4. Separated
5. Never Been Married
6. Member of an Unmarried Couple
9. Not Ascertained/Refused

48. INCOME

Which of the following categories best describes your annual HOUSEHOLD INCOME from all sources: less than \$10,000, 10 to \$15,000, 15 to \$20,000, 20 to \$25,000, 25 to \$35,000, 35 to \$50,000 or over \$50,000?

1. Less than \$10,000
2. \$10,000 to \$14,999
3. \$15,000 to \$19,999
4. \$20,000 to \$24,999
5. \$25,000 to \$34,999
6. \$35,000 to \$50,000
7. Over \$50,000
- d. Don't Know/Not Sure
- r. Not Ascertained/Refused

49. WEIGHT

About how much do you WEIGH without shoes?

(ROUND UP IF NECESSARY WHEN ENTERING NUMBER OF POUNDS)

\_\_\_\_ ENTER WEIGHT IN WHOLE POUNDS

7. Don't Know/Not Sure
9. Refused

50. HEIGHT

About HOW TALL are you without shoes?

\_\_\_\_ ENTER NUMBER OF FEET AND INCHES

7. Don't Know/Not Sure
9. Refused

51. SEX

INDICATE SEX OF RESPONDENT

1. Male (Go to question 65)
2. Female

These next questions are about MAMMOGRAMS, which are x-ray tests of the breasts to look for cancer.

52. HADMAM

Have you ever had a MAMMOGRAM?

1. Yes
2. No (Go to question 56)
7. Don't Know / Not Sure (Go to question 56)
9. Not Ascertained / Refused (Go to question 56)

53. HOWLONG

About how long has it been since you had your last mammogram ?  
...Was it within the past year, the past 2 years, the past 5  
years, OR more than 5 years ago ?

1. Within the past year
2. Within the past 2 years
3. Within the past 5 years
4. More than 5 years ago
7. Don't Know / Not Sure
9. Not Ascertained / Refused

54. WHYDONE

Was your last MAMMOGRAM done as part of a Routine Checkup,  
because of a Breast Problem, or because you've already Had Breast  
Cancer ?

1. Routine Checkup
2. Breast problem
3. Had breast cancer
7. Don't Know / Not Sure
9. Not Ascertained / Refused

55. WHOSIDEA

Whose IDEA was it for you to have this last MAMMOGRAM ? .. Was  
it Your Idea, Your Doctor's Idea, or Someone Else's Idea?  
(PROBE FOR THE MOST INFLUENTIAL)

1. Respondent's idea
2. Doctor's idea
3. Someone else's idea
7. Don't Know / Not Sure
9. Not Ascertained / Refused

The next questions are about breast physical examination, which is when the breast is felt for lumps by a doctor or medical assistant.

56. HADBPE

Have you ever had a breast physical exam by a doctor or a medical assistant ?

1. Yes
2. No (Go to question 59)
7. Don't know/Not sure (Go to question 59)
9. Refused (Go to question 59)

57. WHENBPE

About how long has it been since your last breast physical exam ? ..Was it within the past year, the past 2 years, the past 5 years, OR more than 5 years ago ?

1. Within the past year
2. Within the past 2 years
3. Within the past 5 years
4. More than 5 years ago
7. Don't Know / Not Sure
9. Not Ascertained / Refused

58. WHYBPE

Was your last breast physical exam done as part of a routine checkup, because of a breast problem, or because you've already had breast cancer ?

1. Routine Checkup
2. Breast Problem
3. Had Breast Cancer
7. Don't Know / Not Sure
9. Not Ascertained / Refused

These next questions are about Pap Smears, which test for cancer of the cervix or the uterus.

59. PAP

Have you ever heard of a PAP SMEAR TEST?

1. Yes
2. No (Go to question 62)
7. Don't Know/Not Sure (Go to question 62)
9. Refused (Go to question 62)



60. HADPAP

Have you ever had a PAP SMEAR ?

1. Yes
2. No (Go to Q62)
7. Don't Know/Not Sure (Go to Q62)
9. Refused (Go to Q62)

61. WHENPAP

When did you have your last PAP SMEAR ?  
Was it within the past year, within the past 2 years,  
within the past 5 years or more than 5 years ago ?

1. Within the past year...(0 - 12 mos)
2. " the past 2 years ...(13 -24 mos)
3. " the past 5 years ...(25 -60 mos)
4. > 5 years ago ...(61 + mos)
7. Don't Know / Not Sure
9. Not Ascertained / Refused

62. HYSTER2

Have you had a HYSTERECTOMY?

IF PERSON ASKS "WHAT IS A ...", ask ...  
"Had an operation to take out the uterus ?"

1. Yes (Go to question 65)
2. No
7. Don't Know/Not Sure
9. Refused

63. PREGNANT

To your knowledge, are you now PREGNANT?

1. Yes
2. No (Go to question 65)
7. Don't know/Not sure (Go to question 65)
9. Refused (Go to question 65)

64. MONTHDUE

During what month is your BABY due ?

- |                           |              |
|---------------------------|--------------|
| 1. January                | 7. July      |
| 2. February               | 8. August    |
| 3. March                  | 9. September |
| 4. April                  | 10. October  |
| 5. May                    | 11. November |
| 6. June                   | 12. December |
| 77. Don't Know / Not Sure |              |
| 99. Refused               |              |

These next few questions are to determine your beliefs and opinions about the national health problem of AIDS.

65. AIDSHIV

Have you ever heard the AIDS virus called by the name HIV?

1. Yes
2. No
7. Don't know/Not Sure
9. Refused

66. AIDSDRUG

To your knowledge, are there drugs available which can lengthen the life of a person infected with the AIDS virus ?

1. Yes
2. No
7. Don't know/Not Sure
9. Refused

67. AIDSWELL

Do you think a person who is infected with the AIDS virus can look and feel well and healthy ?

1. Yes
2. No
7. Don't know/Not Sure
9. Refused

68. DONATE2

Do you think a person can get infected with the AIDS virus from DONATING BLOOD ?

1. Yes
2. No
7. Don't know/Not Sure
9. Refused

68a. HLTHWORK

Do you think a person can get infected with the AIDS virus from BEING CARED FOR by a NURSE, DOCTOR, DENTIST, OR OTHER HEALTH-CARE WORKER WHO HAS THE AIDS VIRUS?

1. Yes
2. No
7. Don't know/Not Sure
9. Refused

69. MOM2BABE

Do you think a pregnant woman who has the AIDS virus can give it to her baby?

1. Yes
2. No
7. Don't know/Not Sure
9. Refused

70. CHILDK8

Do you have a child/children in kindergarten through eighth grade ?

1. Yes
2. No (Go to question 73)
7. Don't know/Not Sure (Go to question 73)
9. Refused (Go to question 73)

71. AIDSCLASS

Would you allow your child to be in the same classroom with a child who is infected with the AIDS virus ?

1. Yes
2. No
7. Don't know/Not Sure
9. Refused

72. AIDSGRAD

At what grade do you think your child should begin AIDS education in school ?

- \_\_\_\_ CODE GRADE LEVEL  
55. Kindergarten  
87. Never  
77. Don't Know  
99. Refused

73. AIDSCOOK

Would you eat in a restaurant where the cook is infected with the AIDS virus ?

1. Yes  
2. No  
7. Don't know/Not Sure  
9. Refused

74. AIDSWORK

Would you be willing to work with a person who is infected with the AIDS virus ?

1. Yes  
2. No  
7. Don't know/Not Sure  
9. Refused

75a. TEST1

Where could you go to be tested for the AIDS virus infection ?

-----  
INTERVIEWER: PLEASE DO NOT READ LIST

- |  |   |
|--|---|
| 1. Private Doctor/HMO                    | 7. STD Clinic                               |
| 2. Blood Bank/plasma<br>Center/Red Cross | 8. Community Health/<br>Primary Care Clinic |
| 3. Health Department                     | 9. Company or Industry<br>Clinic            |
| 4. AIDS Clinic/<br>Testing Site          | 10. Military Induction/<br>Examination      |
| 5. Hospital/Emergency<br>Room            | 86. OTHER                                   |
| 6. Family Planning<br>Clinic             | 87. No Place                                |

- 77. Don't Know / Not Sure  
99. Refused

75b. TEST2

Where else could you go to be tested for the AIDS virus infection ?

-----  
INTERVIEWER: PLEASE DO NOT READ LIST

- |  |   |
|--|---|
| 1. Private Doctor/HMO                    | 7. STD Clinic                               |
| 2. Blood Bank/plasma<br>Center/Red Cross | 8. Community Health/<br>Primary Care Clinic |
| 3. Health Department                     | 9. Company or Industry<br>Clinic            |
| 4. AIDS Clinic/<br>Testing Site          | 10. Military Induction/<br>Examination      |
| 5. Hospital/Emergency<br>Room            | 86. OTHER                                   |
| 6. Family Planning<br>Clinic             | 87. No Place                                |

- 77. Don't Know / Not Sure  
99. Refused

76. CONDOM

Some people use condoms to keep from getting the AIDS virus through sexual activity. How effective do you think using a condom is in preventing getting the AIDS virus through sexual activity ? WOULD YOU SAY: Very Effective, Somewhat Effective, Not at all Effective, Don't Know How Effective OR Don't Know Method ?

1. Very Effective
2. Somewhat Effective
3. Not at all Effective
4. Don't Know How Effective
5. Don't Know Method

- 9. Refused

77. NUMPHONS

How many telephone numbers will reach this household  
INCLUDING the number I used today?

(DIFFERENTIATE BETWEEN TELEPHONE NUMBERS AND  
TELEPHONE SETS IF NECESSARY.)

1. only one
2. two different numbers
3. three different numbers
4. four different numbers
5. five different numbers
9. refused to verify

77b.

What COUNTY do you live in ?

\_\_\_\_\_ Enter NAME BELOW

- 
- d. Don't Know / Not Sure
  - r. Not Ascertained / Refused

78. COUNTY

The respondent lives in \_\_\_\_\_ COUNTY.

INTERVIEWER: Please refer to the COUNTY CODE SHEET  
to re-code this response.

d = 777 / r = 999

If you cannot enter a code, please flag this question  
for your Supervisor (question 999c)

These next questions are about DIGITAL RECTAL EXAMS, that is  
when a doctor inserts his finger in the rectum to check for  
problems.

81. DRE

Have you ever HEARD of a Digital Rectal Exam ?

1. Yes
2. No (Go to question 84)
7. Don't Know/Not Sure (Go to question 84)
9. Refused (Go to question 84)

82. HADDRE

Have you ever HAD a Digital Rectal Exam ?

1. Yes
2. No (Go to question 84)
7. Don't Know/Not Sure (Go to question 84)
9. Refused (Go to question 84)

83. WHENDRE

When did you have your last Digital Rectal Exam ? Was it within the past year, within the past 2 years, within the past 5 years, or more than 5 years ago ?

1. Within the past year...( 0 - 12 mos)
2. " the past 2 years...(13 - 24 mos)
3. " the past 5 years...(25 - 60 mos)
4. > 5 years ago.....(61 + mos)
7. Don't Know/Not Sure
9. Refused

84. STOOL

A BLOOD STOOL TEST is when the stool is examined to determine whether it contains blood. Have you ever HEARD of a Blood Stool Test ?

1. Yes
2. No (Go to question 87)
7. Don't Know/Not Sure (Go to question 87)
9. Refused (Go to question 87)

85. HADSTOOL

Have you ever HAD a Blood Stool Test ?

1. Yes
2. No (Go to question 87)
7. Don't Know/Not Sure (Go to question 87)
9. Refused (Go to question 87)

86. WHENSTO

When did you have your last Blood Stool Test ?  
Was it within the past year, within the past 2 years,  
within the past 5 years, or more than 5 years ago ?

1. Within the past year...( 0 - 12 mos)
2. " the past 2 years...(13 - 24 mos)
3. " the past 5 years...(25 - 60 mos)
4. > 5 years ago.....(61 + mos)
7. Don't Know/Not Sure
9. Refused

87. PROCTO

A PROCTOSCOPIC EXAM is when a tube is inserted  
in the Rectum to check for problems.  
Have you ever HEARD of a Proctoscopic Exam ?

1. Yes
2. No (Go to question 120)
7. Don't Know/Not Sure (Go to question 120)
9. Refused (Go to question 120)

88. HADPROC

Have you ever HAD a Proctoscopic Exam ?

1. Yes
2. No (Go to question 120)
7. Don't Know/Not Sure (Go to question 120)
9. Refused (Go to question 120)

89. WHENPROC

When did you have your last Proctoscopic Exam ?  
Was it within the past year, within the past 2 years,  
within the past 5 years, or more than five years ago ?

1. Within the past year...( 0 - 12 mos)
2. " the past 2 years...(13 - 24 mos)
3. " the past 5 years...(25 - 60 mos)
4. > 5 years ago.....(61 + mos)
7. Don't Know/Not Sure
9. Refused



These next questions are about the foods you usually eat or drink. Please tell me how often you eat or drink each one, for example, twice a week, three times a month and so forth. Remember I am only interested in the foods YOU eat. Include all foods you eat, both at home and away from home.

120. JUICE

How often do you drink juices such as orange, grapefruit or tomato ?

101-105 = times per day      301-375 = times per month  
201-221 = times per week    401-499 = times per year

- 1xx. Enter times per day
- 2xx. Enter times per week
- 3xx. Enter times per month
- 4xx. Enter times per year
- 5. Never
- 7. Don't Know / Not Sure
- 9. Not ascertained / Refused

121. FRUIT90

Not counting juice, how often do you eat FRUIT ?

101-105 = times per day      301-375 = times per month  
201-221 = times per week    401-499 = times per year

- 1xx. Enter times per day
- 2xx. Enter times per week
- 3xx. Enter times per month
- 4xx. Enter times per year
- 5. Never
- 7. Don't Know / Not Sure
- 9. Not ascertained / Refused

122. SALAD

How often do you eat green salad ?

101-105 = times per day      301-375 = times per month  
201-221 = times per week    401-499 = times per year

- 1xx. Enter times per day
- 2xx. Enter times per week
- 3xx. Enter times per month
- 4xx. Enter times per year
- 5. Never
- 7. Don't Know / Not Sure
- 9. Not ascertained / Refused

123. POTATOES

How often do you eat potatoes, (not including french fries, fried potatoes or potato chips) ?

101-105 = times per day      301-375 = times per month  
201-221 = times per week    401-499 = times per year

- 1xx. Enter times per day
- 2xx. Enter times per week
- 3xx. Enter times per month
- 4xx. Enter times per year
- 5. Never
- 7. Don't Know / Not Sure
- 9. Not ascertained / Refused

124. CARROTS

How often do you eat carrots ?

101-105 = times per day      301-375 = times per month  
201-221 = times per week    401-499 = times per year

- 1xx. Enter times per day
- 2xx. Enter times per week
- 3xx. Enter times per month
- 4xx. Enter times per year
- 5. Never
- 7. Don't Know / Not Sure
- 9. Not ascertained / Refused

125. VEG90

Not counting carrots, potatoes or salad, how many SERVINGS of vegetables do you usually eat ? (For example, a serving of vegetables at both lunch and dinner would be two servings)

101-110 = # servings per day      301-399 = # servings per month  
201-299 = # servings per week    401-499 = # servings per year

- 1xx. Enter number servings per day
- 2xx. Enter number servings per week
- 3xx. Enter number servings per month
- 4xx. Enter number servings per year
- 5. Never
- 7. Don't Know / Not Sure
- 9. Not ascertained / Refused

200. SERVADAY

How many total servings of fruits and vegetables do you think you should eat every day for good health. That's a combined total of ALL fruits, juices and vegetables including salads and potatoes.

Interviewer: Enter only a single number response

- Number of servings  
77. Don't know/Not sure  
99. Refused

Next, I have a couple of questions which ask about your HEALTH STATUS.

201. HLTHGOOD

All in all, would you say that your health is Excellent, Good, Fair or Poor ?

1. Excellent
2. Good
3. Fair
4. Poor
7. Don't Know/Not Sure
9. Refused

I'm going to read you a list of MEDICAL CONDITIONS and PHYSICAL AILMENTS that usually last 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 ?

202. ARTHRIT

Experienced or told you have/had ...

ARTHRITIS ?

1. Yes
2. No
7. Don't Know/Not Sure
9. Refused

203. BRONCH

Experienced or told you have/had ...

CHRONIC BRONCHITIS OR EMPHYSEMA ?

1. Yes
2. No
7. Don't Know/Not Sure
9. Refused

204. ASTHMA

Experienced or told you have/had ...

ASTHMA ?

1. Yes
2. No
7. Don't Know/Not Sure
9. Refused

205. BACK

Experienced or told you have/had ...

FREQUENT BACK TROUBLE ?

1. Yes
2. No
7. Don't Know/Not Sure
9. Refused

206. STROKE

Experienced or told you had a . . . ?

STROKE ?

1. Yes
2. No
7. Don't Know/Not Sure
9. Refused

207. HEART

Experienced or told you have/had ...

HEART TROUBLE ?

1. Yes
2. No (Go to Q 210)
7. Don't Know/Not Sure (Go to Q 210)
9. Refused (Go to Q 210)

208. HEARTDOC

Did a medical doctor tell you that you were having heart trouble?

1. Yes
2. No
7. Don't Know/Not Sure
9. Refused

209. HEART12

Have you had heart trouble during the last twelve months?

1. Yes
2. No
7. Don't Know/Not Sure
9. Refused

210. RESTRICT

Do you have a health problem or impairment that restricts your ability to do ordinary daily activities such as bathing, shopping or working?

1. Yes
2. No (Go to Q 213)
7. Don't Know/Not Sure (Go to Q 213)
9. Refused (Go to Q 213)

211. NEEDHELP

Do you need help to carry out these ordinary daily activities?

1. Yes
2. No (Go to Q 213)
7. Don't Know/Not Sure (Go to Q 213)
9. Refused (Go to Q 213)

212. GETHELP

Are you able to get the help you need to carry out these ordinary daily activities?

1. Yes
2. No
7. Don't Know/Not Sure
9. Refused

213. EATLESS

How frequently do you eat less than you feel you should because there is not enough food or money to buy food? Would you say...?

PLEASE READ

1. Never
2. One to Three times per month
3. Four to Seven times per month
4. More than Seven times per month
7. Don't know/Not sure
9. Refused

215. STATBRON

You said that you have/had chronic bronchitis or emphysema, has it gotten better, worse or remained the same during the last seven days?

1. Better
2. Worse
3. Remained the same
7. Don't know/Not sure
9. Refused

216. STATASTH

You said that you have/had asthma, has it gotten better, worse or remained the same during the last seven days?

1. Better
2. Worse
3. Remained the same
7. Don't know/Not sure
9. Refused

In the last SEVEN DAYS have you experienced any of the following symptoms:

217. HACHE7

Any HEADACHES ?

1. Yes
2. No
7. Don't Know/Not Sure
9. Refused

218. NAUSEA7

Have you experienced any nausea?

1. Yes
2. No
7. Don't Know/Not Sure
9. Refused

219. EYES7

Have you experienced any irritation of your eyes?

1. Yes
2. No
7. Don't Know/Not Sure
9. Refused

220. WHEEZE7

Have you experienced any wheezing?

1. Yes
2. No
7. Don't Know/Not Sure
9. Refused

221. TACHE7

Have you experienced a toothe ache?

1. Yes
2. No
7. Don't Know/Not Sure
9. Refused

WE'D LIKE TO ASK A FEW MORE QUESTIONS ABOUT CANCER  
DETECTION TESTS.

222. LUMPS

Do you know how to examine your own breast for LUMPS ?

1. Yes
2. No
7. Don't Know/Not Sure
9. Refused

223. LUMPOFT

ABOUT how often do you examine your breast for LUMPS ?

( 101-102 = times per day      301-331 = times per month  
201-207 = times per week      401-412 = times per year )

- 1xx to enter times per day
- 2xx to enter times per week
- 3xx to enter times per month
- 4xx to enter times per year
6. NEVER
7. Don't Know/Not Sure
9. Refused

224. LUMPTOLD

Within the last two years, has a doctor advised you to examine  
your breasts for lumps on a monthly basis ?

1. Yes
2. No
7. Don't Know/Not Sure
9. Refused

225. FLUSHOT

Next, I would like to ask you about influenza vaccination,  
commonly called a flu shot.

Have you had a flu shot in the last 12 months?

1. Yes
2. No
7. Don't Know/Not Sure
9. Refused



226. WHENDENT

About how long has it been since you last went to a dentist?  
Was it: less than Six months ago, Six months to less than One  
year, One year to less than Two years, Two years to less than  
Five years, Five or more years ago, or Never?

PLEASE READ

1. Less than Six months
2. Six months to less than One year
3. One year to less than Two years
4. Two years to less than Five years
5. Five or more years ago
6. Never
7. Don't know/Not sure
9. Refused

227. FLUORIDE

If an election was held today and your community did not have  
fluoridated water, would you vote for or against a ballot measure  
to fluoridate your water supply ?

1. For
2. Against
7. Don't know/Not sure
9. Refused

For each of the following statements, please tell me  
if you agree or disagree.

228. POOLLAW

There should be a law to require all home swimming pools to  
have either a childproof fence or a childproof cover.

1. Agree
2. Disagree
7. Don't know/Not sure
9. Refused

229. AIRBAGS

Driver's side air bags should be required on all new cars sold  
in California.

1. Agree
2. Disagree
7. Don't know/Not sure
9. Refused

230. NORIDERS

People should not be allowed to ride in the back of a pickup truck.

1. Agree
2. Disagree
7. Don't know/Not sure
9. Refused

Now I'd like to ask you a few questions about firearms.

231. HAVEGUN

Is there a gun in your house ?

1. Yes
2. No (Go to question 234)
7. Don't Know/Not Sure (Go to question 234)
9. Refused (Go to question 234)

232. LOADED

Is it loaded?

1. Yes
2. No
7. Don't Know/Not Sure
9. Refused

233. HANDGUN2

Is it a handgun ?

1. Yes
2. No
7. Don't Know/Not Sure
9. Refused

234. INJURY2

Within the last 12 months, did you suffer any injury from an attack or fight that required medical treatment ?

1. Yes
2. No (Go to question 237)
7. Don't Know/Not Sure (Go to question 237)
9. Refused (Go to question 237)

235. INJTRT2

Which of the following describes where you first received treatment ?

Interviewer: Use most recent injury if there is more than one.

1. Hospital emergency room
2. Doctor's office
3. Clinic
4. First aid station
5. Other
7. Don't Know/Not Sure
9. Refused

236. INJHOSP

As a result of this injury, were you admitted to a hospital as a patient?

1. Yes
2. No
7. Don't Know/Not Sure
9. Refused

Has your household done any of the following to prepare for earthquakes:

237. QUAKFOOD

Stored an emergency 3-day supply of food and water?

1. Yes
2. No
7. Don't Know/Not Sure
9. Refused

238. QUAKSEC

Secured bookcases and other furniture which could fall on people?

1. Yes
2. No
7. Don't Know/Not Sure
9. Refused

239. QUAKSUP

Put aside a set of emergency supplies such as a flashlight, portable radio, and extra batteries?

1. Yes
2. No
7. Don't Know/Not Sure
9. Refused

240. HAZTRAIN

Have you received any training from your employer about the health and safety hazards on your current job ?

1. Yes
2. No
7. Don't Know/Not Sure
9. Refused

241. LOSTWORK

Have you lost one or more days of work in the past twelve months due to a work-related injury or illness?

1. Yes
2. No
7. Don't Know/Not Sure
9. Refused

242. ZIPCODE

Finally, what is your zip code?

- Enter the five digit number
- d. Don't know/Not sure
  - r. Refused

That's my last question.

Let me emphasize that your answers cannot be identified with your name. Everyone's answers will be combined to give us information about the health practices of people in this state.