

**BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM**

**1992 California Questionnaire**

Final 12/27/91  
(Revised 12/9/92)

Questions about the BRFSS should be directed to:

Laura E. Lund  
Chief, CATI Unit  
Cancer Surveillance Section  
601 North 7th Street  
P.O. Box 942732  
Sacramento, CA 94234-7320  
(916) 327-7767  
ATSS 8-467-7767

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? Was it within the past 6 months, within the past year, within the past two years, within the past 5 years, or more than five years ago?

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 EXERCISES 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
- 2. Run
- 3. Swim
- 4. Walk
- 5. Other (specify)\_\_\_\_\_
- r. Refused (Go to question 11)
- 6. Aerobics
- 7. Bicycling
- 8. Gardening
- 9. Golfing

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
2. Run
3. Swim
4. Walk
5. Other (specify) \_\_\_\_\_
6. Aerobics
7. Bicycling
8. Gardening
9. Golfing
- 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 35)
7. Don't Know / Not Sure (Go to question 35)
9. Refused (Go to question 35)

20. SMOKENOW

Do you smoke cigarettes NOW?

- 1. Yes
- 2. No (Go to question 22)
- 9. Refused (Go to question 22)

21. 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

22. SMK30ANY

Did you smoke any cigarettes during the past 30 days?

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

23. SMK30DAY

On how many of the past 30 days did you smoke cigarettes?

Number of days

Every day	3	0
Don't know	7	7
Refused	9	9

24. SMK30NUM

During the past thirty days, on the days that you did smoke, about how many cigarettes did you usually smoke per day?

(EXAMPLE: 1 pack=20 cigarettes)

Number of cigarettes

Don't know	7	7	7
Refused	9	9	9

25. SMKWHOLE

About how old were you when you smoked your first whole cigarette?

- Code age in years
- d. Don't know
  - r. Refused

26. SMOKEAGE

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

- CODE AGE IN YEARS
- 00 Never smoked regularly
  - d. Don't Know/Not Sure
  - r. Refused

27. QUIT1DY2

(ASK IF R ANSWERED "YES" TO q20 OR q22)

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

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

(IF RESPONDENT ANSWERED "YES" TO q20, CONTINUE. IF RESPONDENT ANSWERED "NO", "DON'T KNOW" OR "REFUSED" TO q20, GO TO QUESTION 32)

28. SMKWAKE

How soon after you awake in the morning do you usually smoke your first cigarette?

(EXAMPLE: for 30 minutes enter 30, for an hour and 30 minutes enter 130)

\_\_\_\_\_ enter hours/minutes or minutes only  
0 0 0 Immediately  
7 7 7 Don't know  
9 9 9 Refused

29. SMKBRAND

What brand do you usually buy?

\_\_\_\_\_ enter name of brand

30. QUIT30

Are you planning to quit smoking in the next 30 days?

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

31. QUIT6

Are you contemplating quitting smoking in the next six months?

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

32. SMOKREG2

About how long has it been since you last smoked cigarettes regularly? Was it less than 1 month, one month to less than 3 months, three months to less than 6 months, six months to less than one year, one year to less than 5 years, or five or more years ago?

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
8. Never smoked regularly
7. Don't know/Not sure
9. Refused

33. PUFFYR

When did you last smoke or have a puff on a cigarette?

9 9 enter years ago  
7 7 refused  
7 7 don't know

33a. PUFFMO

9 9 enter months ago  
7 7 refused  
7 7 don't know

33b. Puffdy

9 9 enter years ago  
7 7 refused  
7 7 don't know

34. RETURN12

Do you think it is likely or unlikely that you will return to smoking in the next 12 months?

1. Likely
2. Unlikely
7. Don't know
9. Refused

35. SMOKE1 - SMOKE9

I would also like to find out if anyone else living in the household currently smokes cigarettes. You mentioned there are (NUMBER) adults other than yourself living in this household.

Does m1 smoke cigarettes now?

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

35a. SMOKE2

Does m2 smoke cigarettes now?

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

35b. SMOKE3

Does f1 smoke cigarettes now?

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

36. SMKELSE

Other than the people I have listed, does anyone else living in the household smoke cigarettes now?

1. Yes
2. No (Go to q38)
7. Don't know (Go to q38)
9. Refused (Go to q38)

37. SMKELSEN

How many other household members currently smoke?

\_\_ \_\_ enter number here

These next few questions are about the use of beer, wine, wine coolers, cocktails 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.

38. 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 43)
- 9. Refused (Go to question 43)

39. 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 41)
- 9. Not Ascertained / Refused (Go to question 41)

40. 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

41. DRINKGES

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

42. 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.



43. CHECKUP

About how long has it been since you last visited a doctor for a ROUTINE CHECKUP? Was it within the past year, within the past two 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)
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.

44. BLOODCHO

Have you ever had your blood cholesterol checked ?

1. Yes
2. No (Go to question 49)
7. Don't know/Not sure (Go to question 49)
9. Refused (Go to question 49)

45. 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

46. TOLDLEV

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

1. Yes
2. No (Go to question 48)
7. Don't know/Not sure (Go to question 48)
9. Refused (Go to question 48)

47. LEVEL

What is your blood cholesterol level ?

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

48. 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

49. 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.

50. HAVEPLAN

Do you have any kind of Health Care Plan?

1. Yes
2. No (Go to question 54)
7. Don't know/Not Sure (Go to question 54)
9. Refused (Go to question 54)

51. 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

52. 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

53. 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

54. PAYNOGO

Was there a time during the last twelve months, when you needed to see a doctor, but could not because of 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.

55. AGE

How OLD were you on your last birthday?

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

56. ORACE

What is your RACE ?  
Would you say White, Black, Asian or Pacific Islander, or  
Aleutian, Eskimo or American Indian, or other?

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

57. HISPANIC

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

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

58. 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

59. 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

60. 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

61. INCOME

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

62. 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

63. HEIGHT

About HOW TALL are you without shoes?

- \_\_\_\_\_ ENTER NUMBER OF FEET AND INCHES
7. Don't Know/Not Sure
  9. Refused

64. CHDLT18

How many children or youths under age 18 live in this household?

- \_\_\_\_\_ Enter number here
- |   |   |                                |
|---|---|--------------------------------|
| 0 | 0 | None (Go to question 66)       |
| 7 | 7 | Don't know (Go to question 66) |
| 9 | 9 | Refused (Go to question 66)    |

65. CHDLT6

How many of those children are under age 6?

- \_\_\_\_\_ enter age here
- |   |   |            |
|---|---|------------|
| 7 | 7 | Don't know |
| 9 | 9 | Refused    |

66. SEX

INDICATE SEX OF RESPONDENT

1. Male (Go to question 83)
2. Female

I would like to ask you a few questions about a medical exam called a mammogram. A mammogram is an X-ray of the breast to check for cancer and involves pressing the breast between 2 plastic plates.

67. HADMAM

Have you ever had a MAMMOGRAM?

1. Yes
2. No (Go to question 71)
7. Don't Know / Not Sure (Go to question 71)
9. Not Ascertained / Refused (Go to question 71)

68. HOWLONG2

How long has it been since you had your last mammogram ?

1. 1 year ago or less
2. More than 1 year ago, but less than or equal to 2 years ago
3. More than 2 years ago, but less than or equal to 3 years ago
4. More than 3 years ago but less than or equal to 5 years ago
5. More than 5 years ago
7. Don't Know / Not Sure
8. Never had a mammogram
9. Not Ascertained / Refused

69. 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

The next questions are about a clinical breast exam. During this exam, the breast is felt for lumps by a doctor, nurse, or other medical professional.

71. HADCBE

Have you ever had a clinical breast exam?

1. Yes
2. No (Go to question 74)
7. Don't know/Not sure (Go to question 74)
9. Refused (Go to question 74)

72. WHENCBE

How long has it been since your last breast exam ?

1. 1 year ago or less
2. More than 1 year ago, but less than or equal to 2 years ago
3. More than 2 years ago, but less than or equal to 3 years ago
4. More than 3 years ago but less than or equal to 5 years ago
5. More than 5 years ago
7. Don't Know / Not Sure
8. Never had a mammogram
9. Not Ascertained / Refused

73. WHYCBE

Was your last breast 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 examining your own breasts for lumps.

74. LUMPS

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

1. Yes
2. No (Go to question 76)
7. Don't Know/Not Sure (Go to question 76)
9. Refused (Go to question 76)

75. 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

76. 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

These next questions are about Pap Smears. A pap smear is a test where material is taken from the cervix, that is the mouth of the womb, to see if any cancer cells are present.

78. HADPAP

Have you ever had a PAP SMEAR ?

1. Yes
2. No (Go to question 80a)
7. Don't Know/Not Sure (Go to question 80a)
9. Refused (Go to question 80a)

79. WHENPAP2

How long has it been since you had your last Pap smear?

1. 1 year ago or less
2. More than 1 year ago, but less than or equal to 2 years ago
3. More than 2 years ago, but less than or equal to 3 years ago
4. More than 3 years ago but less than or equal to 5 years ago
5. More than 5 years ago
7. Don't Know / Not Sure
8. Never had a mammogram
9. Not Ascertained / Refused

80. WHYPAP

Was your last Pap smear done as part of a routine exam, or to check a problem, or for some other reason?

1. Routine exam
2. Check problem
3. Other
7. Don't know/not sure
9. Refused

80a. HYSTER2

Have you had a HYSTERECTOMY (that is, an operation to remove the uterus/womb)?

1. Yes (Go to question 83)
2. No
7. Don't Know/Not Sure
9. Refused

81. PREGNANT

To your knowledge, are you now PREGNANT?

1. Yes
2. No (Go to question 83)
7. Don't know/Not sure (Go to question 83)
9. Refused (Go to question 83)

82. 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.

83. 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

84. AIDS DRUG

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

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

85. AIDS WELL

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

86. DONATE 2

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

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

87. HLTHWORK

Do you think a person can get infected with AIDS or 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

88. 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

89. CHILDK8

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

1. Yes
2. No (Go to question 92)
7. Don't know/Not Sure (Go to question 92)
9. Refused (Go to question 92)

90. AIDS CLASS

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



91. 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

92. 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

93. 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

94a. 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

94b. TEST2

Where else could you go?

-----  
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

95. 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 or Not at all Effective?

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

-----  
9. Refused

96. NUMPHONS

How many different residential telephone numbers do you have at this household?

(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

97b. COUNTY

What COUNTY do you live in ?

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

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

97. 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.

98. DRE

Have you ever HEARD of a Digital Rectal Exam ?

1. Yes
2. No (Go to question 101)
7. Don't Know/Not Sure (Go to question 101)
9. Refused (Go to question 101)

99. HADDRE

Have you ever HAD a Digital Rectal Exam ?

1. Yes
2. No (Go to question 101)
7. Don't Know/Not Sure (Go to question 101)
9. Refused (Go to question 101)

100. 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

101. 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 104)
7. Don't Know/Not Sure (Go to question 104)
9. Refused (Go to question 104)

102. HADSTOOL

Have you ever HAD a Blood Stool Test ?

1. Yes
2. No (Go to question 104)
7. Don't Know/Not Sure (Go to question 104)
9. Refused (Go to question 104)

103. 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

104. 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 201)
7. Don't Know/Not Sure (Go to question 201)
9. Refused (Go to question 201)

105. HADPROC

Have you ever HAD a Proctoscopic Exam ?

1. Yes
2. No (Go to question 201)
7. Don't Know/Not Sure (Go to question 201)
9. Refused (Go to question 201)

106. 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

Next, I have a few questions that 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

202. ASTHMA

Have you ever experienced or been told by a medical doctor that you have/had ASTHMA ?

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

203. 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 question 206)
7. Don't Know/Not Sure (Go to question 206)
9. Refused (Go to question 206)

204. NEEDHELP

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

1. Yes
2. No (Go to question 206)
7. Don't Know/Not Sure (Go to question 206)
9. Refused (Go to question 206)

205. 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

206. 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 never, one to three times per month, four to seven times per month, or more than seven times per month?

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

207. 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

208. FLOURIDE

Some communities vote on whether or not to add fluoride to their drinking water to help prevent tooth decay. This process is called fluoridation. If an election were being 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

209. EATRAW

Do you ever eat raw shellfish, such as oysters, clams or scallops? (Note: If respondent wants to know why you are asking this question, say "We are trying to determine what proportion of the population eats raw shellfish.")

1. Yes
2. No (Go to question 211)
7. Don't know/Not sure (Go to question 211)
9. Refused (Go to question 211)

210. EATOFT

How often do you eat raw shellfish?

- 1 — — (times per week)
- 2 — — (times per month)
- 3 — — (times per year)
- 6 6 6 less than once per year
- 7 7 7 Don't know
- 9 9 9 Refused

I'm going to mention some conditions and I would like you to tell me if you have ever been diagnosed as having any of these conditions.

211. LIVER2

Have you ever been diagnosed by a doctor as having liver disease?

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

212. CANCER2

Have you ever been diagnosed by a doctor as having leukemia or cancer other than skin cancer?

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

213. STOMACH

Have you ever had stomach surgery, that is, had part or all of your stomach removed?

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

214. Do you take any of the following medicine?

214a. ANTACID

Antacids, such as Tums, Rolaids, Mylanta or Maalox?

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

214b. TAGAMET

Tagamet? (Note: If respondent asks "What is that?", say "Prescribed medicine that decreases acid secretion by the stomach and which is frequently used in the treatment of peptic ulcer disease.")

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

214c. CIMTDINE

Cimetidine? (Note: If respondent asks "What is that?", say "Prescribed medicine that decreases acid secretion by the stomach and which is frequently used in the treatment of peptic ulcer disease.")

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

214d. ZANTAC

Zantac? (Note: If respondent asks "What is that?", say "Prescribed medicine that decreases acid secretion by the stomach and which is frequently used in the treatment of peptic ulcer disease.")

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

214e. CORTICO

Corticosteroids, such as prednisone?

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

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

215. HAVEGUN

Is there a gun in your house ?

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

216. LOADED

Is it loaded?

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

217. HANDGUN2

Is it a handgun ?

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

Now I have a few final questions about injuries.

219. INJ12

How many times in the past 12 months did you receive an injury that resulted in your being examined or treated by a doctor, nurse, or other health professional?

- \_\_\_\_\_ Enter number of times
- 0 0 Never (Go to question 225)
  - 7 7 Don't know (Go to question 225)
  - 9 9 Refused (Go to question 225)

220. INJHOSP2

For that injury/any of those injuries, were you admitted to a hospital overnight?

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

221. INJER

For that injury/any of those injuries, were you examined or treated in a hospital emergency room?

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

222. INJMD

For that injury/any of those injuries, were you examined or treated in a doctor's office, clinic, or first aid station?

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

224. INJAUTO

Were you driving or riding in a motor vehicle when the injury or injuries occurred?

(Note to interviewers: The "motor vehicle" refers only to cars or trucks. If the respondent was operating a motorcycle or bicycle at the time of the injury, or was a pedestrian injured by a motor vehicle, the answer to this question should be "no".)

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

225. INJNOGO

Was there a time during the past 12 months when you were injured and felt you needed to see a doctor, nurse, or other health professional, but could not because of the cost?

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

226. 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.