

HEALTH HABITS PAGE

- 1 Not SP or SP under 19 (NP)
 2 SP 19 + callback required (NP)
 3 SP 19 + avail. (1-5)

R1

| | | | |
|--|-----|---|----------|
| 1a. During the past 6 months, did you use any medicines, drugs or pills for insomnia or to help you sleep? | 1a. | 1 Y | 2 N (2) |
| b. On the average, do you use this medication one or more times per week? | b. | 1 Y | 2 N |
| c. Did a doctor advise you to take this medication? | c. | 1 Y | 2 N |
| 2a. During the past 6 months, did you use any aspirin or aspirin type pills? | 2a. | 1 Y | 2 N (3) |
| b. On the average, do you use these pills one or more times per week? | b. | 1 Y | 2 N |
| 3a. Do you drink coffee? | 3a. | 1 Y | 2 N (3a) |
| b. On the average, how many cups a day do you drink? | b. | _____ Cups 00 <input type="checkbox"/> Less than one per day | |
| c. Do you usually drink decaffeinated coffee or regular coffee? | c. | 1 <input type="checkbox"/> Decaffeinated 2 <input type="checkbox"/> Regular | |
| d. Were you EVER advised by a doctor to use decaffeinated coffee? | d. | 1 Y | 2 N |
| e. Have you EVER been advised by a doctor to cut down or to stop drinking coffee? | e. | 1 Y | 2 N |
| 4a. Do you drink hot tea? | 4a. | 1 Y | 2 N (4c) |
| b. On the average, how many cups a day do you drink? | b. | _____ Cups 00 <input type="checkbox"/> Less than one per day | |
| c. Do you drink iced tea? | c. | 1 Y | 2 N (4f) |
| d. In which season do you drink the MOST iced tea? | d. | 1 <input type="checkbox"/> Same for all seasons <input type="checkbox"/> Other (Specify) _____ | |
| e. (During the _____ (season) _____) On the average, how many glasses a day do you drink? | e. | _____ Glasses 00 <input type="checkbox"/> Less than one a day | |
| f. Have you EVER been advised by a doctor to cut down or to stop drinking tea? | f. | 1 Y | 2 N |
| 5a. Have you smoked at least 100 cigarettes in your entire life? | 5a. | 1 Y | 2 N (6) |
| b. Do you smoke cigarettes now? | b. | 1 Y | 2 N (5a) |
| c. On the average, ABOUT how many cigarettes a day do you smoke? | c. | _____ Cigarettes | |
| d. Have you EVER tried to stop smoking? | d. | 1 Y | 2 N |
| e. Have you EVER been advised by a doctor to stop smoking? | e. | 1 Y | 2 N (6) |
| f. Was this because of a specific condition you had at that time? | f. | 1 Y | 2 N (6) |
| g. What condition was it? Any other condition? | g. | _____ | |

ASK QUESTION 6 ONLY DURING CALLBACK

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|--|----|-----|-----|-----|-----|
| 6. Compared to other persons your age, would you say that your health is excellent, good, fair, or poor? | 6. | 1 E | 2 G | 3 F | 4 P |
|--|----|-----|-----|-----|-----|

R2

R2

- 1 Responded for self
 Person _____ was respondent (Footnote reason)