RT72

Section N. GENERAL HEALTH HABITS

		Sample Person Number_____ (3–4)
N1		1 ☐ Callback required *(Hhld. page)* 2 ☐ Noninterview *(Cover page)* 3 ☐ Available *(1)* (5)
Read to respondent: **These questions are about general health practices.** **1. How often do you eat breakfast — almost every day, sometimes, rarely or never?**		1 ☐ Almost every day 2 ☐ Sometimes 3 ☐ Rarely or never (6)
2. Including evening snacks, how often do you eat between meals — almost every day, sometimes, rarely or never?		1 ☐ Almost every day 2 ☐ Sometimes 3 ☐ Rarely or never (7)
3. When you visit a doctor or other health professional for routine care, is eating proper foods discussed often, sometimes, rarely or never?		1 ☐ Often 2 ☐ Sometimes 3 ☐ Rarely or never 4 ☐ Don't visit for routine care (8)
N2	*Refer to page 46 or 47, item R, of HIS-1.*	1 ☐ SP is Hhld. resp. *(5)* 8 ☐ Other *(4)* (9)
4a. About how tall are you without shoes?		_____ Feet _____ Inches (10–12)
b. About how much do you weigh without shoes?		_____ Pounds (13–15)
Hand Card N1 or read responses for telephone interview. **5. In your opinion which of these are the TWO best ways to lose weight?**		1 ☐ Don't eat at bedtime 2 ☐ Eat fewer calories 3 ☐ Take diet pills 4 ☐ Increase physical activity 5 ☐ Eat NO fat 6 ☐ Eat grapefruit with each meal (16) (17)
6. Are you now trying to lose weight?		1 ☐ Yes 2 ☐ No *(9)* (18)
7. Are you eating fewer calories to lose weight?		1 ☐ Yes 2 ☐ No (19)
8. Have you increased your physical activity to lose weight?		1 ☐ Yes 2 ☐ No (20)
9a. Do you consider yourself overweight, underweight, or just about right?		1 ☐ Overweight 2 ☐ Underweight } *(10)* 3 ☐ About right } *(10)* (21)
b. Would you say you are very overweight, somewhat overweight, or only a little overweight?		1 ☐ Very overweight 2 ☐ Somewhat overweight 3 ☐ Only a little overweight (22)
10. On the average, how many hours of sleep do you get in a 24-hour period?		_____ Hours (23–24)

FOOTNOTES

FORM HIS-1(SB) (1985) (4-25-85)

Section N. GENERAL HEALTH HABITS — Continued

11. Is there a particular clinic, health center, doctor's office, or other place that you usually go to if you are sick or need advice about your health? [25]

1 ☐ Yes
2 ☐ No *(14)*

12. What kind of place is it — a clinic, a health center, a hospital, a doctor's office, or some other place? [26]

IF HOSPITAL: **Is this an outpatient clinic or the emergency room?**

IF CLINIC: **Is this a hospital outpatient clinic, a company clinic, or some other kind of clinic?**

1 ☐ Doctor's office (group practice or doctor's clinic)
2 ☐ Hospital outpatient clinic
3 ☐ Sample person's home
4 ☐ Hospital emergency room
5 ☐ Company or industry clinic
6 ☐ Health center
8 ☐ Other *(Specify)* _____

13. Is there ONE particular doctor you usually see at *(place in 12)*? [27]

1 ☐ Yes
2 ☐ No
} *(N3)*

Hand Card N2 or read reasons for telephone interview.

14. Which of these is the MAIN reason you don't have a particular place you usually go? [28]

1 ☐ Have two or more usual doctors or places depending on what is wrong
2 ☐ Haven't needed a doctor
3 ☐ Previous doctor no longer available
4 ☐ Haven't been able to find the right doctor
5 ☐ Recently moved to area
6 ☐ Can't afford medical care
8 ☐ Other reason *(Specify)* _____

N3 *Refer to sex.* [29]

1 ☐ Male *(Section O)*
2 ☐ Female *(15)*

15. About how long has it been since you had a Pap smear test? [30–31]

_____ Years
98 ☐ Never
00 ☐ Less than 1 year

16a. About how long has it been since you had a breast examination by a doctor or other health professional? [32–33]

_____ Years
98 ☐ Never
00 ☐ Less than 1 year

b. Do you know how to examine your own breasts for lumps? [34]

1 ☐ Yes
2 ☐ No *(Section O)*

c. About how many times a year do you examine your own breasts for lumps? [35–36]

_____ Times per year
88 ☐ Other *(Specify)* _____
98 ☐ Never

FOOTNOTES

FORM HIS 115B (1985) (4-25-85)

RT75
3–4

Section P. HIGH BLOOD PRESSURE

1. I am going to read a list of things which may or may not affect a person's chances of getting HEART DISEASE.

Hand Card P

After I read each one, tell me if you think it definitely increases, probably increases, probably does not, or definitely does not increase a person's chances of getting heart disease. First —

	DEFINITELY INCREASES	PROBABLY INCREASES	PROBABLY DOES NOT INCREASE	DEFINITELY DOES NOT INCREASE	DK/NO OPINION	
a. Cigarette smoking? (Give me a number from the card.)	1 ☐	2 ☐	3 ☐	4 ☐	9 ☐	5
b. Worry or anxiety?	1 ☐	2 ☐	3 ☐	4 ☐	9 ☐	6
c. High blood pressure?	1 ☐	2 ☐	3 ☐	4 ☐	9 ☐	7
d. Diabetes?	1 ☐	2 ☐	3 ☐	4 ☐	9 ☐	8
e. Being VERY overweight?	1 ☐	2 ☐	3 ☐	4 ☐	9 ☐	9
f. Overwork?	1 ☐	2 ☐	3 ☐	4 ☐	9 ☐	10
g. Drinking coffee with caffeine?	1 ☐	2 ☐	3 ☐	4 ☐	9 ☐	11
h. Eating a diet high in animal fat?	1 ☐	2 ☐	3 ☐	4 ☐	9 ☐	12
i. Family history of heart disease?	1 ☐	2 ☐	3 ☐	4 ☐	9 ☐	13
j. High cholesterol?	1 ☐	2 ☐	3 ☐	4 ☐	9 ☐	14

2. The following conditions are related to having a STROKE. In your opinion, which of these conditions MOST increases a person's chances of having a stroke — diabetes, high blood pressure, or high cholesterol? 15

1 ☐ Diabetes
2 ☐ High blood pressure
3 ☐ High cholesterol
9 ☐ DK

3. Which one of the following substances in food is MOST often associated with HIGH BLOOD PRESSURE — sodium, cholesterol or sugar? 16

1 ☐ Sodium
2 ☐ Cholesterol
3 ☐ Sugar
8 ☐ Other *(Specify)* _____
9 ☐ DK

4. Have you EVER been told by a doctor or other health professional that you had hypertension, sometimes called high blood pressure? 17

1 ☐ Yes
2 ☐ No *(12)*
3 ☐ Only during pregnancy *(12)*

5. Were you told two or more DIFFERENT times that you had hypertension or high blood pressure? 18

1 ☐ Yes
2 ☐ No
9 ☐ DK

6. Are you NOW taking any medicine prescribed by a doctor for your hypertension or high blood pressure? 19

1 ☐ Yes *(8)*
2 ☐ No

7a. Was any medicine EVER prescribed by a doctor for your hypertension or high blood pressure? 20

1 ☐ Yes
2 ☐ No *(8)*

b. Did a doctor advise you to stop taking the medicine? 21

1 ☐ Yes
2 ☐ No

FOOTNOTES

FORM HIS-1(5th) (1985) (4-25-85))

Section P. HIGH BLOOD PRESSURE — Continued

	a. Diet to lose weight?	b. Cut down on salt or sodium in your diet?	c. Exercise?
8. Because of your hypertension or high blood pressure, has a doctor or other health professional EVER advised you to —	1 ☐ Yes *(9)* 2 ☐ No *(8b)* [22]	1 ☐ Yes *(9)* 2 ☐ No *(8c)* [23]	1 ☐ Yes *(9)* 2 ☐ No *(11)* [24]
9. Have you EVER followed this advice?	1 ☐ Yes *(10)* 2 ☐ No *(8b)* [25]	1 ☐ Yes *(10)* 2 ☐ No *(8c)* [26]	1 ☐ Yes *(10)* 2 ☐ No *(11)* [27]
10. Are you NOW following this advice?	1 ☐ Yes 2 ☐ No } *(8b)* [28]	1 ☐ Yes 2 ☐ No } *(8c)* [29]	1 ☐ Yes 2 ☐ No } *(11)* [30]

11a. Do you still have hypertension or high blood pressure?	1 ☐ Yes *(12)* 2 ☐ No 9 ☐ DK	[31]
b. Is this condition completely cured or is it under control?	1 ☐ Cured 2 ☐ Under control 9 ☐ DK	[32]
12a. ABOUT how long has it been since you LAST had your blood pressure taken by a doctor or other health professional?	_____ Number { 2 ☐ Days, 3 ☐ Weeks, 4 ☐ Months, 5 ☐ Years 999 ☐ DK 000 ☐ Never } *(13)*	[33–35]
b. Blood pressure is usually given as one number over another. Were you told what your blood pressure was, in NUMBERS?	1 ☐ Yes 2 ☐ No 9 ☐ DK } *(12d)*	[36]
c. What was your blood pressure, in NUMBERS?	_____ / _____ 999 999 ☐ DK	[37–39] [40–42]
d. At that time, was your blood pressure high, low, or normal?	1 ☐ High 2 ☐ Low 3 ☐ Normal 8 ☐ Other *(Specify)* _____ 9 ☐ DK	[43]
13. Do you NOW have diabetes or sugar diabetes?	1 ☐ Yes 2 ☐ No 8 ☐ Other *(Specify)* _____	[44]
14. Have you ever been told by a doctor or other health professional that you had high cholesterol?	1 ☐ Yes 2 ☐ No	[45]
15. Do you have any kind of heart condition or heart trouble?	1 ☐ Yes 2 ☐ No	[46]
16. Have you ever had a stroke?	1 ☐ Yes 2 ☐ No	[47]

FOOTNOTES

FORM HIS-1(S8) (1985) (4-25-85)

Section Q. STRESS

Read to respondent:

These next questions are about stress.

1. During the past 2 weeks, would you say that you experienced a lot of stress, a moderate amount of stress, relatively little stress, or almost no stress at all? [48]

1 ☐ A lot
2 ☐ Moderate
3 ☐ Relatively little
4 ☐ Almost none
5 ☐ DK what stress is *(3)*

2. In the past year, how much effect has stress had on your health — a lot, some, hardly any or none? [49]

1 ☐ A lot
2 ☐ Some
3 ☐ Hardly any or none

3a. In the past year, did you think about seeking help for any personal or emotional problems from family or friends? [50]

1 ☐ Yes
2 ☐ No

b. from a helping professional or a self-help group? [51]

1 ☐ Yes
2 ☐ No

Q1 *Refer to 3a and b.* [52]

1 ☐ "No" in 3a and 3b *(Section R)*
8 ☐ Other *(4)*

4a. Did you actually seek any help? [53]

1 ☐ Yes
2 ☐ No *(Section R)*

b. From whom did you seek help?

Number up to four items in the order mentioned.

Do not read list.

____ Family member or relative	54	____ Gamblers Anonymous	63
____ Friend	55	____ Weight Watchers	64
____ Psychologist	56	____ Counselor at work	65
____ Psychiatrist	57	____ Counselor at school	66
____ Psychiatric social worker	58	____ Probation officer	67
____ Other mental health professional	59	Other *(Specify)*	
____ Medical doctor	60	____ _____	68
____ Religious counselor	61	____ _____	69
____ Alcoholics Anonymous	62	____ _____	70

c. Anyone else?

☐ Yes *(Reask 4b and c)*
☐ No

RT76

Section R. EXERCISE

3–4

R1 5

1 ☐ SP is physically handicapped *(Describe in footnotes, THEN 1)*
8 ☐ Other *(2)*

Read to respondent: 6

These next questions are about physical exercise. *Hand calendar.*

1a. In the past 2 weeks (outlined on that calendar), beginning Monday *(date)* **and ending this past Sunday** *(date)*, **have you done any exercises, sports, or physically active hobbies?**

1 ☐ Yes
2 ☐ No *(3, page 13)*

b. What were they?

Record on next page, THEN 1c.

c. Anything else?

☐ Yes *(Reask 1b and c)*
☐ No *(2b)*

FOOTNOTES

FORM HIS-1(SB) (1985) (4-25-85))

Section R. EXERCISE — Continued

NOTE *— ASK ALL OF 2a BEFORE GOING TO 2b—d.*

Read to respondent: **These next questions are about physical exercise.** *Hand calendar.*

2a. In the past 2 weeks (outlined on that calendar), beginning Monday, *(date)*, and ending this past Sunday, *(date)*, have you done any (of the following exercises, sports, or physically active hobbies) — [7]

NOTE*: ASK 2b—d FOR EACH ACTIVITY MARKED "YES" IN 2a.*

	YES / NO	b. How many times in the past 2 weeks did you [play/go/do] *(activity in 2a)*?	c. On the average, about how many minutes did you actually spend *(activity in 2a)* on each occasion?	d. (What usually happened to your heart rate or breathing when you *(activity in 2a)*?) Did you have a small, moderate, or large increase, or no increase at all in your heart rate or breathing?
(1) Walking for exercise?	1 ☐ 2 ☐	(1) ____ Times [8–9]	____ Minutes [10–12]	1 ☐ Small 2 ☐ Moderate 3 ☐ Large 4 ☐ None [13]
R2 Refer to age. 1 ☐ SP is 75+ *(23)* 8 ☐ Other *(2)*	[14]			
(2) Jogging or running?	1 ☐ 2 ☐ [15]	(2) ____ Times [16–17]	____ Minutes [18–20]	1 ☐ Small 2 ☐ Moderate 3 ☐ Large 4 ☐ None [21]
(3) Hiking?	1 ☐ 2 ☐ [22]	(3) ____ Times [23–24]	____ Minutes [25–27]	1 ☐ Small 2 ☐ Moderate 3 ☐ Large 4 ☐ None [28]
(4) Gardening or yard work?	1 ☐ 2 ☐ [29]	(4) ____ Times [30–31]	____ Minutes [32–34]	1 ☐ Small 2 ☐ Moderate 3 ☐ Large 4 ☐ None [35]
(5) Aerobics or aerobic dancing?	1 ☐ 2 ☐ [36]	(5) ____ Times [37–38]	____ Minutes [39–41]	1 ☐ Small 2 ☐ Moderate 3 ☐ Large 4 ☐ None [42]
(6) Other dancing?	1 ☐ 2 ☐ [43]	(6) ____ Times [44–45]	____ Minutes [46–48]	1 ☐ Small 2 ☐ Moderate 3 ☐ Large 4 ☐ None [49]
(7) Calisthenics or general exercise?	1 ☐ 2 ☐ [50]	(7) ____ Times [51–52]	____ Minutes [53–55]	1 ☐ Small 2 ☐ Moderate 3 ☐ Large 4 ☐ None [56]
(8) Golf?	1 ☐ 2 ☐ [57]	(8) ____ Times [58–59]	____ Minutes [60–62]	1 ☐ Small 2 ☐ Moderate 3 ☐ Large 4 ☐ None [63]
(9) Tennis?	1 ☐ 2 ☐ [64]	(9) ____ Times [65–66]	____ Minutes [67–69]	1 ☐ Small 2 ☐ Moderate 3 ☐ Large 4 ☐ None [70]
(10) Bowling?	1 ☐ 2 ☐ [71]	(10) ____ Times [72–73]	____ Minutes [74–76]	1 ☐ Small 2 ☐ Moderate 3 ☐ Large 4 ☐ None [77]
(11) Biking?	1 ☐ 2 ☐ [78]	(11) ____ Times [79–80]	____ Minutes [81–83]	1 ☐ Small 2 ☐ Moderate 3 ☐ Large 4 ☐ None [84]
(12) Swimming or water exercises?	1 ☐ 2 ☐ [85]	(12) ____ Times [86–87]	____ Minutes [88–90]	1 ☐ Small 2 ☐ Moderate 3 ☐ Large 4 ☐ None [91]
(13) Yoga?	1 ☐ 2 ☐ [92]	(13) ____ Times [93–94]	____ Minutes [95–97]	1 ☐ Small 2 ☐ Moderate 3 ☐ Large 4 ☐ None [98]
R3 Refer to age. 1 ☐ SP is 65—74 *(23)* 8 ☐ Other *(14)*	[RT77] [3–4] [5]			
(14) Weight lifting or training?	1 ☐ 2 ☐ [6]	(14) ____ Times [7–8]	____ Minutes [9–11]	1 ☐ Small 2 ☐ Moderate 3 ☐ Large 4 ☐ None [12]
(15) Basketball?	1 ☐ 2 ☐ [13]	(15) ____ Times [14–15]	____ Minutes [16–18]	1 ☐ Small 2 ☐ Moderate 3 ☐ Large 4 ☐ None [19]
(16) Baseball or softball?	1 ☐ 2 ☐ [20]	(16) ____ Times [21–22]	____ Minutes [23–25]	1 ☐ Small 2 ☐ Moderate 3 ☐ Large 4 ☐ None [26]
(17) Football?	1 ☐ 2 ☐ [27]	(17) ____ Times [28–29]	____ Minutes [30–32]	1 ☐ Small 2 ☐ Moderate 3 ☐ Large 4 ☐ None [33]
(18) Soccer?	1 ☐ 2 ☐ [34]	(18) ____ Times [35–36]	____ Minutes [37–39]	1 ☐ Small 2 ☐ Moderate 3 ☐ Large 4 ☐ None [40]
(19) Volleyball?	1 ☐ 2 ☐ [41]	(19) ____ Times [42–43]	____ Minutes [44–46]	1 ☐ Small 2 ☐ Moderate 3 ☐ Large 4 ☐ None [47]
(20) Handball, racquetball, or squash?	1 ☐ 2 ☐ [48]	(20) ____ Times [49–50]	____ Minutes [51–53]	1 ☐ Small 2 ☐ Moderate 3 ☐ Large 4 ☐ None [54]
(21) Skating?	1 ☐ 2 ☐ [55]	(21) ____ Times [56–57]	____ Minutes [58–60]	1 ☐ Small 2 ☐ Moderate 3 ☐ Large 4 ☐ None [61]
(22) Skiing?	1 ☐ 2 ☐ [62]	(22) ____ Times [63–64]	____ Minutes [65–67]	1 ☐ Small 2 ☐ Moderate 3 ☐ Large 4 ☐ None [68]
(23) Have you done any (other) exercises, sports, or physically active hobbies in the past 2 weeks (that I haven't mentioned)? Anything else? ☐ Yes — What were they? ☐ No [69–70]		(23) ____ Times [71–72]	____ Minutes [73–75]	1 ☐ Small 2 ☐ Moderate 3 ☐ Large 4 ☐ None [76]
____ [77–78]		(23) ____ Times [79–80]	____ Minutes [81–83]	1 ☐ Small 2 ☐ Moderate 3 ☐ Large 4 ☐ None [84]

FORM HIS-1(SB) (1985) (4-25-85)

Section R. EXERCISE — Continued

3. Do you exercise or play sports regularly?	1 ☐ Yes 2 ☐ No *(5)*	85
4. For how long have you exercised or played sports regularly?	_____ Number { 1 ☐ Days, 2 ☐ Weeks, 3 ☐ Months, 4 ☐ Years	86–88
5a. Would you say that you are physically more active, less active, or about as active as other persons your age?	1 ☐ More active 2 ☐ Less active 3 ☐ About as active *(R4)* 8 ☐ Other *(Specify)* _____ *(R4)*	89
b. Is that [a lot more or a little more/a lot less or a little less] active?	1 ☐ A lot more 2 ☐ A little more 3 ☐ A lot less 4 ☐ A little less	90
R4 *Refer to "Wa/Wb" boxes in C1 on HIS-1.*	1 ☐ Wa or Wb box marked *(6a)* 8 ☐ Other *(6c)*	91
6a. How much hard physical work is required on your job? Would you say a great deal, a moderate amount, a little, or none?	1 ☐ Great deal 2 ☐ Moderate amount 3 ☐ A little } *(7)* 4 ☐ None } *(7)*	92
b. About how many hours per day do you perform hard physical work on your job?	_____ Hours *(7)*	93–94
c. How much hard physical work is required in your main daily activity? Would you say a great deal, a moderate amount, a little, or none?	1 ☐ Great deal 2 ☐ Moderate amount 3 ☐ A little } *(7)* 4 ☐ None } *(7)*	95
d. About how many hours per day do you perform hard physical work in your main daily activity?	_____ Hours	96–97
Read to respondent: These next questions are about strengthening the heart and lungs through exercise. 7a. How many days a week do you think a person should exercise to strengthen the heart and lungs?	_____ Days 8 ☐ Other *(Specify)* _____ 9 ☐ DK	98
b. For how many minutes do you think a person should exercise on EACH occasion so that the heart and lungs are strengthened?	_____ Minutes 999 ☐ DK	99–101
Hand card R1 c. (During those *(number in 7b)* minutes), How fast do you think a person's heart rate and breathing should be to strengthen the heart and lungs? Do you think that the heart and breathing rate should be — no faster than usual, a little faster than usual, a lot faster but talking is possible, so fast that talking is not possible?	1 ☐ No faster than usual 2 ☐ A little faster than usual 3 ☐ A lot faster but talking is possible 4 ☐ So fast that talking is not possible 9 ☐ DK	102

FOOTNOTES

FORM HIS-1(SB) (1985) (4-25-85)

RT78

Section S. SMOKING

3–4

S1 *Refer to "Smoking asked" box on HIS-1.*

5
1 ☐ "Smoking asked" box marked *(4)*
8 ☐ Other *(1)*

Read to respondent:

These next questions are about smoking cigarettes.

6

1. Have you smoked at least 100 cigarettes in your entire life?
1 ☐ Yes
2 ☐ No *(4)*

2a. Do you smoke cigarettes now?
7
1 ☐ Yes *(3)*
2 ☐ No

b. About how long has it been since you last smoked cigarettes fairly regularly?
8–10
_____ Number { 1 ☐ Days, 2 ☐ Weeks, 3 ☐ Months, 4 ☐ Years } *(4)*
999 ☐ Never smoked regularly *(4)*

3. On the average, about how many cigarettes a day do you now smoke?
11–12
00 ☐ Less than 1 per day
_____ Number

4. {These next questions are about smoking cigarettes.} *(Hand Card S)* **Tell me if you think CIGARETTE SMOKING definitely increases, probably increases, probably does not, or definitely does not increase a person's chances of getting the following problems. First —**

	DEFINITELY INCREASES	PROBABLY INCREASES	PROBABLY DOES NOT INCREASE	DEFINITELY DOES NOT INCREASE	DK/NO OPINION	
a. Emphysema? (Give me a number from the card.)	1 ☐	2 ☐	3 ☐	4 ☐	9 ☐	13
b. Bladder cancer?	1 ☐	2 ☐	3 ☐	4 ☐	9 ☐	14
c. Cancer of the larynx (lar'inks) **or voice box?**	1 ☐	2 ☐	3 ☐	4 ☐	9 ☐	15
d. Cataracts?	1 ☐	2 ☐	3 ☐	4 ☐	9 ☐	16
e. Cancer of the esophagus?	1 ☐	2 ☐	3 ☐	4 ☐	9 ☐	17
f. Chronic bronchitis?	1 ☐	2 ☐	3 ☐	4 ☐	9 ☐	18
g. Gallstones?	1 ☐	2 ☐	3 ☐	4 ☐	9 ☐	19
h. Lung cancer?	1 ☐	2 ☐	3 ☐	4 ☐	9 ☐	20

S2 *Refer to age.*

21
1 ☐ SP is under 45 *(4i)*
2 ☐ SP is 45 + *(S3)*

Read to respondent:
Does cigarette smoking during pregnancy definitely increase, probably increase, probably not or definitely not increase the chances of —

	DEFINITELY INCREASES	PROBABLY INCREASES	PROBABLY DOES NOT INCREASE	DEFINITELY DOES NOT INCREASE	DK/NO OPINION	
i. Miscarriage?	1 ☐	2 ☐	3 ☐	4 ☐	9 ☐	22
j. Stillbirth?	1 ☐	2 ☐	3 ☐	4 ☐	9 ☐	23
k. Premature birth?	1 ☐	2 ☐	3 ☐	4 ☐	9 ☐	24
l. Low birth weight of the newborn?	1 ☐	2 ☐	3 ☐	4 ☐	9 ☐	25

5a. If a woman takes birth control pills, is she more likely to have a stroke if she smokes than if she does not smoke?
26
1 ☐ Yes
2 ☐ No } *(S3)*
9 ☐ DK

b. Is she much more likely or somewhat more likely to have a stroke?
27
1 ☐ Much more
2 ☐ Somewhat more

S3 *Refer to 1.*

28
1 ☐ "Yes" in 1 *(6)*
8 ☐ Other *(Section T)*

6. Did a doctor EVER advise you to quit or cut down on smoking?
29
1 ☐ Yes
2 ☐ No
9 ☐ DK

FORM HIS-1(SB) (1985) (4-25-85)

Section T. ALCOHOL USE

Read to respondent:

These next questions are about drinking alcoholic beverages. Included are liquor such as whiskey, rum, gin, or vodka, and beer, and wine, and any other type of alcoholic beverage.

1a. In YOUR ENTIRE LIFE have you had at least 12 drinks of ANY kind of alcoholic beverage?	1 ☐ Yes 2 ☐ No *(1d)*	30
b. In ANY ONE YEAR have you had at least 12 drinks of ANY kind of alcoholic beverage?	1 ☐ Yes 2 ☐ No *(1d)*	31
c. Have you had at least one drink of beer, wine, or liquor during the PAST YEAR?	1 ☐ Yes *(2)* 2 ☐ No	32
d. What is your MAIN reason for not drinking (in the past year)?	00 ☐ No need/not necessary 01 ☐ Don't care for/dislike it 02 ☐ Medical/health reasons 03 ☐ Religious/moral reasons 04 ☐ Brought up not to drink 05 ☐ Costs too much 06 ☐ Family member an alcoholic or problem drinker 07 ☐ Infrequent drinker 08 ☐ Other *(Specify)* _____ *(9)*	33–34
2. In the past 2 WEEKS (outlined on that calendar), beginning Monday *(date)* and ending this past Sunday *(date)*, on how many days did you drink any alcoholic beverages, such as beer, wine, or liquor? *Use list to probe, if necessary.*	01 ☐ 14 (Every day) 02 ☐ 13–14 03 ☐ 13 04 ☐ 12–13 05 ☐ 12 06 ☐ 11–12 07 ☐ 11 08 ☐ 10–11 09 ☐ 10 10 ☐ 9–10 11 ☐ 9 12 ☐ 8–9 13 ☐ 8 14 ☐ 7–8 15 ☐ 7 16 ☐ 6–7 17 ☐ 6 18 ☐ 5–6 19 ☐ 5 20 ☐ 4–5 21 ☐ 4 22 ☐ 3–4 23 ☐ 3 24 ☐ 2–3 25 ☐ 2 26 ☐ 1–2 27 ☐ 1 00 ☐ None/Never *(4)* 99 ☐ DK	35–36
3. On the *(number in 2)* days that you drank alcoholic beverages, how many drinks did you have per day, on the average? *Use list to probe, if necessary.*	01 ☐ Twelve or more 02 ☐ Seven to eleven 03 ☐ Six 04 ☐ Five or six 05 ☐ Five 06 ☐ Four or five 07 ☐ Four 08 ☐ Three or four 09 ☐ Three 10 ☐ Two or three 11 ☐ Two 12 ☐ One or two 13 ☐ One 99 ☐ DK	37–38
4a. Was the amount of your drinking during that 2-WEEK period typical of your drinking during the past 12 months?	1 ☐ Yes *(5)* 2 ☐ No	39
b. Was the amount of your drinking during that 2-WEEK period more or less than your drinking during the past 12 months?	1 ☐ More 2 ☐ Less	40
5. During the past 12 months, in how many MONTHS did you have at least one drink of ANY alcoholic beverage?	_____ Months	41–42
6. During [that month/those months], on how many DAYS did you have 9 or more drinks of ANY alcoholic beverage?	_____ Days 000 ☐ None or never	43–45
7. During [that month/those months], on how many DAYS did you have 5 or more drinks of ANY alcoholic beverage? (Include the *(number in 6)* days you had 9 or more drinks.)	_____ Days 000 ☐ None or never	46–48
8. During the past year, how many times did you drive when you had perhaps too much to drink?	_____ Times 000 ☐ None 998 ☐ Don't drive	49–51

FOOTNOTES

FORM HIS-1(SB) (1985) (4-25-85)

Section T. ALCOHOL USE — Continued

9. *(Hand Card T)* **Tell me if you think HEAVY ALCOHOL DRINKING definitely increases, probably increases, probably does not, or definitely does not increase a person's chances of getting the following problems. First —**

	DEFINITELY INCREASES	PROBABLY INCREASES	PROBABLY DOES NOT INCREASE	DEFINITELY DOES NOT INCREASE	DK/NO OPINION	
a. Throat cancer? (Give me a number from the card.)	1 ☐	2 ☐	3 ☐	4 ☐	9 ☐	52
b. Cirrhosis of the liver?	1 ☐	2 ☐	3 ☐	4 ☐	9 ☐	53
c. Bladder cancer?	1 ☐	2 ☐	3 ☐	4 ☐	9 ☐	54
d. Cancer of the mouth?	1 ☐	2 ☐	3 ☐	4 ☐	9 ☐	55
e. Arthritis?	1 ☐	2 ☐	3 ☐	4 ☐	9 ☐	56
f. Blood clots?	1 ☐	2 ☐	3 ☐	4 ☐	9 ☐	57

T1 *Refer to age.*

1 ☐ SP is under 45 *(9g)*
2 ☐ SP is 45 + *(Section U)*

58

Read to respondent :

Does heavy drinking during pregnancy definitely increase, probably increase, probably not or definitely not increase the chances of —

	DEFINITELY INCREASES	PROBABLY INCREASES	PROBABLY DOES NOT INCREASE	DEFINITELY DOES NOT INCREASE	DK/NO OPINION	
g. Miscarriage?	1 ☐	2 ☐	3 ☐	4 ☐	9 ☐	59
h. Mental retardation of the newborn?	1 ☐	2 ☐	3 ☐	4 ☐	9 ☐	60
i. Low birth weight of the newborn?	1 ☐	2 ☐	3 ☐	4 ☐	9 ☐	61
j. Birth defects?	1 ☐	2 ☐	3 ☐	4 ☐	9 ☐	62

10a. Have you ever heard of FETAL ALCOHOL SYNDROME?

1 ☐ Yes
2 ☐ No *(Section U)*

63

b. In your opinion, which ONE of the following best describes Fetal Alcohol Syndrome — a baby is born drunk, or born addicted to alcohol, or born with certain birth defects?

1 ☐ Drunk
2 ☐ Addicted to alcohol
3 ☐ With certain birth defects

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FOOTNOTES

FORM HIS-1(SB) (1985) (4-25-85)

Section U. DENTAL CARE

	DEFINITELY IMPORTANT	PROBABLY IMPORTANT	PROBABLY NOT IMPORTANT	DEFINITELY NOT IMPORTANT	DK/NO OPINION	
1. This next question is about preventing TOOTH DECAY. *Hand Card U.* **After I read each of the following, tell me if you think it is definitely important, probably important, probably not, or definitely not important in preventing TOOTH DECAY. First —**						
a. Seeing a dentist regularly? (Give me a number from the card.)	1 ☐	2 ☐	3 ☐	4 ☐	9 ☐	65
b. Drinking water with fluoride from early childhood?	1 ☐	2 ☐	3 ☐	4 ☐	9 ☐	66
c. Regular brushing and flossing of the teeth?	1 ☐	2 ☐	3 ☐	4 ☐	9 ☐	67
d. Using fluoride toothpaste or fluoride mouth rinse?	1 ☐	2 ☐	3 ☐	4 ☐	9 ☐	68
e. Avoiding between-meal sweets?	1 ☐	2 ☐	3 ☐	4 ☐	9 ☐	69
2. Now I'm going to ask about preventing GUM DISEASE. In your opinion, how important or not important is each of the following in preventing GUM DISEASE? First —						
a. Seeing a dentist regularly?	1 ☐	2 ☐	3 ☐	4 ☐	9 ☐	70
b. Drinking water with fluoride from early childhood?	1 ☐	2 ☐	3 ☐	4 ☐	9 ☐	71
c. Regular brushing and flossing of the teeth?	1 ☐	2 ☐	3 ☐	4 ☐	9 ☐	72
d. Using fluoride toothpaste or fluoride mouth rinse?	1 ☐	2 ☐	3 ☐	4 ☐	9 ☐	73
e. Avoiding between-meal sweets?	1 ☐	2 ☐	3 ☐	4 ☐	9 ☐	74

3. In your opinion, which of the following is the MAIN cause of tooth loss in CHILDREN — tooth decay, gum disease, or injury to the teeth?	1 ☐ Tooth decay 2 ☐ Gum disease 3 ☐ Injury to the teeth	75
4. In your opinion, which of the following is the MAIN cause of tooth loss in ADULTS — tooth decay, gum disease, or injury to the teeth?	1 ☐ Tooth decay 2 ☐ Gum disease 3 ☐ Injury to the teeth	76
5a. Have you ever heard of DENTAL SEALANTS?	1 ☐ Yes 2 ☐ No *(Section V)*	77
b. Which of the following BEST describes the purpose of dental sealants — to prevent gum disease, to prevent tooth decay, or to hold dentures in place?	1 ☐ Prevent gum disease 2 ☐ Prevent tooth decay 3 ☐ Hold dentures in place	78

FOOTNOTES

FORM HIS-1(58) (1985) (4-25-85)

RT79

Section V. OCCUPATIONAL SAFETY AND HEALTH

3–4

V1 *Refer to "Wa/Wb" boxes in C1 on HIS-1.*

5

1 ☐ Wa or Wb box marked *(1)*
8 ☐ Other *(Cover page)*

Read to respondent:

These questions are about your present job.

6

1a. In your present job, are you exposed to any SUBSTANCES that could endanger your health, such as chemicals, dusts, fumes, or gases?

1 ☐ Yes
2 ☐ No
9 ☐ DK
(2)

b. What substances are you exposed to that could endanger your health?
Enter each substance in a separate column.
Any others?

SUBSTANCE 1	SUBSTANCE 2
7–8	17–18

Ask 1c for each response in 1b.
c. How can *(response in 1b)* **endanger your health?**
Record verbatim response(s).
Any other way?

9–16	19–26
99 ☐ DK	99 ☐ DK

RT80

2a. In your present job, are you exposed to any WORK CONDITIONS that could endanger your health, such as loud noise, extreme heat or cold, physical or mental stress, or radiation?

3–4
5

1 ☐ Yes
2 ☐ No
9 ☐ DK
(3)

b. What work conditions are you exposed to that could endanger your health?
Enter each work condition in a separate column.
Any others?

WORK CONDITION 1	WORK CONDITION 2
6–7	16–17

Ask 2c for each response in 2b.
c. How can *(response in 2b)* **endanger your health?**
Record verbatim response(s).
Any other way?

8–15	18–25
99 ☐ DK	99 ☐ DK

3a. In your present job are you exposed to any risks of accidents or injuries?

66

1 ☐ Yes
2 ☐ No
9 ☐ DK
(Cover Page)

b. What (other) risks of accidents or injuries are you exposed to?
Record verbatim response(s).

67–86

c. Any others?

☐ Yes *(Reask 3b and c)*
☐ No
☐ DK
(Cover Page)

FORM HIS-1(SB) (1985) (4-25-85)

CARD N1

Choose two

1. Don't eat at bedtime
2. Eat fewer calories
3. Take diet pills
4. Increase physical activity
5. Eat NO fat
6. Eat grapefruit with each meal

FORM HIS 501 (1985) (10-2-84)

CARD N2

1. Have two or more usual doctors or places depending on what is wrong
2. Haven't needed a doctor
3. Previous doctor no longer available
4. Haven't been able to find the right doctor
5. Recently moved to area
6. Can't afford medical care
8. Other reason — Specify

Card N1
Card N2
(Cut along broken line)

FORM HIS 501 (1985) (10-2-84)

CARD P

1. Definitely increases the chances of heart disease
2. Probably increases the chances of heart disease
3. Probably does not increase the chances of heart disease
4. Definitely does not increase the chances of heart disease
9. Don't know or no opinion

FORM HIS 501 (1985) (10-2-84)

CARD R1

1. No faster than usual
2. A little faster than usual
3. A lot faster but talking is possible
4. So fast that talking is not possible

Card P
Card R1
(Cut along broken line)

FORM HIS 501 (1985) (10-2-84)

CARD S

Cigarette smoking —

1. Definitely increases the chances
2. Probably increases the chances
3. Probably does not increase the chances
4. Definitely does not increase the chances
9. Don't know or no opinion.

FORM HIS-501 (1985) (10-2-84)

CARD T

Heavy alcohol drinking —

1. Definitely increases the chances
2. Probably increases the chances
3. Probably does not increase the chances
4. Definitely does not increase the chances
9. Don't know or no opinion

Card S
Card T

(Cut along broken line)

FORM HIS-501 (1985) (10-2-84)

CARD U

1. Definitely important
2. Probably important
3. Probably not important
4. Definitely not important
9. Don't know or no opinion

FORM HIS-501 (1985) (10-2-84)

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