Section Q — GENERAL HEALTH HABITS

Sample Person Number_____

ITEM Q1

7805
1 ☐ Available *(1)*
2 ☐ Callback required *(Hhld. page)*
3 ☐ Noninterview *(Cover page)*

These next questions are about general health practices.

7806
1. How often do you eat breakfast — almost every day, sometimes, rarely or never?
1 ☐ Almost every day
2 ☐ Sometimes
3 ☐ Rarely or never

7807
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

7808
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

7809
4a. About how tall are you without shoes?
_____ Feet _____ Inches

7812
b. About how much do you weigh without shoes?
_____ Pounds

7815
Hand Card Q1. Read categories if 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
9 ☐ DK
0 ☐ None of these

7817
6. Are you now trying to lose weight?
1 ☐ Yes
2 ☐ No *(9)*

7818
7. Are you eating fewer calories to lose weight?
1 ☐ Yes
2 ☐ No

7819
8. Have you increased your physical activity to lose weight?
1 ☐ Yes
2 ☐ No

7820
9a. Do you consider yourself overweight, underweight, or just about right?
1 ☐ Overweight
2 ☐ Underweight } *(10)*
3 ☐ About right }

7821
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

7822
10. On the average, how many hours of sleep do you get in a 24-hour period?
_____ Hours

Notes

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Section Q — 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? — 7824

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?

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?** — 7825

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

13. Is there ONE particular doctor you usually see at *(place in 12)*? — 7826

1 ☐ Yes
2 ☐ No } *(Q2)*

Hand Card Q2. Read categories if telephone interview.

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

Mark only one. — 7827

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

ITEM Q2 *Refer to sex.*

☐ Male *(Section S, page 10)*
☐ Female *(15)*

15. About how long has it been since you had a Pap smear test? — 7829

_____ Years
96 ☐ 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? — 7831

_____ Years
96 ☐ Never
00 ☐ Less than 1 year

b. Do you know how to examine your own breasts for lumps? — 7833

1 ☐ Yes
2 ☐ No *(Section R)*

c. About how many times a year do you examine your own breasts for lumps? — 7834

_____ Times per year
000 ☐ Never/Less than once a year
999 ☐ DK

Notes

Section R — MAMMOGRAPHY

ITEM R1 *Refer to age.*

☐ Female 35 or over *(1)*
☐ Other *(Section S)*

1a. A mammogram is an X-ray taken only of the breasts by a machine that presses against the breast while the picture is taken. Have you ever had a mammogram? — 7906

1 ☐ Yes
2 ☐ No *(4)*
9 ☐ DK *(5)*

b. How many times have you had a mammogram? — 7907

_____ Times

2. (Please think about your FIRST mammogram) Did a doctor or other health professional suggest that you have this (first) mammogram or did you decide this on your own? — 7909

1 ☐ Doctor or other health professional suggested
2 ☐ Decided on own
8 ☐ Other — *Specify* _____
9 ☐ DK

3a. When did you have your (most recent) mammogram? — 7910

_____ Number
☐ Days ago
☐ Weeks ago
☐ Months ago
☐ Years ago
9 ☐ DK

b. Was your (most recent) mammogram done because of some breast symptom or condition, or as a routine checkup? — 7913

1 ☐ Breast symptom or condition
2 ☐ Routine checkup, no symptoms
3 ☐ Family history of breast cancer
8 ☐ Other reason — *Specify* _____
9 ☐ DK/Don't remember

ITEM R2 *Refer to question 3a.*

☐ More than 3 years in 3a *(4)*
☐ Other *(5)*

4. What is the most important reason why you have [never had a mammogram/not had a mammogram in the past few years]? — 7915

Mark only one.

01 ☐ Not recommended by doctor or doctor never said it was needed
02 ☐ Didn't think necessary or needed
03 ☐ No problems
04 ☐ Put it off; procrastinated
05 ☐ Didn't know I should
06 ☐ Cost too much or insurance doesn't cover it
07 ☐ Fear (of radiation, pain; or of results)
08 ☐ Not due yet; too young
09 ☐ Don't go to doctors/don't have doctor
10 ☐ Never heard of mammogram } *(Section S)*
11 ☐ Breasts missing
98 ☐ Other — *Specify* _____
99 ☐ DK

5a. Do you plan to have a mammogram in the future? — 7917

1 ☐ Yes *(5b)*
2 ☐ No *(Section S)*
3 ☐ If doctor recommends *(5b)*
9 ☐ DK *(Section S)*

b. When do you plan to have your [first/next] mammogram? — 7918

Mark the first appropriate response.

1 ☐ Less than 1 year
2 ☐ 1 year, less than 3 years
3 ☐ 3 years, less than 5 years
4 ☐ When doctor recommends
8 ☐ Other — *Specify* _____
9 ☐ DK

Notes

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Section T — RADON

1. Have you ever heard of radon, a gas that is found in the air in some homes? — 8305

1 ☐ Yes
2 ☐ No
9 ☐ DK/Not sure } *(10)*

2. Do you believe that exposure to radon is unhealthy, or do you believe that it has little or no effect on health? — 8306

1 ☐ Exposure to radon is unhealthy
2 ☐ Exposure to radon has little or no effect on health *(4)*
9 ☐ Not sure/DK/ No opinion *(4)*

Hand card T. Read categories if telephone interview.

3. Which, if any, of these conditions do you believe can be caused by radon exposure? — 8307

Mark all that apply.

1 ☐ Headache
2 ☐ Arthritis
3 ☐ Lung cancer
4 ☐ Other cancer
5 ☐ Asthma
0 ☐ None of these
9 ☐ DK

4. Has your household air been tested for the presence of radon? — 8314

1 ☐ Yes *(6)*
2 ☐ No
9 ☐ DK

5. Do you or anyone plan to have this home tested for radon within the next year? — 8315

1 ☐ Yes
2 ☐ No } *(10)*
9 ☐ DK

6. Were followup tests conducted to verify the results of the first test? — 8316

1 ☐ Yes
2 ☐ No
9 ☐ DK

7a. Has anything been done in this home to reduce the radon level or to reduce the radon exposure? — 8317

1 ☐ Yes *(7c)*
2 ☐ No
9 ☐ DK

b. Do you or anyone plan to do anything to reduce the radon level or radon exposure in this home? — 8318

1 ☐ Yes
2 ☐ No } *(8)*
9 ☐ DK

c. What has been done?

Anything else? — 8319

Mark all that apply.

☐ Increase ventilation by opening windows, doors, etc.
☐ Stopped or decreased smoking
☐ Moved out of or spend less time in basement
☐ Modified home — sealed cracks, installed ventilation system, etc.
☐ Other — *Specify* ⌐

_____

☐ DK

8a. What was the radon level from that (last) test (BEFORE any corrective action was taken)? — 8325

_____ Picocuries per liter *(9)*
9996 ☐ DK results yet *(10)*
9999 ☐ DK level *(8b)*

b. Was it above or below 4 picocuries (pi'-ko-kurees) per liter? — 8329

1 ☐ Above 4
2 ☐ At or below 4
9 ☐ DK *(10)*

9. How harmful to health is this radon level — would you say not harmful, somewhat harmful, very harmful, or do you not know? — 8330

1 ☐ Not harmful
2 ☐ Somewhat harmful
3 ☐ Very harmful
9 ☐ DK

Mark box or ask:

10. Which of the following best describes your residence? — 8331

Read answer categories.

1 ☐ Single home, duplex, townhouse
2 ☐ Basement, first or second floor apartment or condominium
3 ☐ Apartment or condominium above second floor
4 ☐ Trailer/mobile home
8 ☐ Other — *Specify* ⌐

_____

_____

Notes

Section U — CARDIOVASCULAR DISEASE

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 U1. Repeat answer categories if telephone Interview.

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 ☐	8405
b. High blood pressure?	1 ☐	2 ☐	3 ☐	4 ☐	9 ☐	8406
c. Diabetes?	1 ☐	2 ☐	3 ☐	4 ☐	9 ☐	8407
d. Being VERY overweight?	1 ☐	2 ☐	3 ☐	4 ☐	9 ☐	8408
e. Eating a diet high in animal fat?	1 ☐	2 ☐	3 ☐	4 ☐	9 ☐	8409
f. Family history of heart disease?	1 ☐	2 ☐	3 ☐	4 ☐	9 ☐	8410
g. High cholesterol?	1 ☐	2 ☐	3 ☐	4 ☐	9 ☐	8411

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? 8412

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

Hand card U2. Repeat answer categories if telephone interview.

3. For each of the following, tell me if you think it is strongly associated with high blood pressure, somewhat associated with high blood pressure, or probably not at all associated with high blood pressure.

	STRONGLY ASSOCIATED	SOMEWHAT ASSOCIATED	PROBABLY NOT AT ALL ASSOCIATED	DK/NO OPINION	
a. Sodium or salt?	1 ☐	2 ☐	3 ☐	9 ☐	8413
b. Alcohol?	1 ☐	2 ☐	3 ☐	9 ☐	8414
c. Cholesterol?	1 ☐	2 ☐	3 ☐	9 ☐	8415

4. Have you EVER been told by a doctor or other health professional that you had hypertension, sometimes called high blood pressure? 8416

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

5. Were you told two or more DIFFERENT times that you had high blood pressure? 8417

1 ☐ Yes
2 ☐ No
9 ☐ DK

6. Are you NOW taking any medicine prescribed by a doctor for your high blood pressure? 8418

1 ☐ Yes *(8)*
2 ☐ No

7a. Was any medicine EVER prescribed by a doctor for your high blood pressure? 8419

1 ☐ Yes
2 ☐ No *(8)*

b. Did a doctor advise you to stop taking the medicine? 8420

1 ☐ Yes
2 ☐ No

Notes

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Section U — CARDIOVASCULAR DISEASE — Continued

	a. Diet to lose weight?	b. Cut down on salt or sodium in your diet?	c. Exercise?	d. Cut down on alcohol use?
8. Because of your high blood pressure, has a doctor or other health professional EVER advised you to —	1 ☐ Yes *(9)* 8421 2 ☐ No *(8b)*	1 ☐ Yes *(9)* 8424 2 ☐ No *(8c)*	1 ☐ Yes *(9)* 8427 2 ☐ No *(8d)*	1 ☐ Yes *(9)* 8430 2 ☐ No *(11)*
9. Have you EVER followed this advice?	1 ☐ Yes *(10)* 8422 2 ☐ No *(8b)*	1 ☐ Yes *(10)* 8425 2 ☐ No *(8c)*	1 ☐ Yes *(10)* 8428 2 ☐ No *(8d)*	1 ☐ Yes *(10)* 8431 2 ☐ No *(11)*
10. Are you NOW following this advice?	1 ☐ Yes 2 ☐ No *(8b)* 8423	1 ☐ Yes 2 ☐ No *(8c)* 8426	1 ☐ Yes 2 ☐ No *(8d)* 8429	1 ☐ Yes 2 ☐ No *(11)* 8432

11a. Do you still have high blood pressure? 8433

1 ☐ Yes *(12)*
2 ☐ No
9 ☐ DK

b. Is this condition completely cured or is it under control? 8434

1 ☐ Cured
2 ☐ Under control
9 ☐ DK

12a. ABOUT how long has it been since you LAST had your blood pressure taken by a doctor or other health professional? 8435

_____ Number { ☐ Days ☐ Weeks ☐ Months ☐ Years

☐ Never
9 ☐ DK

b. Blood pressure is usually given as one number over another. Were you told what your blood pressure was, in NUMBERS? 8438

1 ☐ Yes
2 ☐ No
9 ☐ DK

c. At that time, was your blood pressure high, low, or normal? 8439

1 ☐ High
2 ☐ Low
3 ☐ Normal
8 ☐ Other *(Specify)* _____
9 ☐ DK

13. Do you NOW have diabetes or sugar diabetes? 8440

1 ☐ Yes
2 ☐ No
8 ☐ Other
9 ☐ DK

14. Do you have any kind of heart condition or heart trouble? 8441

1 ☐ Yes
2 ☐ No

15. Have you ever had a stroke? 8442

1 ☐ Yes
2 ☐ No

16. Have you ever made any lasting changes in the types of foods you eat in order to lower your blood cholesterol? 8443

1 ☐ Yes
2 ☐ No

17. Have you ever had your blood cholesterol level checked? 8444

1 ☐ Yes
2 ☐ No *(Section V)*

18. Have you ever been told by a doctor or other health professional that your blood cholesterol level was high? 8445

1 ☐ Yes
2 ☐ No

Notes

Section V — STRESS

These next questions are about stress.

1a. 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? — 8505

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

b. During the past YEAR, would you say that you experienced a lot of stress, a moderate amount of stress, relatively little stress, or almost no stress at all? — 8506

1 ☐ A lot
2 ☐ Moderate
3 ☐ Relatively little
4 ☐ Almost none
9 ☐ DK

2. In the past YEAR, how much effect has stress had on your health — a lot, some, hardly any, or none? — 8507

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? — 8508

1 ☐ Yes
2 ☐ No
9 ☐ DK

b. from a helping professional or a self-help group? — 8509

1 ☐ Yes
2 ☐ No

ITEM V1 — *Refer to 3a and b.*

☐ "No" in 3a and 3b *(5)*
☐ Other *(4)*

4a. Did you actually seek any help? — 8511

1 ☐ Yes
2 ☐ No } *(5)*
9 ☐ DK }

b. From whom did you seek help?

Mark all that apply.

Do not read list.

c. Anyone else?
☐ Yes *(Reask 4b and c)*
☐ No

Ask for each category marked in 4b.

d. Overall, how much help have you received from *(entry in 4b)* in relieving your stress — a lot, some, hardly any or none?

4b. From whom?	**4d.** How much help? A lot	Some	Hardly any/None	
☐ Family member or relative	1 ☐	2 ☐	3 ☐	8512
☐ Friend/neighbor/peer	1 ☐	2 ☐	3 ☐	
☐ Medical doctor	1 ☐	2 ☐	3 ☐	
☐ Psychologist	1 ☐	2 ☐	3 ☐	
☐ Psychiatrist	1 ☐	2 ☐	3 ☐	
☐ Social worker	1 ☐	2 ☐	3 ☐	
☐ Other mental health professional/therapist/ counselor	1 ☐	2 ☐	3 ☐	
☐ Religious counselor/ religious support group/ religious therapy group/ minister, etc.	1 ☐	2 ☐	3 ☐	
☐ Alcoholics Anonymous Al Anon/Alateen	1 ☐	2 ☐	3 ☐	
☐ National Alliance for the Mentally Ill	1 ☐	2 ☐	3 ☐	
☐ Other self-help group (examples: Recovery Inc., Emotions Anonymous, Phobia – Panic Disorder Support Group, Tough Love, Overeaters Anonymous, Parents Without Partners, Bereavement Groups, Children of Divorce, etc.)	1 ☐	2 ☐	3 ☐	
☐ At work counselor/at work support group/ at work therapy group	1 ☐	2 ☐	3 ☐	
☐ Other — *Specify* _____	1 ☐	2 ☐	3 ☐	
☐ DK or refused				

5. (Besides seeking help) During the past year, have you consciously taken any (other) steps to control or reduce stress in your life? — 8526

1 ☐ Yes
2 ☐ No

Notes

Section W — EXERCISE

ITEM W1	*Refer to "Wa/Wb" boxes in C1 on HIS-1.*	8604 1 ☐ Wa or Wb box marked 8 ☐ Other
ITEM W2	*Mark from observation or previous information.*	8605 1 ☐ SP is physically handicapped *(Describe in footnotes, THEN 1)* 8 ☐ Other *(2)*
These next questions are about physical exercise. *Hand calendar.*		8606
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 on page 19)*
b. What were they? *Record on next page, THEN 1c.*		
c. Anything else? ☐ Yes *(Reask 1b and c)* ☐ No *(2b)*		

Notes

Section W — EXERCISE — Continued

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

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

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) —** YES NO 8607

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?**

	2a. YES / NO	b. Times	c. Minutes	d. Small / Moderate / Large / None
(1) Walking for exercise?	1 ☐ / 2 ☐	8608 (1) _____ Times	8610 _____ Minutes	1 ☐ Small 2 ☐ Moderate 3 ☐ Large 4 ☐ None — 8613
ITEM W2 *Refer to age.* 1 ☐ SP is 75+ *(23)* 8 ☐ Other *(2)*				
(2) Jogging or running?	1 ☐ / 2 ☐	8616 (2) _____ Times	8618 _____ Minutes	1 ☐ Small 2 ☐ Moderate 3 ☐ Large 4 ☐ None — 8621
(3) Hiking?	1 ☐ / 2 ☐	8623 (3) _____ Times	8625 _____ Minutes	1 ☐ Small 2 ☐ Moderate 3 ☐ Large 4 ☐ None — 8628
(4) Gardening or yard work?	1 ☐ / 2 ☐	8630 (4) _____ Times	8632 _____ Minutes	1 ☐ Small 2 ☐ Moderate 3 ☐ Large 4 ☐ None — 8635
(5) Aerobics or aerobic dancing?	1 ☐ / 2 ☐	8637 (5) _____ Times	8639 _____ Minutes	1 ☐ Small 2 ☐ Moderate 3 ☐ Large 4 ☐ None — 8642
(6) Other dancing?	1 ☐ / 2 ☐	8644 (6) _____ Times	8646 _____ Minutes	1 ☐ Small 2 ☐ Moderate 3 ☐ Large 4 ☐ None — 8649
(7) Calisthenics or general exercise?	1 ☐ / 2 ☐	8651 (7) _____ Times	8653 _____ Minutes	1 ☐ Small 2 ☐ Moderate 3 ☐ Large 4 ☐ None — 8656
(8) Golf?	1 ☐ / 2 ☐	8658 (8) _____ Times	8660 _____ Minutes	1 ☐ Small 2 ☐ Moderate 3 ☐ Large 4 ☐ None — 8663
(9) Tennis?	1 ☐ / 2 ☐	8665 (9) _____ Times	8667 _____ Minutes	1 ☐ Small 2 ☐ Moderate 3 ☐ Large 4 ☐ None — 8670
(10) Bowling?	1 ☐ / 2 ☐	8672 (10) _____ Times	8674 _____ Minutes	1 ☐ Small 2 ☐ Moderate 3 ☐ Large 4 ☐ None — 8677
(11) Biking?	1 ☐ / 2 ☐	8679 (11) _____ Times	8681 _____ Minutes	1 ☐ Small 2 ☐ Moderate 3 ☐ Large 4 ☐ None — 8684
(12) Swimming or water exercises?	1 ☐ / 2 ☐	8686 (12) _____ Times	8688 _____ Minutes	1 ☐ Small 2 ☐ Moderate 3 ☐ Large 4 ☐ None — 8691
(13) Yoga?	1 ☐ / 2 ☐	8693 (13) _____ Times	8695 _____ Minutes	1 ☐ Small 2 ☐ Moderate 3 ☐ Large 4 ☐ None — 8698
ITEM W3 *Refer to age.* 1 ☐ SP is 65—74 *(23)* 8 ☐ Other *(14)*				
(14) Weight lifting or training?	1 ☐ / 2 ☐	8707 (14) _____ Times	8709 _____ Minutes	1 ☐ Small 2 ☐ Moderate 3 ☐ Large 4 ☐ None — 8712
(15) Basketball?	1 ☐ / 2 ☐	8714 (15) _____ Times	8176 _____ Minutes	1 ☐ Small 2 ☐ Moderate 3 ☐ Large 4 ☐ None — 8719
(16) Baseball or softball?	1 ☐ / 2 ☐	8721 (16) _____ Times	8723 _____ Minutes	1 ☐ Small 2 ☐ Moderate 3 ☐ Large 4 ☐ None — 8726
(17) Football?	1 ☐ / 2 ☐	8728 (17) _____ Times	8730 _____ Minutes	1 ☐ Small 2 ☐ Moderate 3 ☐ Large 4 ☐ None — 8733
(18) Soccer?	1 ☐ / 2 ☐	8735 (18) _____ Times	8737 _____ Minutes	1 ☐ Small 2 ☐ Moderate 3 ☐ Large 4 ☐ None — 8740
(19) Volleyball?	1 ☐ / 2 ☐	8742 (19) _____ Times	8744 _____ Minutes	1 ☐ Small 2 ☐ Moderate 3 ☐ Large 4 ☐ None — 8747
(20) Handball, racquetball, or squash?	1 ☐ / 2 ☐	8749 (20) _____ Times	8751 _____ Minutes	1 ☐ Small 2 ☐ Moderate 3 ☐ Large 4 ☐ None — 8754
(21) Skating?	1 ☐ / 2 ☐	8756 (21) _____ Times	8758 _____ Minutes	1 ☐ Small 2 ☐ Moderate 3 ☐ Large 4 ☐ None — 8761
(22) Skiing?	1 ☐ / 2 ☐	8763 (22) _____ Times	8765 _____ Minutes	1 ☐ Small 2 ☐ Moderate 3 ☐ Large 4 ☐ None — 8768
(23) Have you done any (other) exercises, sports, or physically active hobbies in the past 2 weeks (that I haven't mentioned)? ☐ Yes — **What were they?** ☐ No **Anything else?** _____		8771 (23) _____ Times	8773 _____ Minutes	1 ☐ Small 2 ☐ Moderate 3 ☐ Large 4 ☐ None — 8776
_____		8779 (23) _____ Times	8781 _____ Minutes	1 ☐ Small 2 ☐ Moderate 3 ☐ Large 4 ☐ None — 8784

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Section W — EXERCISE — Continued

3. Do you exercise or play sports regularly? — 8785

1 ☐ Yes
2 ☐ No *(5)*

4. For how long have you exercised or played sports regularly? — 8786

_____ Number
☐ Days
☐ Weeks
☐ Months
☐ Years

5a. Would you say that you are physically more active, less active, or about as active as other persons your age? — 8789

1 ☐ More active
2 ☐ Less active
3 ☐ About as active } *(W4)*
8 ☐ Other }

b. Is that [a lot more or a little more/a lot less or a little less] active? — 8790

1 ☐ A lot more
2 ☐ A little more
3 ☐ A lot less
4 ☐ A little less

ITEM W4 *Refer to "Wa/Wb" boxes in C1 on HIS-1.*

☐ Wa or Wb box marked *(6a)*
☐ Other *(6c)*

6a. How much hard physical work is required on your job? Would you say a great deal, a moderate amount, a little, or none? — 8792

1 ☐ Great deal
2 ☐ Moderate amount
3 ☐ A little } *(7)*
4 ☐ None }

b. About how many hours per day do you perform hard physical work on your job? — 8793

_____ Hours *(7)*

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? — 8795

1 ☐ Great deal
2 ☐ Moderate amount
3 ☐ A little } *(7)*
4 ☐ None }

d. About how many hours per day do you perform hard physical work in your main daily activity? — 8796

_____ Hours

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? — 8798

0 ☐ No days *(Section X)*

_____ Days a week

8 ☐ Other
9 ☐ DK or refused

b. For how many minutes do you think a person should exercise on EACH occasion so that the heart and lungs are strengthened? — 8799

_____ Minutes

999 ☐ DK

Hand card W. — 8702

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

Notes

Section X — SMOKING

ITEM X1 — *Refer to "Sm" box on HIS-1.* — 8805

1 ☐ "Sm" box marked *(6)*
8 ☐ Other *(1)*

These next questions are about smoking cigarettes.

1. Have you smoked at least 100 cigarettes in your entire life? — 8806

1 ☐ Yes
2 ☐ No *(6)*

2a. Do you smoke cigarettes now? — 8807

1 ☐ Yes *(3)*
2 ☐ No

b. About how long has it been since you last smoked cigarettes fairly regularly? — 8808

_____ Number
☐ Days
☐ Weeks
☐ Months
☐ Years

☐ Never smoked regularly *(6)*

3. On the average, about how many cigarettes a day [do you now smoke/did you smoke when you last smoked regularly]? — 8811

00 ☐ Less than 1 per day

_____ Number

ITEM X2 — *Refer to question 2a.* — 8813

1 ☐ "No" in 2a *(6)*
8 ☐ Other *(4)*

4. Have you ever made a SERIOUS attempt to stop smoking cigarettes? — 8814

1 ☐ Yes
2 ☐ No
9 ☐ DK
(6)

5a. When was the START of your MOST RECENT serious quit attempt? — 8815

_____ Number
☐ Days ago
☐ Weeks ago
☐ Months ago
☐ Years ago

9 ☐ DK

b. How long did you actually stay off cigarettes that time? — 8818

000 ☐ Less than 1 day

_____ Number
☐ Days
☐ Weeks
☐ Months
☐ Years

9 ☐ DK

Notes

Section X — SMOKING — Continued

6. (These next questions are about smoking cigarettes.) *Hand Card X.* **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 ☐	8821
b. Bladder cancer?	1 ☐	2 ☐	3 ☐	4 ☐	9 ☐	8822
c. Cancer of the larynx (lar'inks) **or voice box?**	1 ☐	2 ☐	3 ☐	4 ☐	9 ☐	8823
d. Cancer of the esophagus?	1 ☐	2 ☐	3 ☐	4 ☐	9 ☐	8824
e. Chronic bronchitis?	1 ☐	2 ☐	3 ☐	4 ☐	9 ☐	8825
f. Lung cancer?	1 ☐	2 ☐	3 ☐	4 ☐	9 ☐	8826

ITEM X3 *Refer to age.*

☐ SP is under 45 *(6g)*
☐ SP is 45 + *(X4)*

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	
g. Miscarriage?	1 ☐	2 ☐	3 ☐	4 ☐	9 ☐	8828
h. Stillbirth?	1 ☐	2 ☐	3 ☐	4 ☐	9 ☐	8829
i. Premature birth?	1 ☐	2 ☐	3 ☐	4 ☐	9 ☐	8830
j. Low birth weight of the newborn?	1 ☐	2 ☐	3 ☐	4 ☐	9 ☐	8831

7a. If a woman takes birth control pills, is she more likely to have a stroke if she smokes than if she does not smoke? 8832

1 ☐ Yes
2 ☐ No } *(X4)*
9 ☐ DK }

b. Is she much more likely or somewhat more likely to have a stroke? 8833

1 ☐ Much more
2 ☐ Somewhat more

ITEM X4 *Refer to 1 on page 37.*

☐ "Yes" in 1 *(8)*
☐ Other *(Section Y)*

8. Did a doctor EVER advise you to quit or cut down on smoking? 8835

1 ☐ Yes
2 ☐ No
9 ☐ DK

Notes

Section Y — ALCOHOL USE

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.

8905

1a. In YOUR ENTIRE LIFE have you had at least 12 drinks of ANY kind of alcoholic beverage?

1 ☐ Yes
2 ☐ No *(1d)*

8906

b. In ANY ONE YEAR have you had at least 12 drinks of ANY kind of alcoholic beverage?

1 ☐ Yes
2 ☐ No *(1d)*

8907

c. Have you had at least one drink of beer, wine, or liquor during the PAST YEAR?

1 ☐ Yes *(2)*
2 ☐ No

8908

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 ☐ Recovering alcoholic
98 ☐ Other — *Specify* _____

(7)

8910

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.

☐ None/Never *(4)*	☐ 6	☐ 11–12
☐ 1	☐ 6–7	☐ 12
☐ 1–2	☐ 7	☐ 12–13
☐ 2	☐ 7–8	☐ 13
☐ 2–3	☐ 8	☐ 13–14
☐ 3	☐ 8–9	☐ 14 (Every day)
☐ 3–4	☐ 9	☐ DK
☐ 4	☐ 9–10	
☐ 4–5	☐ 10	
☐ 5	☐ 10–11	
☐ 5–6	☐ 11	

8912

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.

☐ One	☐ Four or five
☐ One or two	☐ Five
☐ Two	☐ Five or six
☐ Two or three	☐ Six
☐ Three	☐ Seven to eleven
☐ Three or four	☐ Twelve or more
☐ Four	☐ DK

8914

4a. Was the amount of your drinking during that 2-WEEK period typical of your drinking during the past 12 months?

1 ☐ Yes *(6)*
2 ☐ No

8915

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

ITEM Y1 — *Refer to 2 AND 4a.*

☐ "None/Never" in 2 AND "No" in 4a *(5)*
☐ Other *(6)*

Notes

Section Y — ALCOHOL USE — Continued

5a. When was your last drink prior to that two week period? 8917

_____ Month _____ Date 19 _____ Year

Let's talk about the 2-week period ending the day you had your last drink. Please include that last day. 8923

b. During that 2-week period, on how many days did you drink any alcoholic beverages, such as beer, wine, or liquor?

Use list to probe, if necessary.

☐1	☐6–7	☐12
☐1–2	☐7	☐12–13
☐2	☐7–8	☐13
☐2–3	☐8	☐13–14
☐3	☐8–9	☐14 (Every day)
☐3–4	☐9	☐DK
☐4	☐9–10	
☐4–5	☐10	
☐5	☐10–11	
☐5–6	☐11	
☐6	☐11–12	

c. On the *(number in 5b)* days that you drank alcoholic beverages, how many drinks did you have per day, on the average? 8925

Use list to probe, if necessary.

☐One	☐Four or five	
☐One or two	☐Five	
☐Two	☐Five or six	
☐Two or three	☐Six	
☐Three	☐Seven to eleven	
☐Three or four	☐Twelve or more	
☐Four	☐DK	

d. Was the amount of your drinking during that 2-WEEK period typical of your drinking during the previous 12 months? 8927

1 ☐ Yes *(6)*
2 ☐ No

e. Was the amount of your drinking during that 2-WEEK period more or less than your drinking during the previous 12 months? 8928

1 ☐ More
2 ☐ Less

6. During the past year, how many times did you drive when you had too much to drink? 8929

_____ Times
000 ☐ None
996 ☐ Don't drive

Notes

Section Y — ALCOHOL USE — Continued

Hand Card Y. Repeat answer catagories if telephone interview.

7. **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 ☐	8932
b. Cirrhosis of the liver?	1 ☐	2 ☐	3 ☐	4 ☐	9 ☐	8933
c. Cancer of the mouth?	1 ☐	2 ☐	3 ☐	4 ☐	9 ☐	8934

ITEM Y2 *Refer to age.*

☐ SP is under 45 *(7d)*
☐ SP is 45+ *(Section Z)*

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

	DEFINITELY INCREASES	PROBABLY INCREASES	PROBABLY DOES NOT INCREASE	DEFINITELY DOES NOT INCREASE	DK/NO OPINION	
d. Miscarriage?	1 ☐	2 ☐	3 ☐	4 ☐	9 ☐	8936
e. Mental retardation of the newborn?	1 ☐	2 ☐	3 ☐	4 ☐	9 ☐	8937
f. Low birth weight of the newborn?	1 ☐	2 ☐	3 ☐	4 ☐	9 ☐	8938
g. Birth defects?	1 ☐	2 ☐	3 ☐	4 ☐	9 ☐	8939

8a. Have you ever heard of FETAL ALCOHOL SYNDROME? 8940

1 ☐ Yes
2 ☐ No *(Section Z)*

b. In your opinion, which ONE of the following best describes Fetal Alcohol Syndrome — a baby is born: 8941

drunk, addicted to alcohol, or with certain birth defects?

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

Notes

Section Z — DENTAL CARE

This question is about WATER FLUORIDATION.

1. As you understand it, what is the purpose of adding FLUORIDE to the public drinking water?

Do not read answer categories, Mark the ONE that best fits respondent's answer.

9005

1 ☐ Prevent tooth decay, protect teeth, or related response
2 ☐ To purify the water or related response
8 ☐ Other — *Specify* ↓

_____

9 ☐ DK

2. During the past 12 months that is, since *(12-month date)* a year ago, how many visits did you make to a dentist?

9006

00 ☐ None

_____ Visits
Number

3. Have you lost ALL of your permanent teeth, both upper and lower?

9008

1 ☐ Yes
2 ☐ No

4a. Have you ever heard of DENTAL SEALANTS?

9009

1 ☐ Yes
2 ☐ No *(5)*

Hand card Z1.

b. Which of the following BEST describes the purpose of dental sealants — to fill cavities, to prevent tooth decay, to improve the appearance of the teeth, or to hold dentures in place?

9010

1 ☐ Fill cavities
2 ☐ Prevent tooth decay
3 ☐ Improve appearance of teeth
4 ☐ Hold dentures in place
9 ☐ DK

5. What is ONE common sign of gum disease?

Do not read answer categories.
Mark the one that best fits respondent's answer.

Do not probe.

9011

1 ☐ Swollen, red, inflamed, sore or bleeding gums
2 ☐ Chronic bad breath
3 ☐ Loose teeth
4 ☐ Receding gums
8 ☐ Other — *Specify* ↓

_____

9 ☐ DK

6. What is ONE EARLY sign of mouth cancer?

Do not read answer categories.
Mark the one that best fits respondent's answer.

Do not probe.

9012

1 ☐ White patches in mouth which are not painful
2 ☐ Red patches in mouth which are not painful
3 ☐ Sore/lesion in mouth which does not heal
4 ☐ Sore/lesion in mouth
5 ☐ Bleeding in mouth
8 ☐ Other — *Specify* ↓

_____

9 ☐ DK

Hand card Z2. Repeat categories if telephone interview.

7. I am going to read a list of things which may or may not increase a person's chances of getting MOUTH OR LIP CANCER. For each of these, tell me if you think it definitely increases, probably increases, probably does not, or definitely does not increase a person's chances of getting MOUTH OR LIP CANCER.

First—

	DEFINITELY INCREASES	PROBABLY INCREASES	PROBABLY DOES NOT INCREASE	DEFINITELY DOES NOT INCREASE	DK/NO OPINION	
a. Excessive exposure to sunlight?	1 ☐	2 ☐	3 ☐	4 ☐	9 ☐	9013
b. Eating hot spicy foods?	1 ☐	2 ☐	3 ☐	4 ☐	9 ☐	9014
c. Regular alcohol drinking?	1 ☐	2 ☐	3 ☐	4 ☐	9 ☐	9015
d. Tobacco use in any form?	1 ☐	2 ☐	3 ☐	4 ☐	9 ☐	9016
e. Frequently biting the cheek or lip?	1 ☐	2 ☐	3 ☐	4 ☐	9 ☐	9017

Hand card Z3. Read all categories if telephone interview.

8. In your opinion, which ONE of these is the BEST method for preventing tooth decay?

9018

1 ☐ Limiting sugary snacks
2 ☐ Using fluoridated water and dental products with fluoride
3 ☐ Chewing sugarless gum
4 ☐ Brushing and flossing the teeth
5 ☐ Visiting the dentist every 6 months
9 ☐ DK

Notes

CARD Q1

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
0. None of these

CARD Q2

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

Q1

Q2

(Cut along broken line)

CARD T

1. Headache
2. Arthritis
3. Lung cancer
4. Other cancer
5. Asthma
0. None of these

CARD U1

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

T

U1

(Cut along broken line)

CARD U2

1. Strongly associated with high blood pressure
2. Somewhat associated with high blood pressure
3. Probably not at all associated with high blood pressure
9. Don't know or no opinion

CARD W

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

U2
W
(Cut along broken line)

CARD X

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

CARD Y

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

X
Y

CARD Z1

1. Fill cavities
2. Prevent tooth decay
3. Improve appearance of teeth
4. Hold dentures in place
9. Don't know

CARD Z2

Z1
Z2

1. Definitely increases chances of getting MOUTH OR LIP CANCER
2. Probably increases chances of getting MOUTH OR LIP CANCER
3. Probably does not increase chances of getting MOUTH OR LIP CANCER
4. Definitely does not increase chances of getting MOUTH OR LIP CANCER
9. Don't know or no opinion

(Cut along broken line)

CARD Z3

1. Limiting sugary snacks
2. Using fluoridated water and dental products with fluoride
3. Chewing sugarless gum
4. Brushing and flossing the teeth
5. Visiting the dentist every 6 months
9. Don't know

CARD AA1

Z3
AA1

Television

Radio

Magazines

Newspapers

Street signs or billboards

Store displays or store distributed brochures

Bus, street car or subway displays

Health department brochures

Workplace distributed brochures

School distributed brochures

Church distributed brochures

Community organization

Friend or acquaintance

Other source

(Cut along broken line)