These next questions are about this home.

1. Does ANYONE smoke cigarettes, cigars, or pipes ANYWHERE INSIDE this home?
   - Yes
   - No
   - DK

2. On the average, about how many days per week is there smoking ANYWHERE INSIDE this home?
   - Less than 1 day per week/Rarely
   - (Number) Days per week
   - DK

3. Was your home built before 1950?
   - Yes
   - No
   - DK

4. Has paint from this home EVER been analyzed for lead content?
   *Read if necessary: This can be done by sending paint chips to a laboratory for testing, having a measurement by an x-ray fluorescence or XRF machine or having a chemical spot test on the wall.*
   - Yes
   - No
   - DK

5. Have you ever heard of radon, a gas that is found in the air in some homes?
   - Yes
   - No
   - DK

6. Has your household air been tested for the presence of radon?
   - Yes
   - No
   - DK

7. Do you or anyone plan to have this home tested for radon within the next year?
   - Yes
   - No
   - DK

8a. What was the radon level from that last test BEFORE any corrective action was taken?
   - Picocuries per liter (E1)
   - DK (8b)

8b. Was it above or below the EPA radon guideline of 4 picocuries (pi-ko-kur-ees) per liter?
   - Above the EPA guideline
   - At or below the EPA guideline
   - DK

ITEM E1

Refer to question 8a.

9. Were followup tests conducted to verify the results of the first test?
   - Yes
   - No
   - DK

10a. Has anything been done in this home to reduce the level of radon exposure?
   - Yes
   - No
   - DK

b. What has been done?
   *Mark all that apply.*
   - Increase ventilation by opening windows, doors, etc.
   - Stopped or decreased smoking
   - Moved out of or spend less time in the basement
   - Modified home — sealed cracks, installed ventilation system, etc.
   - Other — Specify
   - DK

11. Which of the following best describes your home?
   *Read answer categories, if necessary.*
   - Single home, duplex, townhouse
   - Basement, first or second floor apartment or condominium
   - Apartment or condominium above second floor
   - Trailer/Mobile home
   - Other — Specify
   - DK
### Section F — TOBACCO

#### ITEM F1

Refer to the "Sm" box on the HIS-1 for adult sample person.

<table>
<thead>
<tr>
<th>ITEM F1</th>
<th>Refer to the &quot;Sm&quot; box on the HIS-1 for adult sample person.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Available, &quot;Sm&quot; box marked (22)</td>
</tr>
<tr>
<td>2</td>
<td>Available, Other (1)</td>
</tr>
<tr>
<td>3</td>
<td>Callback required (Household page)</td>
</tr>
<tr>
<td>4</td>
<td>Noninterview (Inside back cover, then Section R)</td>
</tr>
</tbody>
</table>

These next questions are about tobacco use.

1. Have you smoked at least 100 cigarettes in your entire life?
   - Yes (2)
   - No (9)
   - DK (22)

2. Around this time LAST YEAR, were you smoking cigarettes every day, some days, or not at all?
   - Every day (2)
   - Some days (3)
   - Not at all (9)
   - DK

3. Do you smoke cigarettes now?
   - Yes (4)
   - No (5)

4. Do you now smoke cigarettes every day or some days?
   - Yes (6)
   - No (13)

5. Do you now smoke cigarettes "not at all" or "some days"?
   - No at all (F2)
   - Some days (13)

6. On the average, how many cigarettes do you now smoke a day?
   - (Number)
   - DK

<table>
<thead>
<tr>
<th>ITEM F2</th>
<th>Refer to question 2.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Every day &quot;&quot; in 2 (9)</td>
</tr>
<tr>
<td>2</td>
<td>All others in 2 (15)</td>
</tr>
</tbody>
</table>

7. Have you EVER quit smoking for one day or longer?
   - Yes (8)
   - No (19)

8. During the past 12 months, have you quit smoking for one day or longer?
   - Yes (9)
   - No (10)

9. How many times during the past 12 months have you quit smoking for one day or longer?
   - (Number)
   - DK

Hand Card C1. Read answer categories if telephone interview.

10. Thinking about the most recent time you stopped smoking, which of the following describes why you stopped?

Mark all that apply.

<table>
<thead>
<tr>
<th>ITEM F3</th>
<th>Refer to questions 4 and 5.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>&quot;Every day &quot; in 4 (11)</td>
</tr>
<tr>
<td>2</td>
<td>&quot;Not at all&quot; in 5 (16)</td>
</tr>
</tbody>
</table>

11a. How long ago was the START of your MOST RECENT quit attempt that lasted for one day or longer?

<table>
<thead>
<tr>
<th>ITEM F3</th>
<th>Refer to questions 4 and 5.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>&quot;Every day &quot; in 4 (11)</td>
</tr>
<tr>
<td>2</td>
<td>&quot;Not at all&quot; in 5 (16)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Month</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Days ago</td>
</tr>
<tr>
<td>2</td>
<td>Weeks ago</td>
</tr>
<tr>
<td>3</td>
<td>Months ago</td>
</tr>
<tr>
<td>4</td>
<td>Years ago</td>
</tr>
</tbody>
</table>

b. Was it within the past year or a year or more ago?
   - Within the past year (1)
   - 1 year or more (2)
   - DK (9)

12. How long did you actually stay off cigarettes that time before you started smoking again?

<table>
<thead>
<tr>
<th>ITEM F3</th>
<th>Refer to questions 4 and 5.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>None (F4)</td>
</tr>
</tbody>
</table>

| 1 | Days |
| 2 | Weeks |
| 3 | Months |
| 4 | Years |

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

<table>
<thead>
<tr>
<th>ITEM F3</th>
<th>Refer to questions 4 and 5.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>None (F4)</td>
</tr>
</tbody>
</table>

| Days |

| 1 | Days |
| 2 | Weeks |
| 3 | Months |
| 4 | Years |

99 | DK (11b)
### Section F — TOBACCO — Continued

<table>
<thead>
<tr>
<th>Question</th>
<th>Response Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>14. How many cigarettes did you smoke a day?</td>
<td>(Number)</td>
</tr>
<tr>
<td>ITEM F4: Refer to question 2.</td>
<td></td>
</tr>
<tr>
<td>15. Have you EVER smoked cigarettes every day?</td>
<td>1. Yes; 2. No; 3. DK</td>
</tr>
<tr>
<td>16a. How long has it been since you last smoked?</td>
<td>(Number)</td>
</tr>
<tr>
<td>ITEM F5: Refer to questions 2 and 5.</td>
<td></td>
</tr>
<tr>
<td>17. On the average, how many cigarettes did you smoke a day when you last smoked every day?</td>
<td>(Number)</td>
</tr>
<tr>
<td>18. Did you smoke cigarettes AT ALL during the past 12 months?</td>
<td>1. Yes; 2. No; 3. DK</td>
</tr>
<tr>
<td>19a. During the past 12 months, how many overnight hospital stays did you make?</td>
<td>(Number)</td>
</tr>
<tr>
<td>19b. On how many of those hospital stays did you advise to quit smoking?</td>
<td>1. None; 2. DK</td>
</tr>
<tr>
<td>20a. During the past 12 months, how many times have you visited a doctor or other health professional?</td>
<td>(Number)</td>
</tr>
<tr>
<td>20b. On how many of these visits were you advised to quit smoking?</td>
<td>1. None; 2. DK</td>
</tr>
<tr>
<td>21. Has a doctor or other health professional EVER advised you to quit smoking?</td>
<td>1. Yes; 2. No; 3. DK</td>
</tr>
</tbody>
</table>

Notes
### Section F — TOBACCO — Continued

These next questions are about your use of other tobacco products.

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>DK</th>
</tr>
</thead>
<tbody>
<tr>
<td>22. Have you ever smoked a pipe?</td>
<td></td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>23. Have you smoked a pipe at least 50 times in your entire life?</td>
<td></td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>24. Do you smoke a pipe now?</td>
<td></td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>25. Do you now smoke a pipe every day or some days?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>26. Do you now smoke a pipe &quot;not at all&quot; or &quot;some days&quot;?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>27. Have you ever smoked cigars?</td>
<td></td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>28. Have you smoked at least 50 cigars in your entire life?</td>
<td></td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>29. Do you smoke cigars now?</td>
<td></td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>30. Do you now smoke cigars every day or some days?</td>
<td></td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>31. Do you now smoke cigars &quot;not at all&quot; or &quot;some days&quot;?</td>
<td></td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>32. Have you ever used snuff, such as Skoal, Skoal Bandits, or Copenhagen?</td>
<td></td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>33. Have you used snuff at least 20 times in your entire life?</td>
<td></td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>34. Do you use snuff now?</td>
<td></td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>35. Do you now use snuff every day or some days?</td>
<td></td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>36. Do you now use snuff &quot;not at all&quot; or &quot;some days&quot;?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>37. Have you ever used chewing tobacco, such as Redman, Levi Garrett, or Beachnut?</td>
<td></td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>38. Have you used chewing tobacco at least 20 times in your entire life?</td>
<td></td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>39. Do you use chewing tobacco now?</td>
<td></td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>40. Do you now use chewing tobacco every day or some days?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>41. Do you now use chewing tobacco &quot;not at all&quot; or &quot;some days&quot;?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Notes
These next questions are about weight control and nutrition.

1. Do you consider yourself overweight, underweight, or just about right?
   - Overweight
   - Underweight
   - Just about right

2. Are you now trying to lose weight, gain weight, stay about the same, or are you not trying to do anything about your weight?
   - Lose weight
   - Gain weight
   - Stay about the same
   - Not trying to do anything

3. Are you currently doing any of these things to control your weight?
   - Joined a weight loss program
   - Eating fewer calories
   - Eating special products, such as canned or powdered food supplements
   - Exercising more
   - Fasting for 24 hours or longer
   - Skipping meals
   - Taking diet pills
   - Taking laxatives
   - Taking water pills or diuretics
   - Vomiting
   - Something else — Specify
   - Nothing

4a. About how tall are you without shoes?
   - Height: __________

b. About how much do you weigh without shoes?
   - Weight: __________

5a. How often do you or the person who shops for your food buy items that are labelled “low salt” or “low sodium”—would you say always, often, sometimes, rarely or never?
   - Always
   - Often
   - Sometimes
   - Rarely
   - Never

b. How often do you add salt to your food at the table — would you say always, often, sometimes, rarely or never?
   - Always
   - Often
   - Sometimes
   - Rarely
   - Never

6a. When you buy a food item for the first time, how often would you say you read the INGREDIENT list on the package — would you say always, often, sometimes, rarely, or never?
   - Don’t buy food
   - Always
   - Often
   - Sometimes
   - Rarely
   - Never

b. When you buy a food item for the first time, how often would you say you read the information about calorie, fat and/or cholesterol content sometimes listed on the label — would you say always, often, sometimes, rarely or never?
   - Always
   - Often
   - Sometimes
   - Rarely
   - Never

7a. Do you have meals delivered to your home by an agency or organization like Meals on Wheels?
   - Yes
   - No
   - DK

b. Do you NEED to have meals delivered to your home by an agency or organization like Meals on Wheels?
   - Yes
   - No
   - DK
The next questions are about foreign travel and the prevention of communicable diseases.

1a. During the past 5 years, did you travel outside the U.S. or Canada?
   - Yes (1b)
   - No
   - DK

b. During the past 5 years, how many trips did you make outside the U.S. or Canada?
   - (Number) Trips
   - DK

<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>Count</td>
<td>8</td>
<td>9</td>
<td>10</td>
<td>11</td>
<td>12</td>
<td>13</td>
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<td></td>
<td>14</td>
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</tbody>
</table>

   In which year(s) did you take the trip(s)?
   - Mark all that apply.
   - 1991
   - 1990
   - 1989
   - 1988
   - 1987
   - 1986
   - DK

Hand Card H1. Read each category if telephone interview.

   a. Before you left on (any of) your trip(s), did you get any shots to PREVENT infectious diseases?
   - Yes (2b)
   - No
   - DK
   - Only Box 01 “Europe” marked (Section I)
   - Other (2)

   Item H1
   Refer to question 1d.
   - 1
   - 2
   - 3
   - 4
   - 5
   - 6
   - 7
   - 8
   - 9
   - 10
   - 11
   - 12
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   - 14
   - 15
   - 16
   - 17
   - 18
   - 19
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   - 31
   - 32
   - 33
   - 34
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   - 38
   - 39
   - 40
   - 41
   - 42
   - 43
   - 44

b. Which shots did you receive? Any others?
   - Cholera
   - Gamma globulin or immune globulin
   - Hepatitis B
   - Meningococcal meningitis
   - Rabies
   - Typhoid fever
   - Yellow fever
   - Other — Specify
   - DK

   Hand Card H2. Read each category if telephone interview.

   a. Before or during (any of) your trip(s), did you take any prescription medicine to PREVENT malaria?
   - Yes (3b)
   - No
   - DK

   Item H3
   Refer to question 2c.
   - 1
   - 2
   - 3
   - 4
   - 5
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   - 63
   - 64

   b. Which medications did you take? Any others?
   - Aralen (AIR-uh-len)
   - Chloroquine phosphate (Klo-roh-KWIN fos-FATE)
   - Doxycycline (dox-i-SIGH-kleen)
   - Fenbid (Fan-see-DAH; last syllable rhymes with car)
   - Pyrimethamine Sulfadoxine (Pie-rim-METH-uh-mean sulf-DOX-een)
   - Lariam (LAIR-e-am)
   - Mefloquine (mah-LOW-KWIN); e in first syllable has short vowel sound.
   - Paludrine (Pal-yoo-DRUN)
   - Proguanil (Pro-GWAN-nil)
   - Plaquenil (Plah-GWAN-nil)
   - Hydroxy-chloroquine sulfate (hi-DROCKS-e kloroh-KWIN sul-FATE)
   - Other — Specify
   - DK

Hand Card H3. Read each category if telephone interview.
### Section I – OCCUPATIONAL SAFETY AND HEALTH

<table>
<thead>
<tr>
<th>ITEM 11</th>
<th>Refer to &quot;Wa/Wb&quot; boxes in C1 on HIS-1.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>□ Wa or Wb box marked (Item 12)</td>
</tr>
<tr>
<td></td>
<td>□ Entry of P, F, S or L (1)</td>
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<tr>
<td></td>
<td>□ Other (Section J)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ITEM 12</th>
<th>Refer to 6g on page 44 or 45 on HIS-1.</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>□ Entry of P, F, S or L (1)</td>
</tr>
<tr>
<td></td>
<td>□ Other (Section J)</td>
</tr>
</tbody>
</table>

These next questions are about health and safety in the workplace.

1. [You told me/ I was told] that you were employed during the past two weeks. How long have you worked at your main job?

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>Less than one month</td>
<td></td>
</tr>
<tr>
<td>☐</td>
<td>Months (Number)</td>
<td></td>
</tr>
<tr>
<td>☐</td>
<td>Years (Number)</td>
<td></td>
</tr>
<tr>
<td>☐</td>
<td>Not employed in past 2 weeks (Section J)</td>
<td></td>
</tr>
<tr>
<td>☐</td>
<td>DK</td>
<td></td>
</tr>
</tbody>
</table>

2a. Altogether, does your employer have 50 or more employees?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>Yes</td>
</tr>
<tr>
<td>☐</td>
<td>No</td>
</tr>
<tr>
<td>☐</td>
<td>DK</td>
</tr>
</tbody>
</table>

b. Does your employer have 50 or more employees at the building or location where you work?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>Yes</td>
</tr>
<tr>
<td>☐</td>
<td>No</td>
</tr>
<tr>
<td>☐</td>
<td>DK</td>
</tr>
</tbody>
</table>

3. How many hours did you work at your main job during the past two weeks?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>Did not work in past 2 weeks (7)</td>
</tr>
<tr>
<td>☐</td>
<td>DK</td>
</tr>
</tbody>
</table>

4a. During the past 2 weeks, did you drive or travel in a motor vehicle AS PART OF YOUR JOB? Do not count air travel or time spent traveling to and from work.

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>Yes</td>
</tr>
<tr>
<td>☐</td>
<td>No</td>
</tr>
<tr>
<td>☐</td>
<td>DK</td>
</tr>
</tbody>
</table>

b. During the past 2 weeks, what kind of vehicle did you spend the most time traveling in AS PART OF YOUR WORK. Mark only one.

- 1: Car
- 2: Light truck/van
- 3: Heavy truck
- 4: Motorcycle
- 5: Motorized bicycle/moped
- 6: Taxi
- 7: Bus/trolley
- 8: Other vehicle — Specify
- ☐: DK

4c. During the past 2 weeks, about how many hours did you drive or travel in a (vehicle in 4b) AS PART OF YOUR JOB? Do not count time spent traveling to and from your job.

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>None</td>
</tr>
<tr>
<td>☐</td>
<td>DK</td>
</tr>
</tbody>
</table>

4d. Does your employer require you to use vehicle safety devices, such as seat belts, helmets, or other types of protection? Do not count use when traveling to and from your job.

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>☐</td>
<td>Yes</td>
</tr>
<tr>
<td>☐</td>
<td>No</td>
</tr>
<tr>
<td>☐</td>
<td>DK</td>
</tr>
</tbody>
</table>

Hand card 11. Read all categories if telephone interview.

The next few questions are about smoking at work.

5. Which of these best describes the area in which you work most of the time?

Mark only one.

- 1: Private enclosed office with door
- 2: Enclosed office with door shared with one or more other persons
- 3: Cubicle with floor to ceiling bookcases or partitions and no door
- 4: Cubicle surrounded by mid-height bookcases or partitions
- 5: Open office areas
- 6: In one building, but no regular work area (7)
- 7: Mainly work outdoors
- 8: Travel to different buildings or sites
- 9: In a motor vehicle
- 10: Other — Specify
- ☐: DK
### Section I – OCCUPATIONAL SAFETY AND HEALTH — Continued

#### 6a. During the past 2 weeks, has anyone smoked in your IMMEDIATE work area?

- **1** Yes
- **2** No
- **9** DK

#### 6b. In general, would you say that your IMMEDIATE work area is very smoky, somewhat smoky, a little smoky, or not smoky at all?

- **1** Very smoky
- **2** Somewhat smoky
- **3** A little smoky
- **4** Not smoky at all
- **9** DK

#### 6c. Is smoking allowed in your IMMEDIATE work area?

- **1** Yes
- **2** No
- **9** DK

#### 7a. Does your employer have an official policy that restricts smoking in any way?

- **1** Yes
- **2** No
- **9** DK

**Hand card 12. Read all categories if telephone interview.**

#### 7b. Which of these best describes your employer’s smoking policy for indoor public or common areas, such as lobbies, rest rooms, and lunch rooms?

Mark only one.

- **1** Not allowed in ANY indoor or common public areas
- **2** Allowed in SOME public areas, including designated smoking areas
- **3** Allowed in ALL indoor or common public areas
- **9** DK

**Hand card 13. Read all categories if telephone interview.**

#### 7c. Which of these best describes your employer’s smoking policy for work areas?

Mark only one.

- **1** Not allowed in ANY work areas
- **2** Allowed in SOME work areas
- **3** Allowed in ALL work areas
- **9** DK

#### 8. Does your employer offer a quit smoking program or any other help to employees who want to quit smoking?

- **1** Yes
- **2** No
- **9** DK

#### 9a. Not counting Medicare or Medicaid, are you now covered by a health insurance plan which pays any part of hospital or doctor bills?

- **1** Yes
- **2** No
- **9** DK

**Hand Card 14. Read each category if telephone interview.**

#### 10a. Which of these exercise programs are made available to you by your employer? Mark each that applies.

- **1** Walking group
- **2** Jogging/Running group
- **3** Biking/Cycling group
- **4** Aerobics classes
- **5** Swimming classes
- **6** Non-aerobic exercise classes
- **7** Weight lifting classes
- **8** Fully paid membership in health/fitness club
- **9** Partially paid membership in health/fitness club
- **10** Physical activity or exercise competitions
- **99** Other — Specify □

- **00** No programs
- **99** DK

**Hand Card 15. Read each category if telephone interview.**

#### 10b. Which of these exercise facilities are made available to you by your employer, on the premises? Mark each that applies.

- **1** Gymnasium/Exercise room
- **2** Weight lifting equipment
- **3** Exercise equipment
- **4** Walking/Jogging path
- **5** Parcours/Fitness trails
- **6** Bike path
- **7** Bike racks
- **8** Swimming pool
- **9** Showers
- **10** Lockers
- **99** Other — Specify □

- **00** No facilities
- **99** DK

---

**FOH-HEZ-2 (1985) 11-23 91**
These next questions are about health conditions.

1. **Have you EVER been told by a doctor or other health professional that you had hypertension, sometimes called high blood pressure?**
   - [ ] Borderline (2)
   - [ ] Yes (2)
   - [ ] No (6)
   - [ ] Only during pregnancy (6)
   - [ ] DK (3)

2. **Were you told two or more DIFFERENT times that you had high blood pressure?**
   - [ ] Yes
   - [ ] No
   - [ ] Only during pregnancy (6)
   - [ ] DK

3a. **Has a doctor or other health professional EVER advised you to go on a diet or change your eating habits to help lower your high blood pressure?**
   - [ ] Yes (3b)
   - [ ] No
   - [ ] DK

   **b. Did you EVER follow this advice?**
   - [ ] Yes (3c)
   - [ ] No
   - [ ] DK

   **c. Are you NOW following this advice?**
   - [ ] Yes
   - [ ] No
   - [ ] DK

4a. **Was any medication EVER prescribed by a doctor to help you lower your high blood pressure?**
   - [ ] Yes (4b)
   - [ ] No
   - [ ] DK

   **b. Did you EVER take this medication?**
   - [ ] Yes (4c)
   - [ ] No
   - [ ] DK

   **c. Are you NOW taking this medication?**
   - [ ] Yes
   - [ ] No
   - [ ] DK

5a. **Do you still have high blood pressure?**
   - [ ] Yes (6)
   - [ ] No
   - [ ] DK

   **b. Is this condition completely cured or is it under control?**
   - [ ] Cured
   - [ ] Under control
   - [ ] DK

6. **About how long has it been since you had your blood pressure checked by a doctor or other health professional?**
   - [ ] Never (8)
   - [ ] Days
   - [ ] Weeks
   - [ ] Months
   - [ ] Years
   - [ ] DK

7. **At that time, did the doctor or other health professional say your blood pressure was high, low, or normal?**
   - [ ] Not told
   - [ ] High
   - [ ] Low
   - [ ] Normal
   - [ ] Borderline
   - [ ] Other — Specify
   - [ ] DK
### Section J — HEART DISEASE AND STROKE — Continued

**These next questions are about blood cholesterol.**

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
</table>
| 8. When was the last time you had your blood cholesterol checked by a doctor or other health professional? | 0 = Never (Section K)  
1 = Less than 1 year  
2 = 1 year, less than 2 years  
3 = 2 years, less than 3 years  
4 = 3 years, less than 4 years  
5 = 4+ years  
9 = DK |

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
</table>
| 9a. Has a doctor or other health professional EVER advised you to go on a diet or change your eating habits to lower your cholesterol? | 1 = Yes (9b)  
2 = No (10)  
9 = DK |

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
</table>
| b. Did you EVER follow this advice?                                     | 1 = Yes (9c)  
2 = No (10)  
9 = DK |

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
</table>
| c. Are you NOW following this advice?                                   | 1 = Yes  
2 = No  
9 = DK |

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
</table>
| 10. Have you ever been told by a doctor or other health professional that your blood cholesterol level was high? | 1 = Yes (11)  
2 = No (Section K)  
9 = DK |

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
</table>
| 11a. Was any medication EVER prescribed by a doctor to help lower your cholesterol level? | 1 = Yes (11b)  
2 = No (Section K)  
9 = DK |

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
</table>
| b. Did you EVER take this medication?                                   | 1 = Yes (11c)  
2 = No (Section K)  
9 = DK |

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
</table>
| c. Are you NOW taking this medication?                                  | 1 = Yes  
2 = No  
9 = DK |

**Notes**
### Section K — OTHER CHRONIC AND DISABLING CONDITIONS

**1. Have you EVER been told by a doctor that you had diabetes? Do not include pre, potential, or borderline diabetes.**

1. Yes (2)
2. No
3. DK 

**Ask if female, otherwise go to 4:**

**2. Were you pregnant when you were first told that you had diabetes?**

1. Yes (3)
2. No
3. DK 

**3. Other than during pregnancy, did a doctor EVER tell you that you had diabetes? Do not include pre, potential, or borderline diabetes.**

1. Yes (4)
2. No
3. DK 

**4. How old were you when your diabetes was diagnosed?**

______ Years old

99 DK 

**5. Are you now taking insulin?**

1. Yes
2. No
3. DK 

**6a. In the past 6 months, on your own, about how often did you check your blood for glucose or sugar? Include times when checked by a family member or friend.**

000 Never

Times per

1. Day
2. Week
3. Month
4. Year

999 DK 

**b. In the past 6 months, about how many times has a health professional checked your blood for glucose or sugar? Do not count times when an overnight patient in a hospital.**

00 None

Times (Number)

999 DK 

*If "Never" in 6a AND "None" in 6b, mark Box O; otherwise, ask:*

**7. Based on ALL your blood sugar tests during the past 6 months, how often would you say your blood sugar level has been too high? Would you say always, most of the time, some of the time, rarely, or never?**

1. Yes (8b)
2. No
3. DK

999 DK 

**b. How old were you when the doctor first told you this?**

______ Years old

999 DK 

**8a. Have you EVER been told that diabetes has affected the back of your eyes, that is, the retina?**

1. Yes (9b)
2. No
3. DK 

999 DK 

**b. How old were you when the doctor first told you this?**

______ Years old

999 DK 

**9a. Have you ever had laser or photocoagulation treatment for this problem? Do not include treatments for cataracts.**

1. Yes (9b)
2. No
3. DK 

999 DK 

**b. Did you receive this treatment within the past 12 months?**

1. Yes (9c)
2. No
3. DK 

999 DK 

**c. Was this the first time you had this treatment?**

1. Yes
2. No
3. DK 

9999 DK 

**10a. Have you ever taken a course or class in how to manage your diabetes yourself?**

1. Yes (11)
2. No
3. DK 

999 DK 

**b. Would you like to take a course or class in how to manage your diabetes yourself?**

1. Yes
2. No
3. DK 

9999 DK
Section K — OTHER CHRONIC AND DISABLING CONDITIONS — Continued

### 11. Do you have trouble seeing with one or both eyes EVEN when wearing glasses or contact lenses?
- Yes (12)
- No
- DK

### 12. Are you blind in one or both eyes?
- Yes
- No

### 13. IN THE PAST TWO YEARS, have you had ANY kind of eye exam by a MEDICAL DOCTOR? Do not include visits to an optometrist or optician.
- Yes (14)
- No
- DK

### 14. IN THE PAST 12 MONTHS, have you seen an ophthalmologist, that is, a medical doctor who specializes in eye care?
- Yes
- No
- DK

### 15. In the past 12 months, have you had ANY kind of eye exam by any (other) kind of medical doctor?
- Yes
- No
- DK

### 16a. Have you EVER had an eye exam in which the pupils were dilated? This would have made you temporarily sensitive to bright light.
- Yes (16b)
- No
- DK

#### b. When was the last time you had this exam?
- Less than 1 month
- 1 month, less than 1 year
- 1 year, less than 2 years
- 2 years or more
- DK

### 17. Have you EVER had photographs taken of the retina or inside of your eyes?
- Yes
- No
- DK

### 18a. Has a doctor EVER told you that you had glaucoma?
- Yes (18b)
- No
- DK

#### b. Are you NOW using medication for glaucoma?
- Yes
- No
- DK

#### c. Is there a history of glaucoma in your family?
- Yes
- No
- DK

### 19. Has a doctor EVER told you that you had cataracts?
- Yes
- No
- DK

### 20a. During the past 12 months, have you had asthma?
- Yes (20b)
- No
- DK

#### b. Have you ever taken a course or class in how to manage your asthma yourself?
- Yes
- No
- DK

Notes
Section K — OTHER CHRONIC AND DISABLING CONDITIONS — Continued

Ask all of 21a BEFORE GOING TO 21b.

The next questions are about how well you are able to do certain activities.

21a. Because of any physical or mental condition, do you have difficulty —

<table>
<thead>
<tr>
<th>Activity</th>
<th>YES</th>
<th>NO</th>
<th>DOESN'T DO</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Lifting and carrying something as heavy as 10 lbs., such as a full bag of groceries?</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>(2) Climbing a flight of stairs without resting?</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>(3) Walking a quarter of a mile — about 3 city blocks?</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>(4) Doing heavy work around the house, such as scrubbing floors or washing windows?</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>(5) Shopping for personal items, such as food or medication?</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>(6) Going OUTSIDE the home ALONE, such as to shop or visit a doctor's office?</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>(7) Doing light work around the house, such as washing dishes or doing light yard work?</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>(8) Preparing your meals?</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

Because of any physical or mental condition, do you have difficulty —

<table>
<thead>
<tr>
<th>Activity</th>
<th>YES</th>
<th>NO</th>
<th>DOESN'T DO</th>
</tr>
</thead>
<tbody>
<tr>
<td>(9) Managing your money, such as keeping track of expenses or paying bills?</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>(10) Using a telephone?</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>(11) Getting around INSIDE the home?</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>(12) Walking?</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>(13) Getting in and out of bed or chairs?</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>(14) Eating?</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>(15) Using the toilet, including getting to and from the toilet?</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>(16) Bathing or showering?</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>(17) Dressing?</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

ITEM K1

Refer to age.

22a. Do you have trouble controlling your urination?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>DK</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>9</td>
</tr>
</tbody>
</table>

b. Do you have a urinary catheter or a device to help control urination?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

ITEM K2

Refer to 22a and b. Mark first appropriate box.

23. Have YOU told your doctor or other health professional about the trouble you have controlling your urination?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>DK</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>9</td>
</tr>
</tbody>
</table>

Notes
The next questions are about prevention of injury and illness.

1a. When driving or riding in the front seat of a car, do you wear a seat belt all or most of the time, some of the time, once in awhile, or never?

- All or most of the time
- Some of the time
- Once in awhile
- Never
- DK

b. When riding in the back seat of a car, do you wear a seat belt all or most of the time, some of the time, once in awhile, or never?

- All or most of the time
- Some of the time
- Once in awhile
- Never
- DK

2a. 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?

- Yes
- No

b. What kind of place is it—a clinic, a health center, a hospital, a doctor’s office, or some other place?

- Doctor’s office (group practice, doctor’s clinic or HMO)
- Hospital outpatient clinic
- Sample person’s home
- Hospital emergency room
- Company or Industry clinic
- Health center
- Other

These next questions are about medical check-ups and routine tests.

3. About how long has it been since your last routine check-up by a medical doctor or other health professional?

- Less than 1 year
- 1 year, less than 2 years
- 2 years, less than 3 years
- 3 years, less than 4 years
- 4+ years
- Never
- DK

4. During this last check-up, were you asked about—

a. Your diet and eating habits?
- Yes
- No
- DK

b. The amount of physical activity or exercise you get?
- Yes
- No
- DK

c. Whether you smoke cigarettes or use other forms of tobacco?
- Yes
- No
- DK

d. How much and how often you drink alcohol?
- Yes
- No
- DK

e. Whether you use marijuana, cocaine, or other drugs?
- Yes
- No
- DK

f. Sexually transmitted diseases?
- Yes
- No
- DK

Ask ONLY IF SP is less than 50 otherwise, skip to 5.

g. The use of contraceptives?
- Yes
- No
- DK

5. During this last check-up, did you have any of the following things checked?

a. Your blood pressure?
- Yes
- No
- DK

b. Your cholesterol level?
- Yes
- No
- DK

c. Your height?
- Yes
- No
- DK

d. Your weight?
- Yes
- No
- DK
### Section L – CLINICAL AND PREVENTIVE SERVICES – Continued

<table>
<thead>
<tr>
<th>ITEM L1</th>
<th>Refer to age.</th>
</tr>
</thead>
</table>
| a. During this last check-up, were you asked about the symptoms of a transient ischemic attack (TIA)? 
  **Read if necessary:** This is an episode of weakness or paralysis in the arms and legs, loss of vision, speech, or memory, and facial droop that lasted for less than 24 hours? 
  **Read if necessary:** | Yes | No | DK |
| b. During this last check-up, were you asked about whether you have difficulty taking care of yourself, including dressing, using the toilet, bathing, eating, or getting around inside your home without help? | Yes | No | DK |
| c. During this last check-up, were you asked about whether you have difficulty doing everyday activities and chores, including preparing your meals, managing your money, using the telephone, doing light housework, and shopping? | Yes | No | DK |
| 7. During this last check-up, did you have— | Yes | No | DK |
| a. A vision test to see how well you see? | 1 | 2 | 9 |
| b. A hearing test? | 1 | 2 | 9 |
| c. A urine test? | 1 | 2 | 9 |
| d. A blood test to check your thyroid function? | 1 | 2 | 9 |
| e. A stool test to check for blood in the stool? | 1 | 2 | 9 |
| 8. During the past 12 months, have you had a flu shot? 
  **Read if necessary:** This vaccination is usually given in the fall and protects against influenza for the flu season. | Yes | No | DK |
| 9. Have you EVER had a pneumonia vaccination? This shot is given only once in a person’s lifetime. | Yes | No | DK |
| 10. During the past TEN years, have you had a tetanus shot? | Yes | No | DK |

<table>
<thead>
<tr>
<th>ITEM L2</th>
<th>Refer to sex.</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. During the past 12 months, did you have a pap smear or pap test to check for cancer of the cervix?</td>
<td>Yes</td>
</tr>
<tr>
<td>b. Have you had a hysterectomy?</td>
<td>Yes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ITEM L3</th>
<th>Refer to age.</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. During the past 12 months, have you had a breast physical exam in which a medical doctor or health professional checked your breasts for lumps?</td>
<td>Yes</td>
</tr>
</tbody>
</table>
| b. During the past two years have you had a mammogram? 
  **Read if necessary:** That is, an x-ray taken only of the breasts by a machine that presses against the breast while the picture is taken. | Yes | No | DK |
These next questions are about physical exercise.

<table>
<thead>
<tr>
<th>ITEM</th>
<th>Mark from observation or previous information.</th>
</tr>
</thead>
<tbody>
<tr>
<td>M1</td>
<td></td>
</tr>
</tbody>
</table>

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

**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?

- Yes *(1b)*
- No *(3 on page 40)*
- DK *

b. What were they?

Record on next page, THEN 1c.

c. Anything else?

- Yes *(Reask 1b and c)*
- No *(2b)*

Notes
### Section M — PHYSICAL ACTIVITY AND FITNESS — Continued

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

#### 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 —

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Walking for exercise?</td>
<td>1 ☐ 2 ☐</td>
<td></td>
</tr>
<tr>
<td>(2) Gardening or yard work?</td>
<td>1 ☐ 2 ☐</td>
<td></td>
</tr>
<tr>
<td>(3) Stretching exercises?</td>
<td>1 ☐ 2 ☐</td>
<td></td>
</tr>
<tr>
<td>(4) Weights or other exercises to increase muscle strength?</td>
<td>1 ☐ 2 ☐</td>
<td></td>
</tr>
<tr>
<td>(5) Jogging or running?</td>
<td>1 ☐ 2 ☐</td>
<td></td>
</tr>
<tr>
<td>(6) Aerobics or aerobic dancing?</td>
<td>YES NO</td>
<td></td>
</tr>
<tr>
<td>(7) Riding a bicycle or exercise bike?</td>
<td>YES NO</td>
<td></td>
</tr>
<tr>
<td>(8) Stair climbing?</td>
<td>1 ☐ 2 ☐</td>
<td></td>
</tr>
<tr>
<td>(9) Swimming for exercise?</td>
<td>1 ☐ 2 ☐</td>
<td></td>
</tr>
<tr>
<td>(10) Playing tennis?</td>
<td>1 ☐ 2 ☐</td>
<td></td>
</tr>
<tr>
<td>(11) Bowling?</td>
<td>1 ☐ 2 ☐</td>
<td></td>
</tr>
<tr>
<td>(12) Playing golf?</td>
<td>1 ☐ 2 ☐</td>
<td></td>
</tr>
<tr>
<td>(13) Playing baseball or softball?</td>
<td>1 ☐ 2 ☐</td>
<td></td>
</tr>
<tr>
<td>(14) Playing handball, racquetball, or squash?</td>
<td>1 ☐ 2 ☐</td>
<td></td>
</tr>
<tr>
<td>(15) Skiing? ☐ Yes ☐ No (16)</td>
<td>96</td>
<td></td>
</tr>
<tr>
<td>(a) Downhill?</td>
<td>1 ☐ 2 ☐</td>
<td></td>
</tr>
<tr>
<td>(b) Cross-country?</td>
<td>1 ☐ 2 ☐</td>
<td></td>
</tr>
<tr>
<td>(c) Water?</td>
<td>1 ☐ 2 ☐</td>
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<tr>
<td>(16) Playing basketball?</td>
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<tr>
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<tr>
<td>(20) Have you done any (other) exercises, sports, or physically active hobbies in the past 2 weeks?</td>
<td>☐ Yes ☐ No</td>
<td></td>
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</tbody>
</table>

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

**2b–d.** For each activity marked "YES" in 2a.

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<td>(15) Skiing? ☐ Yes ☐ No (16)</td>
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</tbody>
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**Form HS-2 (1/83) 11-23-91**

194
Section M — PHYSICAL ACTIVITY AND FITNESS — Continued

### ITEM M2

Refer to Section L, question 3 on page 36 about last routine check-up.

<table>
<thead>
<tr>
<th>1</th>
<th>Yes, to BEGIN</th>
<th>(4a)</th>
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</thead>
<tbody>
<tr>
<td>2</td>
<td>Yes, to CONTINUE</td>
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<tr>
<td>3</td>
<td>Yes, Both</td>
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<td>4</td>
<td>No</td>
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<td>5</td>
<td>Other (Section N)</td>
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</tbody>
</table>

#### 3. During your last routine check-up, did the doctor or other health professional recommend that you BEGIN or CONTINUE to do any type of exercise or physical activity?
If "Yes," ask if this was to begin or continue.

- Did the doctor or other health professional recommend that you BEGIN or CONTINUE to do any type of exercise or physical activity?  

<table>
<thead>
<tr>
<th>1</th>
<th>Yes, BEGIN</th>
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<tbody>
<tr>
<td>2</td>
<td>Yes, CONTINUE</td>
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<tr>
<td>3</td>
<td>Yes, Both</td>
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<tr>
<td>4</td>
<td>No</td>
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<td>5</td>
<td>Other (Section N)</td>
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</tbody>
</table>

#### 4a. What type of exercise or physical activity did the doctor or other health professional recommend that you [BEGIN or CONTINUE] to do? Read all categories.

**YES NO**

<table>
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<tbody>
<tr>
<td>1</td>
<td>Aerobics or aerobic dancing</td>
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<tr>
<td>2</td>
<td>Riding a bicycle or exercise bike</td>
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<tr>
<td>3</td>
<td>Jogging or running</td>
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<td>4</td>
<td>Swimming laps or water exercises</td>
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<td>5</td>
<td>Walking</td>
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<td>6</td>
<td>Other aerobic type exercises</td>
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<td>7</td>
<td>Exercises to increase muscle strength</td>
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<td>8</td>
<td>Stretching exercises</td>
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<td>9</td>
<td>Other — Specify +</td>
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#### Notes

**RT 04**

Ask 4b, c, and d for each activity marked "Yes" in 4a.

**Hand card M1. Read all categories if telephone interview. Mark all that apply.**

**d. Which of these ways, if any, did the doctor or other health professional recommend to check how hard you should exercise?**

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

1. Have you had at least one drink of beer, wine, or liquor during the PAST YEAR?
   - Yes
   - No
   - DK

2. During 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?
   - None/never
   - Everyday
   - DK

3. On the (number in 2) day(s) that you drank alcoholic beverages, how many drinks did you have (per day on the average)?
   - Drinks/day

4a. Was the amount of your drinking during that 2-WEEK period typical of your drinking during the past 12 months?
   - Yes
   - No
   - DK

4b. During that 2-week period, did you drink MORE or LESS than usual?
   - More
   - Less
   - DK

Notes
### Section O — MENTAL HEALTH

These questions are about how you have been feeling emotionally.

**Hand Card O1. Read categories, if telephone interview.**

1. **During the past 2 weeks, how often have you felt bored?**
   - Never
   - Rarely
   - Sometimes
   - Often
   - Very often
   - DK

2. **(During the past 2 weeks,) How often have you felt so restless that you could hardly sit still?**
   - Never
   - Rarely
   - Sometimes
   - Often
   - Very often
   - DK

3. **(During the past 2 weeks,) How often have you felt depressed or very low about something?**
   - Never
   - Rarely
   - Sometimes
   - Often
   - Very often
   - DK

4. **(During the past 2 weeks,) How often have you felt upset because of something someone said about you?**
   - Never
   - Rarely
   - Sometimes
   - Often
   - Very often
   - DK

5. **(During the past 2 weeks,) How often have you felt very lonely or abandoned?**
   - Never
   - Rarely
   - Sometimes
   - Often
   - Very often
   - DK

**Notes**
These next questions are about oral health.

1. During the past 12 months, that is, since [12-month date] a year ago, about how many visits did you make to a dentist?
   - None
   - Dental visits (Number)
   - DK

2. Have you lost ALL of your UPPER natural teeth?
   - Yes
   - No

3. Have you lost ALL of your LOWER natural teeth?
   - Yes
   - No

Notes
CARD H1

1. Europe
2. Middle East
3. East Africa
4. West Africa
5. Central Africa
6. Northern Africa
7. Southern Africa
8. Asia or Pacific Islands
9. Australia or New Zealand
10. Mexico
11. Central America
12. Caribbean
13. South America
98. Other — Specify

CARD H2

0. Cholera vaccine
1. Gamma globulin or immune globulin
2. Hepatitis B vaccine
3. Meningococcal vaccine
4. Rabies vaccine
5. Typhoid fever vaccine
6. Yellow fever vaccine
8. Other — Specify

CARD H3

1. Aralen (Chloroquine phosphate)
2. Doxycycline
3. Fansidar (Pyrimethamine Sulfadoxine)
4. Lariam (Mefloquine)
5. Plaquenil (Hydroxy-chloroquine sulfate)
8. Other — Specify

CARD I1

1. Private enclosed office with door
2. Enclosed office with door shared with one or more other persons
3. Cubicle with floor to ceiling bookcases or partitions and no door
4. Cubicle surrounded by mid-height bookcases or partitions
5. Open office areas
6. In one building, but no regular work area
7. Mainly work outdoors
8. Travel to different buildings or sites
9. In a motor vehicle
98. Other — Specify
CARD 12

1. Not allowed in ANY indoor or common public areas
2. Allowed in SOME public areas, including designated smoking areas
3. Allowed in ALL indoor or common public areas

CARD 13

1. Not allowed in ANY work areas
2. Allowed in SOME work areas
3. Allowed in ALL work areas

CARD 14

1. Walking group
2. Jogging/Running group
3. Biking/Cycling group
4. Aerobics classes
5. Swimming classes
6. Non-aerobic exercise classes
7. Weight lifting classes
8. Fully paid membership in health/fitness club
9. Partially paid membership in health/fitness club
10. Physical activity or exercise competitions
98. Other — Specify
00. No programs

CARD 15

1. Gymnasium/Exercise room
2. Weight lifting equipment
3. Exercise equipment
4. Walking/Jogging path
5. Parcours/Fitness trails
6. Bike path
7. Bike racks
8. Swimming pool
9. Showers
10. Lockers
98. Other — Specify
00. No facilities
CARD M1

0. No recommendation was made
1. Measure heart rate or pulse
2. Pay attention to rate or depth of breathing
3. Told to work up a sweat
4. Measure the distance or speed of walking/cycling/swimming, etc.
5. The talk test — exercising to the level that talking is difficult
8. Other

CARD Q1

Television programs
Radio programs
Magazine articles
Newspaper articles
Street signs/billboards
Store displays/store distributed brochures
Bus/street car/subway displays
Health Department brochures
Workplace distributed brochures
School distributed brochures
Church distributed brochures
Community organization
Friend/acquaintance
AIDS hotline
Other source — Specify
Received no AIDS information in the past month

CARD Q2

1. Very likely
2. Somewhat likely
3. Somewhat unlikely
4. Very unlikely
5. Definitely not possible
CARD Q3
a. AZT can delay or slow down the symptoms of AIDS virus infection
b. AZT cures people with AIDS
c. AZT has no known side effects
d. AZT is appropriate for a person with the AIDS virus infection ONLY at certain times during the illness
e. There are other drugs available to treat AIDS related illnesses

CARD Q4
a. You have hemophilia or another blood clotting disorder and have received clotting factor concentrations since 1977
b. You are a man who has had sex with another man at some time since 1977, even one time
c. You have taken illegal drugs by needle at any time since 1977
d. You have had sex for money or drugs at any time since 1977
e. Since 1977, you are or have been the sex partner of any person who could answer “Yes” to any of the items above on this card

MEDICARE

STATE NAMES FOR MEDICAID

MEDI — CAL
California

MEDI — KAN
Kansas

HEALTH CARE COST CONTAINMENT SYSTEM (HCCCS)

Arizona

MEDICAL ASSISTANCE

All other States