

Section IV – YEAR 2000 OBJECTIVES		RT 93 3-4
ITEM IV2	Refer to sample person selection label.	1 <input type="checkbox"/> Y (Item A1) 2 <input type="checkbox"/> A (Section V, AIDS on page 59)
Part A – TOBACCO		
ITEM A1	Adult SP status. Begin here on Section IV callbacks.	<input type="checkbox"/> Available (1) <input type="checkbox"/> Callback required (Item 18 on Household page of HIS-1) <input type="checkbox"/> Noninterview (Response status on Back Cover)
These next questions are about cigarette smoking. 1a. Have you smoked at least 100 cigarettes in your entire life? <i>If asked: approximately 5 packs</i>		5
b. How old were you when you first TRIED cigarettes?		6
c. How old were you when you first started to smoke every day?		7-8
2. Around this time LAST YEAR, were you smoking cigarettes everyday, some days, or not at all? <i>Mark (X) only one.</i>		9-10
3a. Do you NOW smoke cigarettes everyday, some days, or not at all? <i>Mark (X) only one.</i>		11
b. How long has it been since you quit smoking cigarettes?		12
4. On the average, how many cigarettes do you now smoke a day?		13-15
5. During the past 12 months, have you stopped smoking for one day or longer?		16-17
6a. On how many of the past 30 days did you smoke cigarettes?		18
b. On the average, when you smoked DURING THE PAST 30 DAYS, about how many cigarettes did you smoke EACH day?		19-20
7. Would you like to completely quit smoking cigarettes?		21-22
Notes		23

Part B - NUTRITION		RT 94
<p>1. Are you NOW trying to lose weight, gain weight, stay about the same, or are you not trying to do anything about your weight?</p> <p><i>Mark (X) only one.</i></p>	<p>1 <input type="checkbox"/> Lose weight (2) 2 <input type="checkbox"/> Gain weight (B1) 3 <input type="checkbox"/> Stay about the same (2) 4 <input type="checkbox"/> Not trying to do anything (B1)</p>	3-4 5
<p><i>HAND CARD YB1. Read categories if telephone interview.</i></p> <p>2. Are you currently doing any of these things to control your weight?</p> <p><i>Mark (X) all that apply.</i></p>	<p>01 <input type="checkbox"/> Joined a weight loss program 02 <input type="checkbox"/> Eating fewer calories 03 <input type="checkbox"/> Eating special products such as canned or powdered food supplements 04 <input type="checkbox"/> Exercising more 05 <input type="checkbox"/> Eating less fat 06 <input type="checkbox"/> Skipping meals 07 <input type="checkbox"/> Taking diet pills 08 <input type="checkbox"/> Taking laxatives 09 <input type="checkbox"/> Taking water pills or diuretics 10 <input type="checkbox"/> Vomiting 11 <input type="checkbox"/> Fasting for 24 hours or longer 98 <input type="checkbox"/> Something else - <i>Specify</i> <u> </u> 00 <input type="checkbox"/> Nothing</p>	6-7 8-9 10-11 12-13 14-15 16-17 18-19 20-21 22-23 24-25 26-27 28-29 30-31
<p>ITEM B1</p> <p><i>Refer to HIS-1.</i></p>	<p>1 <input type="checkbox"/> SP was respondent for HIS-1 (<i>Transcribe question 5 from HIS-1, page 22-23, then ask 4a</i>) 2 <input type="checkbox"/> SP was not respondent for HIS-1 (3)</p>	32
<p>3a. About how tall are you without shoes?</p>	<p>_____</p> <p>(Feet) (Inches)</p>	33-35
<p>b. About how much do you weigh without shoes?</p> <p><i>Read if SP is pregnant: Please give your usual weight before becoming pregnant.</i></p>	<p>_____</p> <p>(Pounds)</p>	36-38
<p>The next questions are about salt in your diet.</p>		
<p>4a. How often do you or the person who shops for your food buy items that are labeled "low salt", or "low sodium" — would you say always, often, sometimes, rarely or never?</p> <p><i>Mark (X) only one.</i></p>	<p>0 <input type="checkbox"/> Don't shop for food 1 <input type="checkbox"/> Always 2 <input type="checkbox"/> Often 3 <input type="checkbox"/> Sometimes 4 <input type="checkbox"/> Rarely 5 <input type="checkbox"/> Never 9 <input type="checkbox"/> DK</p>	39
<p>b. When you sit down at the table to eat, how often do you add salt to your food — would you say always, often, sometimes, rarely, or never? Do not include salt substitutes.</p> <p><i>Mark (X) only one.</i></p>	<p>1 <input type="checkbox"/> Always 2 <input type="checkbox"/> Often 3 <input type="checkbox"/> Sometimes 4 <input type="checkbox"/> Rarely 5 <input type="checkbox"/> Never 9 <input type="checkbox"/> DK</p>	40
<p>5a. When you buy a food item for the first time, how often would you say you read the NUTRITIONAL INFORMATION about calories, fat and cholesterol sometimes listed on the label — would you say always, often, sometimes, rarely or never?</p> <p><i>Mark (X) only one.</i></p>	<p>0 <input type="checkbox"/> Don't buy food (B2 on page 52) 1 <input type="checkbox"/> Always 2 <input type="checkbox"/> Often 3 <input type="checkbox"/> Sometimes 4 <input type="checkbox"/> Rarely 5 <input type="checkbox"/> Never 9 <input type="checkbox"/> DK</p> <p style="margin-left: 150px;">} (5b)</p>	41
<p>b. 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?)</p> <p><i>Mark (X) only one.</i></p>	<p>0 <input type="checkbox"/> Don't buy food 1 <input type="checkbox"/> Always 2 <input type="checkbox"/> Often 3 <input type="checkbox"/> Sometimes 4 <input type="checkbox"/> Rarely 5 <input type="checkbox"/> Never 9 <input type="checkbox"/> DK</p>	42

Part B - NUTRITION - Continued		
ITEM B2	<i>Refer to age.</i>	<div style="text-align: right; border-bottom: 1px solid black; margin-bottom: 5px;">43</div> 1 <input type="checkbox"/> 65+ (6) 2 <input type="checkbox"/> Under 65 (Part C on page 53)
6a. Do you have meals delivered to your home by an agency or organization like Meals on Wheels?		<div style="text-align: right; border-bottom: 1px solid black; margin-bottom: 5px;">44</div> 1 <input type="checkbox"/> Yes (Part C on page 53) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (6b)
b. Do you NEED to have meals delivered to your home (by an agency or organization like Meals on Wheels)?		<div style="text-align: right; border-bottom: 1px solid black; margin-bottom: 5px;">45</div> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK
7a. In the past 12 months, have you taken a class or attended a presentation on health topics?		<div style="text-align: right; border-bottom: 1px solid black; margin-bottom: 5px;">46</div> 1 <input type="checkbox"/> Yes (7b) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (8)
b. Where was the health class given — at a senior center, hospital, or some other place? <i>If multiple classes, probe for the location of the most recent. Mark (X) only one.</i>		<div style="text-align: right; border-bottom: 1px solid black; margin-bottom: 5px;">47</div> 1 <input type="checkbox"/> Senior center 2 <input type="checkbox"/> Hospital 3 <input type="checkbox"/> Other place 9 <input type="checkbox"/> DK
8a. In the past 12 months, did you participate in an exercise class or exercise program?		<div style="text-align: right; border-bottom: 1px solid black; margin-bottom: 5px;">48</div> 1 <input type="checkbox"/> Yes (8b) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (Part C on page 53)
b. Where was the exercise class given — at a senior center, hospital, or some other place? <i>If multiple classes, probe for the location of the most recent. Mark (X) only one.</i>		<div style="text-align: right; border-bottom: 1px solid black; margin-bottom: 5px;">49</div> 1 <input type="checkbox"/> Senior center 2 <input type="checkbox"/> Hospital 3 <input type="checkbox"/> Other place 9 <input type="checkbox"/> DK
Notes		

Part C - CLINICAL PREVENTIVE SERVICES

<p>The following questions are on immunizations.</p>		50
<p>1. During the past 12 months, have you had a flu shot?</p> <p><i>Read if necessary: This vaccination is usually given in the Fall and protects against influenza for the flu season.</i></p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p>	
<p>2. During the past TEN years, have you had a tetanus shot?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p>	51
<p>3. Have you EVER had a pneumonia vaccination? This shot was first made available in 1977 and is usually given once in a person's lifetime.</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p>	52
<p>The following questions are about certain diseases and illnesses.</p>		53
<p>4. During the past 12 months, have you had diabetes?</p> <p><i>(If appropriate, read: Do not include diabetes diagnosed ONLY during pregnancy.)</i></p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p>	
<p>5. (During the past 12 months, have you had) asthma, emphysema, chronic bronchitis, or tuberculosis?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p>	54
<p>6. (During the past 12 months, have you had) any kind of chronic kidney disease?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p>	55
<p>7. (During the past 12 months, have you had) liver disease, including cirrhosis?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p>	56
<p>8. In the past 12 months, have you suffered from extreme fatigue lasting one month or longer?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p>	57
<p>9. Are you currently being treated for any kind of cancer?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p>	58
<p>10. Have you ever been told by a doctor that you have had a heart attack, heart failure, a chronic heart condition, or rheumatic heart disease?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p>	59
<p>Notes</p>		

Part D – MENTAL HEALTH

<p>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?</p> <p><i>Mark (X) only one.</i></p>	<p>1 <input type="checkbox"/> A lot 2 <input type="checkbox"/> Moderate 3 <input type="checkbox"/> Relatively little 4 <input type="checkbox"/> Almost none 5 <input type="checkbox"/> DK what stress is (4) 9 <input type="checkbox"/> DK (1b)</p>	60
--	--	----

<p>-----</p> <p>These next questions are about stress during the past 12 months.</p> <p style="text-align: right;">61</p>		
<p>b. During the past 12 MONTHS, would you say that you experienced a lot of stress, a moderate amount of stress, relatively little stress, or almost no stress at all?</p> <p><i>Mark (X) only one.</i></p>	<p>1 <input type="checkbox"/> A lot 2 <input type="checkbox"/> Moderate 3 <input type="checkbox"/> Relatively little 4 <input type="checkbox"/> Almost none 9 <input type="checkbox"/> DK</p>	

<p>2. During the past 12 months, how much effect has stress had on your health — a lot, some, hardly any, or none?</p> <p><i>Mark (X) only one.</i></p>	<p>1 <input type="checkbox"/> A lot 2 <input type="checkbox"/> Some 3 <input type="checkbox"/> Hardly any or none 9 <input type="checkbox"/> DK</p>	62
--	--	----

<p>3. (During the past 12 months), have you taken any steps to control or reduce stress in your life?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p>	63
--	---	----

<p>4. (During the past 12 months), have you had any SERIOUS personal or emotional problems?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p>	64
--	---	----

<p>5a. During the past 12 months, did you seek help from family or friends for ANY personal or emotional problems?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p>	65
---	---	----

<p>b. (During the past 12 months), did you seek help from a therapist, counselor, or self-help group for ANY personal or emotional problems?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p>	66
---	---	----

<p>c. (During the past 12 months), did you seek help from a priest, minister, rabbi, or other religious counselor for ANY personal or emotional problems?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p>	67
--	---	----

<p>Notes</p>	
--------------	--

RT 95
3-4

Part E - PHYSICAL ACTIVITY AND FITNESS

These next questions are about physical exercise.

ITEM E1	<i>Mark from observation or previous information.</i>	<input type="checkbox"/> SP is physically handicapped (<i>Describe in notes, THEN 1</i>) <input type="checkbox"/> Other (<i>2 on page 57</i>)	5
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?		<input type="checkbox"/> Yes (<i>1b</i>) <input type="checkbox"/> No <input type="checkbox"/> DK } (<i>3 on page 58</i>)	6
b. What were they? <i>Record in 2a on page 57, THEN 1c.</i>			
c. Anything else?		<input type="checkbox"/> Yes (<i>Reask 1b and c</i>) <input type="checkbox"/> No (<i>Mark "No" for all remaining activities in 2a, then go to 2b</i>)	

Notes

Part E - PHYSICAL ACTIVITY AND FITNESS - Continued

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

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

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 —

b. How many times in the past 2 weeks did you [go/do] (activity in 2a)?

c. On the average, about how many minutes did you actually spend (doing) (activity in 2a) each time?

d. (What usually happened to your heart rate or breathing when you [did/went] (activity in 2a)? Did you have a small, moderate, or large increase, or no increase at all in your heart rate or breathing?)

YES	NO	7	8-9	10-12	13
(1) Walking for exercise? <input type="checkbox"/> 1 <input type="checkbox"/> 2		14	(1) _____ Times	_____ Minutes	1 <input type="checkbox"/> Small 3 <input type="checkbox"/> Large 2 <input type="checkbox"/> Moderate 0 <input type="checkbox"/> No inc. 9 <input type="checkbox"/> DK
(2) Gardening or yard work? <input type="checkbox"/> 1 <input type="checkbox"/> 2		21	(2) _____ Times	_____ Minutes	1 <input type="checkbox"/> Small 3 <input type="checkbox"/> Large 2 <input type="checkbox"/> Moderate 0 <input type="checkbox"/> No inc. 9 <input type="checkbox"/> DK
(3) Stretching exercises? <input type="checkbox"/> 1 <input type="checkbox"/> 2		27	(3) _____ Times	_____ Minutes (Next activity)	
(4) Weightlifting or other exercises to increase muscle strength? <input type="checkbox"/> 1 <input type="checkbox"/> 2		34	(4) _____ Times	_____ Minutes	1 <input type="checkbox"/> Small 3 <input type="checkbox"/> Large 2 <input type="checkbox"/> Moderate 0 <input type="checkbox"/> No inc. 9 <input type="checkbox"/> DK
(5) Jogging or running? <input type="checkbox"/> 1 <input type="checkbox"/> 2		41	(5) _____ Times	_____ Minutes	1 <input type="checkbox"/> Small 3 <input type="checkbox"/> Large 2 <input type="checkbox"/> Moderate 0 <input type="checkbox"/> No inc. 9 <input type="checkbox"/> DK
(6) Aerobics or aerobic dancing? <input type="checkbox"/> 1 <input type="checkbox"/> 2		48	(6) _____ Times	_____ Minutes	1 <input type="checkbox"/> Small 3 <input type="checkbox"/> Large 2 <input type="checkbox"/> Moderate 0 <input type="checkbox"/> No inc. 9 <input type="checkbox"/> DK
(7) Riding a bicycle or exercise bike? <input type="checkbox"/> 1 <input type="checkbox"/> 2		55	(7) _____ Times	_____ Minutes	1 <input type="checkbox"/> Small 3 <input type="checkbox"/> Large 2 <input type="checkbox"/> Moderate 0 <input type="checkbox"/> No inc. 9 <input type="checkbox"/> DK
(8) Stair climbing for exercise? <input type="checkbox"/> 1 <input type="checkbox"/> 2		62	(8) _____ Times	_____ Minutes	1 <input type="checkbox"/> Small 3 <input type="checkbox"/> Large 2 <input type="checkbox"/> Moderate 0 <input type="checkbox"/> No inc. 9 <input type="checkbox"/> DK
(9) Swimming for exercise? <input type="checkbox"/> 1 <input type="checkbox"/> 2		69	(9) _____ Times	_____ Minutes	1 <input type="checkbox"/> Small 3 <input type="checkbox"/> Large 2 <input type="checkbox"/> Moderate 0 <input type="checkbox"/> No inc. 9 <input type="checkbox"/> DK
(10) Playing tennis? <input type="checkbox"/> 1 <input type="checkbox"/> 2		76	(10) _____ Times	_____ Minutes	1 <input type="checkbox"/> Small 3 <input type="checkbox"/> Large 2 <input type="checkbox"/> Moderate 0 <input type="checkbox"/> No inc. 9 <input type="checkbox"/> DK
(11) Playing golf? <input type="checkbox"/> 1 <input type="checkbox"/> 2		79	(11) _____ Times (Next activity)		
(12) Bowling? <input type="checkbox"/> 1 <input type="checkbox"/> 2		82	(12) _____ Times (Next activity)		
(13) Playing baseball or softball? <input type="checkbox"/> 1 <input type="checkbox"/> 2		89	(13) _____ Times	_____ Minutes	1 <input type="checkbox"/> Small 3 <input type="checkbox"/> Large 2 <input type="checkbox"/> Moderate 0 <input type="checkbox"/> No inc. 9 <input type="checkbox"/> DK
(14) Playing handball, racquetball, or squash? <input type="checkbox"/> 1 <input type="checkbox"/> 2		96	(14) _____ Times	_____ Minutes	1 <input type="checkbox"/> Small 3 <input type="checkbox"/> Large 2 <input type="checkbox"/> Moderate 0 <input type="checkbox"/> No inc. 9 <input type="checkbox"/> DK
(15) Skiing? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (16)		99	(a) _____ Times (Next activity)		
(a) Downhill? <input type="checkbox"/> 1 <input type="checkbox"/> 2		106	(b) _____ Times	_____ Minutes	1 <input type="checkbox"/> Small 3 <input type="checkbox"/> Large 2 <input type="checkbox"/> Moderate 0 <input type="checkbox"/> No inc. 9 <input type="checkbox"/> DK
(b) Cross-country? <input type="checkbox"/> 1 <input type="checkbox"/> 2		RT 96	(c) _____ Times (Next activity)		
(c) Water? <input type="checkbox"/> 1 <input type="checkbox"/> 2		3-4			
(16) Playing basketball? <input type="checkbox"/> 1 <input type="checkbox"/> 2		5	(16) _____ Times	_____ Minutes	1 <input type="checkbox"/> Small 3 <input type="checkbox"/> Large 2 <input type="checkbox"/> Moderate 0 <input type="checkbox"/> No inc. 9 <input type="checkbox"/> DK
(17) Playing volleyball? <input type="checkbox"/> 1 <input type="checkbox"/> 2		12	(17) _____ Times	_____ Minutes	1 <input type="checkbox"/> Small 3 <input type="checkbox"/> Large 2 <input type="checkbox"/> Moderate 0 <input type="checkbox"/> No inc. 9 <input type="checkbox"/> DK
(18) Playing soccer? <input type="checkbox"/> 1 <input type="checkbox"/> 2		19	(18) _____ Times	_____ Minutes	1 <input type="checkbox"/> Small 3 <input type="checkbox"/> Large 2 <input type="checkbox"/> Moderate 0 <input type="checkbox"/> No inc. 9 <input type="checkbox"/> DK
(19) Playing football? <input type="checkbox"/> 1 <input type="checkbox"/> 2		26	(19) _____ Times	_____ Minutes	1 <input type="checkbox"/> Small 3 <input type="checkbox"/> Large 2 <input type="checkbox"/> Moderate 0 <input type="checkbox"/> No inc. 9 <input type="checkbox"/> DK
(20) Have you done any (other) exercises, sports, or physically active hobbies in the past 2 weeks? <input type="checkbox"/> Yes - What were they? <input type="checkbox"/> No		33			
Anything else? If activity listed above, mark "Yes" for it; otherwise, specify α		34-36			
(a) _____		42	(20a) _____ Times	_____ Minutes	1 <input type="checkbox"/> Small 3 <input type="checkbox"/> Large 2 <input type="checkbox"/> Moderate 0 <input type="checkbox"/> No inc. 9 <input type="checkbox"/> DK
(b) _____		43-44	(20b) _____ Times	_____ Minutes	1 <input type="checkbox"/> Small 3 <input type="checkbox"/> Large 2 <input type="checkbox"/> Moderate 0 <input type="checkbox"/> No inc. 9 <input type="checkbox"/> DK

Part E - PHYSICAL ACTIVITY AND FITNESS - Continued

3. About how long has it been since your last medical check-up?

51

Mark (X) only one.

- 1 Less than 1 year (4)
 - 2 1 year, less than 2 years
 - 3 2 years, less than 3 years
 - 4 3 years, less than 4 years
 - 5 4+ years
 - 6 Never had a check-up
 - 9 DK (4)
- } (END interview)

4. During your last check-up, did the doctor recommend that you BEGIN or CONTINUE to do any type of exercise or physical activity?

52

If "Yes", ask: Was that begin or continue?

- 1 Yes, to BEGIN
 - 2 Yes, to CONTINUE
 - 3 Yes, BOTH
 - 4 No
 - 9 DK
- } (END interview)

Notes

CARD YB1

- 1. Joined a weight loss program**
- 2. Eating fewer calories**
- 3. Eating special products such as canned or powdered food supplements**
- 4. Exercising more**
- 5. Eating less fat**
- 6. Skipping meals**
- 7. Taking diet pills**
- 8. Taking laxatives**
- 9. Taking water pills or diuretics**
- 10. Vomiting**
- 11. Fasting for 24 hours or longer**
- 98. Something else (*Specify*)**