

ADULT PREVENTION MODULE
Section A. - Injury Prevention

The following sections cover a range of topics related to preventing disease and improving health.

PAA.010 The next questions are about prevention of injury.

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 a while, or never?

- >SBELTF<
- | | |
|---------------------------------------|--|
| (1) All or most of the time (PAA.020) | (5) Don't ride in front seat (PAA.020) |
| (2) Some of the time (PAA.020) | (6) Don't ride in car (END_PAA) |
| (3) Once in a while (PAA.020) | (7) Refused (PAA.020) |
| (4) Never (PAA.020) | (9) Don't know (PAA.020) |

PAA.020 When driving or 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 a while, or never?

- >SBELTB<
- | | |
|-----------------------------|-----------------------------|
| (1) All or most of the time | (5) Don't ride in back seat |
| (2) Some of the time | (6) Don't ride in car |
| (3) Once in a while | (7) Refused |
| (4) Never | (9) Don't know |

Check item END_PAA: Go to next section--Environmental Health

Section B. - Environmental Health

PAB.010 These next questions are about this home.

Which of the following best describes your home?

- >HOMETYP<** (1) Apartment or condominium (PAB.020)
(2) Single family home or townhouse (PAB.030)
(3) Trailer or mobile home (PAB.030)
(4) Something else (PAB.030)
(7) Refused (PAB.030)
(9) Don't know (PAB.030)

PAB.020 What floor of the building is the apartment or condominium on?

- >FLOOR<** (1) Basement, first or second floor apartment or condominium (PAB.030)
(2) Apartment or condominium on the third floor or above (PAB.030)
(7) Refused (PAB.030)
(9) Don't know (PAB.030)

PAB.030 Do you have at least one working smoke detector on each floor of your home? Include a finished basement or attic.

- >SMOKD1<** (1) Yes (7) Refused
(2) No (9) Don't know

PAB.040 Was your home built before 1950?

- >HOME50<** (1) Yes (PAB.050) (7) Refused (PAB.060)
(2) No (PAB.060) (9) Don't know (PAB.050)

PAB.050 Has paint from this home EVER been analyzed for lead content?

- >LEADPNT<** (1) Yes (7) Refused
(2) No (9) Don't know

PAB.060 Have you ever heard of radon, a gas that is found in the air in some homes?

- >HEARAD<** (1) Yes (PAB.070) (7) Refused (PAB.110)
(2) No (PAB.110) (9) Don't know (PAB.110)

PAB.070 Has your household air been tested for the presence of radon?

- >RADTEST<** (1) Yes (PAB.080) (7) Refused (PAB.110)
(2) No (PAB.110) (9) Don't know (PAB.110)

PAB.080 Was the radon level from that test above or below the EPA radon guideline of 4 picocuries (picokurees) per liter?

>RADGUIDE< (1) Above the EPA guideline (PAB.090) (7) Refused (PAB.110)
(2) At or below the EPA guideline (PAB.110) (9) Don't know (PAB.110)

PAB.090 What was the radon level from that test, in picocuries per liter?

>RADLEV< (0001-9996) 1-9996 picocuries per liter (PAB.100)
(9997) Refused (PAB.110)
(9999) Don't know (PAB.110)

PAB.100 Has anything been done in this home to reduce the level of radon exposure?

>RADRED< (1) Yes (7) Refused
(2) No (9) Don't know

PAB.110 Does ANYONE smoke cigarettes, cigars, or pipes ANYWHERE INSIDE this home?

>SMANY< (1) Yes (PAB.120) (7) Refused (END_PAB)
(2) No (END_PAB) (9) Don't know (END_PAB)

PAB.120 On the average, about how many days per week is there smoking ANYWHERE INSIDE this home?

>SMDAYS< (00) Less than 1 day per week/rarely (97) Refused
(01-07) 1-7 days (99) Don't know

Check item END_PABI: Go to next section--Tobacco

Section C. - Tobacco

PAC.010 These next questions are about tobacco use

Have you ever smoked a pipe?

- >**PIPEEV**< (1) Yes (PAC.020) (7) Refused (PAC.040)
(2) No (PAC.040) (9) Don't know (PAC.040)

PAC.020 Have you smoked a pipe at least 50 times in your entire life?

- >**PIPE50**< (1) Yes (PAC.030) (7) Refused (PAC.040)
(2) No (PAC.030) (9) Don't know (PAC.030)

PAC.030 Do you now smoke a pipe every day, some days, or not at all?

- >**PIPENOW**< (1) Every day (7) Refused
(2) Some days (9) Don't know
(3) Not at all

PAC.040 Have you ever smoked cigars?

- >**CIGAREV**< (1) Yes (PAC.050) (7) Refused (PAC.070)
(2) No (PAC.070) (9) Don't know (PAC.070)

PAC.050 Have you smoked at least 50 cigars in your entire life?

- >**CIGAR50**< (1) Yes (PAC.060) (7) Refused (PAC.070)
(2) No (PAC.060) (9) Don't know (PAC.060)

PAC.060 Do you now smoke cigars every day, some days, or not at all?

- >**CIGARNOW**< (1) Every day (7) Refused
(2) Some days (9) Don't know
(3) Not at all

PAC.070 Have you used snuff, such as Skoal, Skoal Bandits, or Copenhagen, at least 20 times in your entire life?

- >**SNUFF20**< (1) Yes (PAC.080) (7) Refused (PAC.090)
(2) No (PAC.090) (9) Don't know (PAC.080)

PAC.080 Do you now use snuff every day, some days, or not at all?

- >**SNUFFNOW**< (1) Every day (7) Refused
(2) Some days (9) Don't know
(3) Not at all

PAC.090 Have you used chewing tobacco, such as Redman, Levi Garrett, or Beechnut at least 20 times in your entire life?

>CHEW20< (1) Yes (PAC.100) (7) Refused (END_PAC)
(2) No (END_PAC) (9) Don't know (PAC.100)

PAC.100 Do you now use chewing tobacco every day, some days, or not at all?

>CHEWNOW< (1) Every day (7) Refused
(2) Some days (9) Don't know
(3) Not at all

Check item END_PAC: Go to next section--Nutrition

Section D. - Nutrition

PAD.010 These next questions are about nutrition.

Are you NOW trying to lose weight, gain weight, stay about the same, or are you not trying to do anything about your weight?

- >LWGT< (1) Lose weight (PAD.020) (4) Not trying to do anything (PAD.170)
(2) Gain Weight (PAD.170) (7) Refused (PAD.020)
(3) Stay about the same (PAD.020) (9) Don't know (PAD.020)

PAD.020 **FR: SHOW CARD A14.**

Are you currently doing any of these things to control your weight?

FR: MARK THE NUMBER FOR EACH ITEM MENTIONED; ENTER (N) FOR NO MORE.

- >CWGTNOT< (00) Nothing
>CWGTLOS< (01) Joined a weight loss program
>CWGTCAL< (02) Eating fewer calories
>CWGTSUP< (03) Eating special products such as canned or powdered food supplements
>CWGTEXE< (04) Exercising more
>CWGTFAT< (05) Eating less fat
>CWGTSKI< (06) Skipping meals
>CWGTPIL< (07) Taking diet pills
>CWGTLAX< (08) Taking laxatives
>CWGTWAT< (09) Taking water pills or diuretics
>CWGTVOM< (10) Vomiting
>CWGTFAS< (11) Fasting for 24 hours or longer
>CWGTOTH< (12) Something else
(97) Refused
(99) Don't Know

[If answer equals (12) go to PAD.160; Else go to PAD.170]

PAD.160

>CWGTSPEC< Specify: _____

PAD.170 The next questions are about salt in your diet.

How often do you or the person who shops for your food buy items that are labeled "low salt", "low sodium" - would you say always, often, sometimes, rarely or never?

- >SLOW< (0) Don't shop for food (4) Rarely
(1) Always (5) Never
(2) Often (7) Refused
(3) Sometimes (9) Don't know

PAD.180 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.

- >SADD<
- | | |
|---------------|----------------|
| (1) Always | (5) Never |
| (2) Often | (7) Refused |
| (3) Sometimes | (9) Don't know |
| (4) Rarely | |

PAD.190 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?

- >NINF<
- | | |
|-------------------------------|--------------------------|
| (0) Don't buy food (PADCCI01) | (4) Rarely (PAD.200) |
| (1) Always (PAD.200) | (5) Never (PAD.200) |
| (2) Often (PAD.200) | (7) Refused (PAL.200) |
| (3) Sometimes (PAD.200) | (9) Don't know (PAL.200) |

PAD.200 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?)

- >RING<
- | | |
|--------------------|----------------|
| (0) Don't buy food | (4) Rarely |
| (1) Always | (5) Never |
| (2) Often | (7) Refused |
| (3) Sometimes | (9) Don't know |

Check item PADCCI01: If RPAGE ge <65> [go to DMLS/(PAD.210)]; else if RPAGE lt <65> [go to END_PAD].

PAD.210 Do you have meals delivered to your home by an agency or organization like Meals on Wheels?

- >DMLS<
- | | |
|-------------------|--------------------------|
| (1) Yes (PAD.230) | (7) Refused (PAD.220) |
| (2) No (PAD.220) | (9) Don't know (PAD.220) |

PAD.220 Do you NEED to have meals delivered to your home (by an agency or organization like Meals on Wheels?)

- >NMLS<
- | | |
|---------|----------------|
| (1) Yes | (7) Refused |
| (2) No | (9) Don't know |

PAD.230 In the past 12 months, have you taken a class or attended a presentation on health topics?

- >TCLS<
- | | |
|-------------------|--------------------------|
| (1) Yes (PAD.240) | (7) Refused (PAD.250) |
| (2) No (PAD.250) | (9) Don't know (PAD.250) |

PAD.240 **FR: IF MULTIPLE CLASSES, PROBE FOR THE LOCATION OF THE MOST RECENT.**

Where was the health class given --- at a senior center, hospital, or some other place?

- >CGVN<
- | | |
|-------------------|----------------|
| (1) Senior center | (7) Refused |
| (2) Hospital | (9) Don't know |
| (3) Other place | |

PAD.250 In the past 12 months, did you participate in an exercise class or exercise program?

- >EPAT< (1) Yes (PAD.260) (7) Refused (END_PAD)
(2) No (END_PAD) (9) Don't know (END_PAD)

PAD.260 **FR: IF MULTIPLE CLASSES, PROBE FOR THE LOCATION OF THE MOST RECENT.**

Where was the exercise class given --- at a senior center, hospital, or some other place?

- >EGVN< (1) Senior center (7) Refused
(2) Hospital (9) Don't know
(3) Other place

Check item END PAD: Go to next section--Workplace Health Promotion

Section E. - Workplace Health Promotion

Check item PAECCI01: FSD.050/DOINGLW, Family Core, Section VI - Sociodemographic Background, “What were you doing last week”, and ASD.050/WRKVER, Adult Core, Section VI - Demographics, “Earlier I recorded . . . Is this correct?”, and ASD.060/WORKCOR Adult Core, Section VI - Demographics, “What is your correct working status?”

If Sample Adult eq FAMRESP and DOINGLW eq <R,D> [go to END_PAE]
Else, if WRKVER eq <1> and DOINGLW eq <1,2> [go to PAECC02]
Else, if WRKVER eq <1> and DOINGLW eq <3,4,R,D> [go to END_PAE]
Else, if WRKVER eq <2> and WRKCOR eq <1,2> [go to PAECC02]
Else, if WRKVER eq <2> and WRKCOR eq <3,4,R,D> [go to END_PAE]
Else, if WRKVER eq <R,D> [go to END_PAE]

Check item PAECCI02: Refer to ASD.110/WRKCAT, Adult Core, Section VI - Demographics, Private, Federal, State or Local government employee, Self-employed etc.

If WRKCAT eq <1-4> then [go to WRKAREA/(PAE.100)];
Else if WRKCAT eq <5,6,R,D> then [go to END_PAE].

PAE.100 **FR: SHOW CARD A15.**

These next questions are about health programs in the workplace.

Earlier, you told me that you were employed during the past two weeks. Which best describes the area in which you work most of the time?

>WRKAREA< (1) Work mainly indoors (PAE.110) (5) Other (PAE.140)
(2) Work mainly outdoors (PAE.140) (7) Refused (PAE.140)
(3) Travel to different buildings or sites (PAE.140) (9) Don't know (PAE.140)
(4) In a motor vehicle (PAE.140)

PAE.110 Does your employer have an official policy that restricts smoking in any way?

>SMPOLICY< (1) Yes (PAE.120) (7) Refused (PAE.140)
(2) No (PAE.140) (9) Don't know (PAE.140)

PAE.120 **FR: SHOW CARD A16.**

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

>COPOLICY< (1) Not allowed in ANY indoor common areas
(2) Allowed in SOME indoor common areas, including designated smoking areas
(3) Allowed in ALL indoor common areas
(7) Refused
(9) Don't know

PAE.130 **FR: SHOW CARD A17.**

Which of these best describes your employer's smoking policy for work areas?

- >WKPOLICY< (1) Not allowed in ANY work areas (7) Refused
(2) Allowed in SOME work areas (9) Don't know
(3) Allowed in ALL work areas

PAE.140 Does your employer offer a quit smoking program or any other help to employees who want to quit smoking?

- >SMQPROG< (1) Yes (PAECCI03) (7) Refused (PAECCI04)
(2) No (PAECCI04) (9) Don't know (PAECCI04)

Check item PAECCI03: Smoked at least 100 Cigarettes. Refer to AHB.010/ SMKEW, in Section IV - Health Behaviors, Adult Core.

If SMKEV eq <1> [go to SMQPYOU/(PAE.150); Else go to PAECCI04]

PAE.150 In the past year, have you participated in a quit smoking program made available by your employer?

- >SMQPYOU< (1) Yes (7) Refused
(2) No (9) Don't know

Check item PAECCI04: (At least 50+ employees in the building) Refer to ASD.120/LOCALLNO and ASD.130/LOCPRTNO in Adult Core, Section VI - Demographics.

If (LOCALLNO eq <1> or LOCPRTNO eq <1-3> [go to END_PRE];
IF LOCPRTNO eq <4-8> [go to EFA/(PAE.160)]

PAE.160 **FR: SHOW CARD A18.**

In the past year, which of these exercise facilities, if any, were MADE AVAILABLE to you by your employer?

FR: ENTER THE NUMBER FOR EACH ITEM MENTIONED; ENTER (N) FOR NO MORE.

- | | |
|---|-------------------------------|
| >EFA_NOEF< (00) No facilities | >EFA_RACK< (07) Bike racks |
| >EFA_GYM< (01) Gymnasium/Exercise room | >EFA_POOL< (08) Swimming pool |
| >EFA_WGT< (02) Weight lifting equipment | >EFA_SHWR< (09) Showers |
| >EFA_EQP< (03) Exercise equipment | >EFA_LOCK< (10) Lockers |
| >EFA_WPTH< (04) Walking/jogging path | >EFA_OTH< (11) Other |
| >EFA_TRAI< (05) Parcours/Fitness trails | (97) Refused |
| >EFA_BPTH< (06) Bike path | (99) Don't Know |

[If answer equals (11) go to PAE.290; Else go to PAE.300]

PAE.290

>EFA_SPEC< Other Specify: _____

PAE.300 **FR: SHOW CARD A18.**

In the past year, which of these exercise facilities did you use?

FR: ENTER THE NUMBER FOR EACH ITEM MENTIONED; ENTER (N) FOR NO MORE.

>EFU_NOEF<	(00) No facilities	>EFU_RACK<	(07) Bike racks
>EFU_GYM<	(01) Gymnasium/Exercise room	>EFU_POOL<	(08) Swimming pool
>EFU_WGT<	(02) Weight lifting equipment	>EFU_SHWR<	(09) Showers
>EFU_EQP<	(03) Exercise equipment	>EFU_LOCK<	(10) Lockers
>EFU_WPTH<	(04) Walking/jogging path	>EFU_OTH<	(11) Other
>EFU_TRAI<	(05) Parcours/Fitness trails		(97) Refused
>EFU_BPTH<	(06) Bike path		(99) Don't Know

[If answer equals (11) go to PAE.430; Else go to PAE.440]

PAE.430

>EFU_SPEC< Specify _____

PAE.440 **FR: SHOW CARD A19.**

In the past year, which of these exercise programs, if any, were MADE AVAILABLE to you on the premises by your employer? Anything else?

**FR: ENTER THE NUMBER FOR EACH ITEM MENTIONED;
ENTER (N) FOR NO MORE.**

>EPA_NOEP<	(00) No programs
>EPA_WALK<	(01) Walking group
>EPA_JOG<	(02) Jogging/Running group
>EPA_BIKE<	(03) Biking/Cycling group
>EPA_AERO<	(04) Aerobics class
>EPA_SWIM<	(05) Swimming class
>EPA_NONA<	(06) Non-aerobic exercise class
>EPA_LIFT<	(07) Weight lifting class
>EPA_FULL<	(08) Fully paid membership in health/fitness club
>EPA_PART<	(09) Partially paid membership in health/fitness club
>EPA_COMP<	(10) Physical activity or exercise competition
>EPA_OTH<	(11) Other
	(97) Refused
	(99) Don't Know

[If answer equals (11) go to PAE.570; Else go to PAE.580]

PAE.570

>EPA_SPEC< Other Specify: _____

PAE.580 **FR: SHOW CARD A19.**

In the past year, which of these exercise programs, did you PARTICIPATE IN? Anything else?

**FR: ENTER THE NUMBER FOR EACH ITEM MENTIONED;
ENTER (N) FOR NO MORE.**

- >EPU_NOEP< (00) No programs
- >EPU_WALK< (01) Walking group
- >EPU_JOG< (02) Jogging/Running group
- >EPU_BIKE< (03) Biking/Cycling group
- >EPU_AERO< (04) Aerobics class
- >EPU_SWIM< (05) Swimming class
- >EPU_NONA< (06) Non-aerobic exercise class
- >EPU_LIFT< (07) Weight lifting class
- >EPU_FULL< (08) Fully paid membership in health/fitness club
- >EPU_PART< (09) Partially paid membership in health/fitness club
- >EPU_COMP< (10) Physical activity or exercise competition
- >EPU_OTH< (11) Other
- (97) Refused
- (99) Don't Know

[If answer equals (11) go to PAE.710; Else go to PAE.720]

PAE.710

>EPU_SPEC< Other Specify: _____

PAE.720 - PAE.750

In the past year, have screening tests been AVAILABLE at your workplace for --

(1) Yes (2) No (7) Refused (9) Don't know

- >SCRA_BPA< ...Blood Pressure?
- >SCRA_CHA< ...Cholesterol?
- >SCRA_CAA< ...Cancer?

Check item: If SCRA_BPA eq <1> or SCRA_CHA eq <1> or SCRA_CAA eq <1> go to PAE.760;
Else, go to PAE.800.

PAE.760 - PAE.790

In the past year, did you RECEIVE a screening test at your workplace for --

(1) Yes (2) No (7) Refused (9) Don't know

[If SCRA_BPA EQ <1> display]

>SCRU_BPU< ...Blood Pressure?

[If SCRA_CHA EQ <1> display]

>SCRU_CHU< ...Cholesterol?

[If SCRA@CAA EQ <1> display]

>SCRU_CAU< ...Cancer?

PAE.800 **FR: SHOW CARD A20.**

In the past year, at your workplace, have any materials or programs been MADE AVAILABLE to employees on any of these topics? Anything else?

**FR: ENTER THE NUMBER FOR EACH ITEM MENTIONED;
ENTER (N) FOR NO MORE.**

- >HPA_NOMP< (00) None
- >HPA_WGT< (01) Weight control
- >HPA_NUT< (02) Nutrition information
- >HPA_PREG< (03) Prenatal education
- >HPA_STRE< (04) Stress reduction and management
- >HPA_ALC< (05) Alcohol and other drugs
- >HPA_STD< (06) Sexually transmitted diseases(including HIV or AIDS)
- >HPA_JOB< (07) Job hazards and injury prevention
- >HPA_BACK< (08) Back care and prevention of back injury
- >HPA_ACC< (09) Preventing off-the job accidents
- >HPA_OTH< (10) Other
- (97) Refused
- (99) Don't know

[If answer equals (10) go to PAE.920; Else go to PAE.930]

PAE.920

>HPA_SPEC< Other Specify: _____

PAE.930 **FR: SHOW CARD A20.**

In the past year, which programs did you PARTICIPATE IN at your workplace?
Anything else?

**FR: ENTER THE NUMBER FOR EACH ITEM MENTIONED;
ENTER (N) FOR NO MORE.**

- >HPU_NOMP< (00) None
- >HPU_WGT< (01) Weight control
- >HPU_NUT< (02) Nutrition information
- >HPU_PREG< (03) Prenatal education
- >HPU_STRE< (04) Stress reduction and management
- >HPU_ALC< (05) Alcohol and other drugs
- >HPU_STD< (06) Sexually transmitted dis eases(including HIV or AIDS)
- >HPU_JOB< (07) Job hazards and injury prevention
- >HPU_BACK< (08) Back care and prevention of back injury
- >HPU_ACC< (09) Preventing off-the job accidents
- >HPU_OTH< (10) Other
- (97) Refused
- (99) Don't know

[If answer equals (10) go to PAE.1050; Else go to Check item END_PAE]

PAE.1050

>HPU_SPEC< Other Specify: _____

Check item END_PAE: Go to next section---Heart Disease and Stroke

PAF.060 Did you EVER follow this advice?

>LOWSLTEV< (1) Yes (PAF.070) (7) Refused (PAF.080)
(2) No (PAF.080) (9) Don't Know (PAF.080)

PAF.070 Are you now following this advice?

>LOWSLTNW< (1) Yes (7) Refused
(2) No (9) Don't Know

PAF.080 Because of your high blood pressure, has a doctor or other health professional EVER advised you to exercise?

>EXERC< (1) Yes (PAF.090) (7) Refused (PAF.110)
(2) No (PAF.110) (9) Don't Know (PAF.110)

PAF.090 Did you EVER follow this advice?

>EXERCEV< (1) Yes (PAF.100) (7) Refused (PAF.110)
(2) No (PAF.110) (9) Don't Know (PAF.110)

PAF.100 Are you NOW following this advice?

>EXERCNW< (1) Yes (7) Refused
(2) No (9) Don't Know

PAF.110 Because of your high blood pressure, has a doctor or other health professional EVER advised you to cut down on alcohol use?

>HBPALC< (1) Yes (PAF.120) (7) Refused (PAF.140)
(2) No (PAF.140) (9) Don't Know (PAF.140)

PAF.120 Did you EVER follow this advice?

>HBPALCEV< (1) Yes (PAF.130) (7) Refused (PAF.140)
(2) No (PAF.140) (9) Don't Know (PAF.140)

PAF.130 Are you NOW following this advice?

>HBPALCNW< (1) Yes (7) Refused
(2) No (9) Don't Know

PAF.140 Was any medicine EVER prescribed by a doctor for your high blood pressure?

>HYPMEDEV< (1) Yes (PAF.150) (7) Refused (PAF.170)
(2) No (PAF.170) (9) Don't Know (PAF.170)

PAF.150 Are you NOW taking any medicine prescribed by a doctor for your high blood pressure?

>HYPMED< (1) Yes (PAF.170) (7) Refused (PAF.160)
(2) No (PAF.160) (9) Don't Know (PAF.160)

PAF.160 Did a doctor advise you to stop taking the medicine?

>HYMDMED< (1) Yes (7) Refused
(2) No (9) Don't Know

PAF.170 About how long has it been since you had your blood pressure checked by a doctor or other health professional?

>HBPCHKN< [] NUMBER

(00) Never (PAF.190)
(01-94) 01-94 (HBPCHKT)
(95) 95+ (HBPCHKT)
(97) Refused (PAF.180)
(99) Don't know (PAF.180)

>HBPCHKT< [] TIME PERIOD

(0) Never (PAF.190)
(1) Days (PAF.180)
(2) Weeks (PAF.180)
(3) Months (PAF.180)
(4) Years (PAF.180)
(7) Refused (PAF.180)
(9) Don't know (PAF.180)

PAF.180 At that time did the doctor or other health professional say your blood pressure was high, low, or normal?

>HBPHIGH< (1) Not told (5) Borderline
(2) High (6) Other
(3) Low (7) Refused
(4) Normal (9) Don't know

PAF.190 **FR: HAND CARD A21.**

When was the last time that you had your blood cholesterol level checked by a doctor or other health professional?

>CHLCHK< (0) Never (END-PAF)
(1) A year ago or less (PAF.200)
(2) More than 1 year, but not more than 2 years (PAF.200)
(3) More than 2 years, but not more than 3 years (PAF.200)
(4) More than 3 years, but not more than 5 years (PAF.200)
(5) Over 5 years ago (PAF.200)
(7) Refused (PAF.200)
(9) Don't know (PAF.200)

PAF.200 Have you EVER been told by a doctor or other health professional that your blood cholesterol level was high?

>CHLHIGH< (1) Yes (PAF.210) (7) Refused (END_PAF)
(2) No (END_PAF) (9) Don't Know (END_PAF)

PAF.210 Has a doctor or other health professional EVER advised you to go on a diet or change your eating habits to lower your cholesterol?

>CHLWGTEV< (1) Yes (PAF.220) (7) Refused (PAF.230)
(2) No (PAF.230) (9) Don't Know (PAF.230)

PAF.220 Are you NOW following this advice?

>CHLWGTNW<(1) Yes (7) Refused
(2) No (9) Don't Know

PAF.230 Was any medication EVER prescribed by a doctor to help lower your cholesterol?

>CHLMEDEV< (1) Yes (PAF.240) (7) Refused (END_PAF)
(2) No (END_PAF) (9) Don't Know (END_PAF)

PAF.240 Are you NOW taking this medication?

>CHLMEDNW< (1) Yes (7) Refused
(2) No (9) Don't Know

Check item END_PAF: Go to next section--Chronic Diseases

Section G. - Chronic Diseases

>BEGIN_PAG< If AGE ge 65 [go to LIM/(PAG.010)]; Else if AGE eq <18-64> [go to PAGCCI02].

PAG.010 - PAG.050

These next questions are about health conditions

FR: SHOW CARD A22

By yourself, and without using any special equipment, how difficult is it for you to...

NOT AT ALL	ONLY A LITTLE	SOMEWHAT	VERY	CAN'T DO		Don't
DIFFICULT	DIFFICULT	DIFFICULT	DIFFICULT	AT ALL	Refused	know
(0)	(1)	(2)	(3)	(4)	(7)	(9)

- >LIMBTH< ... Bathe or shower?
- >LIMDRS< ... Dress?
- >LIMEAT< ... Eat?
- >LIMBED< ... Get in or out of bed or a chair?
- >LIMTLT< ... Use a toilet, including getting to the toilet?

Check item PAGCCI02: Ever been told had diabetes. If DIBEV(ACN.160) eq <1> [go to DIABCRS/(PAG.060)]; Else [go to PAGCCI03]

PAG.060 Have you ever taken a course or class in how to manage your diabetes yourself?

- >DIABCRS< (1) Yes (7) Refused
- (2) No (9) Don't know

PAG.070 Have you EVER had an eye exam in which the pupils were dilated? This would have made you temporarily sensitive to bright light.

- >DIABEV< (1) Yes (PAG.080) (7) Refused (PAG.080)
- (2) No (PAGCCI03) (9) Don't know (PAG.080)

PAG.080 **FR: SHOW CARD A23**

When was the last time you had this exam?

- >DIABEYE< (1) A year ago or less
- (2) More than 1 year but not more than 2 years
- (3) More than 2 years but not more than 3 years
- (4) More than 3 years but not more than 5 years
- (5) Over 5 years ago
- (7) Refused
- (9) Don't know

Check item PAGCCI03: Check for asthma and did you have an asthma attack in the last 12 months. If AASMEV (ACN.080) and AASMYR (ACN.090) eq <1>[go to ASMLIM/ (PAG.090)]; If AASMEV (ACN.080) eq <1> and AASMYR (ACN.090) ne<1>[go to ASMCRS/ (PAG.100)]. Else [go to END_PAG].

Section H. - Clinical and Preventive Services

PAH.010 **FR: SHOW CARD A21**

The next questions are about medical checkups and routine tests

About how long has it been since your last general physical exam or routine checkup by a medical doctor or other health professional? Do not include a visit about a specific problem.

- >GENPE< (0) Never (PAH.090)
(1) A year ago or less (PAH.020)
(2) More than 1 year but not more than 2 years (PAH.020)
(3) More than 2 years but not more than 3 years (PAH.020)
(4) More than 3 years but not more than 5 years (PAH.090)
(5) Over 5 years ago (PAH.090)
(7) Refused (PAH.090)
(9) Don't know (PAH.090)

PAH.020 - PAH.080

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

- (1) Yes (2) No (7) Refused (9) Don't know

- >QPE_EAT< ... Your diet and eating habits?
>QPE_PHY< ... The amount of physical activity or exercise you get?
>QPE_SMK< ... Whether you smoke cigarettes or use other forms of tobacco?
>QPE_DRK< ... How much and how often you drink alcohol?
>QPE_DRG< ... Whether you use marijuana, cocaine, or other drugs?

[If AGE eq <18-64> [go to QPE_STD]; Else if AGE ge <65> [go to PAH.090]

- >QPE_STD< ... Sexually transmitted diseases?

[If AGE eq <18-49> [go to QPE_BC]; Else if AGE ge <50> [go to PAH.090]

- >QPE_BC< ... The use of contraceptives?

PAH.090 During the past TEN years, have you had a tetanus shot?

- >TETSHOT< (1) Yes (7) Refused
(2) No (9) Don't know

Check item PAHCCI01: If SEX (HHC.110) eq <2> and AGE (HHC.120) eq <40-60>
[go to MNPCHG/(PAH.100)]; Else [go to END_PAH].

PAH.100 Are you now experiencing any of the changes or symptoms of menopause?

>MNPCHG< (1) Yes (7) Refused
(2) No (9) Don't know
(3) Not sure

PAH.110- PAH.120

Has a medical doctor or other health care professional ever discussed with you the pros and cons
of ...

(1) Yes (2) No (7) Refused (9)Don't know

>MNP_EST< ... taking estrogen pills after menopause?

[If MNP_EST=1, go to [MNP_BNL]; Else [go to END_PAH].]

>MNP_BNL< ... taking estrogen TO PREVENT BONE LOSS after menopause?

Check item END_PAH: Go to next section--Cancer

Section I. -Cancer

PAI.010 These next questions are about certain kinds of medical tests and examinations.

Have you ever had your skin checked for cancer either by a dermatologist or some other kind of doctor?

- >SCA< (1) Yes (PAI.020) (7) Refused (PAI.030)
(2) No (PAI.030) (9) Don't know (PAI.030)

PAI.020 **FR: SHOW CARD A23.**

When did you have your most recent skin exam? Was it a year ago or less, more than 1 year but not more than 2 years, more than 2 years but not more than 3 years, more than 3 years but not more than 5 years, or over 5 years ago?

- >SKE< (1) A year ago or less
(2) More than 1 year but not more than 2 years
(3) More than 2 years but not more than 3 years
(4) More than 3 years but not more than 5 years
(5) Over 5 years ago
(7) Refused
(9) Don't know

PAI.030-PAI.060

If you were to go outside on a very sunny day for MORE than one hour, are you ...

VERY LIKELY TO (1)	SOMEWHAT LIKELY TO (2)	UNLIKELY TO (3)	Refused (7)	Don't Know (9)
-----------------------------	---------------------------------	-----------------------	----------------	----------------------

- >OUT_CLO< ... wear protective clothing such as wide brimmed hats or long sleeved shirts?
>OUT_SHA< ... avoid the sun by staying in the shade?
>OUT_LOT< ...use sunscreen or sun block lotion?

Check item PAICCI01: IF SEX (HHC.110) eq <1> [go to PACCI03];
ELSE if SEX (HHC.110) eq <2> [go to PAP/(PAI.070)].

PAI.070 Have you ever had a Pap smear test?

FR: READ IF NECESSARY:

A Pap smear is a routine gynecologic test in which the doctor exams the cervix and sends a cell sample to the lab.

- >PAP< (1) Yes (PAI.080) (7) Refused (PAI.090)
(2) No (PAI.090) (9) Don't know (PAI.090)

PAI.080 **FR: SHOW CARD A23.**

When did you have your most recent pap smear test? Was it a year ago or less, more than 1 year but not more than 2 years, more than 2 years but not more than 3 years, more than 3 years but not more than 5 years, or over 5 years ago?

- >RPA<
- (1) A year ago or less
 - (2) More than 1 year but not more than 2 years
 - (3) More than 2 years but not more than 3 years
 - (4) More than 3 years but not more than 5 years
 - (5) Over 5 years ago
 - (7) Refused
 - (9) Don't know

PAI.090 Have you had a hysterectomy?

- >HYS<
- (1) Yes
 - (2) No
 - (7) Refused
 - (9) Don't know

Check item PAICCI02: IF AGE (HHC.120) lt <30> [go to ORC/(PAI.230)];
ELSE if AGE (HHC.120) ge <30> [go to MAM/(PAI.100)].

PAI.100 A mammogram is an x-ray taken only of the breasts by a machine that presses the breast against a plate. Have you ever had a mammogram?

- >MAM<
- (1) Yes (PAI.110)
 - (2) No (PAI.120)
 - (7) Refused (PAI.120)
 - (9) Don't know (PAI.120)

PAI.110 **FR: SHOW CARD A23.**

When did you have your most recent mammogram? Was it a year ago or less, more than 1 year but not more than 2 years, more than 2 years but not more than 3 years, more than 3 years but not more than 5 years, or over 5 years ago?

- >RMA<
- (1) A year ago or less
 - (2) More than 1 year but not more than 2 years
 - (3) More than 2 years but not more than 3 years
 - (4) More than 3 years but not more than 5 years
 - (5) Over 5 years ago
 - (7) Refused
 - (9) Don't know

PAI.120 A breast physical exam is when the breast is felt for lumps by a doctor or other health care professional. Have you ever had a breast physical exam done by a doctor or medical assistant?

- >BEX<
- (1) Yes (PAI.130)
 - (2) No (PAICCI03)
 - (7) Refused (PAICCI03)
 - (9) Don't know (PAICCI03)

PAI.130 **FR: SHOW CARD A23.**

When did you have your most recent breast physical exam? Was it a year ago or less, more than 1 year but not more than 2 years, more than 2 years but not more than 3 years, more than 3 years but not more than 5 years, or over 5 years ago?

- >**RBR**<
- (1) A year ago or less
 - (2) More than 1 year but not more than 2 years
 - (3) More than 2 years but not more than 3 years
 - (4) More than 3 years but not more than 5 years
 - (5) Over 5 years ago
 - (7) Refused
 - (9) Don't know

Check item PAICCIO3: IF AGE (HHC.120) lt <40> [goto ORC/(PAI.230)];
ELSE if AGE (HHC.120) ge <40> [goto PRO/(PAI.140)].

PAI.140 A proctoscopic exam is when a tube is inserted in the rectum to check for problems. Have you ever had a proctoscopic exam?

- >**PRO**<
- (1) Yes (PAI.150)
 - (2) No (PAI.170)
 - (7) Refused (PAI.170)
 - (9) Don't know (PAI.170)

PAI.150 **FR: SHOW CARD A23.**

When did you have your most recent proctoscopic exam? Was it a year ago or less, more than 1 year but not more than 2 years, more than 2 years but not more than 3 years, more than 3 years but not more than 5 years, or over 5 years ago?

- >**RPR**<
- (1) A year ago or less
 - (2) More than 1 year but not more than 2 years
 - (3) More than 2 years but not more than 3 years
 - (4) More than 3 years but not more than 5 years
 - (5) Over 5 years ago
 - (7) Refused
 - (9) Don't know

PAI.160 **FR: SHOW CARD A24.**

What was the main reason you had the proctoscopic exam?

- >**PSN**<
- (1) Because of a specific health problem
 - (2) Follow-up to a previous health problem
 - (3) Part of a routine physical exam/As a screening test
 - (4) Other
 - (7) Refused
 - (9) Don't know

PAI.170 A digital rectal exam is when a finger is inserted in the rectum to check for problems. Have you ever had a digital rectal exam?

- >**DIG**<
- (1) Yes (PAI.180)
 - (2) No (PAI.190)
 - (7) Refused (PAI.190)
 - (9) Don't know (PAI.190)

PAI.180 **FR: SHOW CARD A23.**

When did you have your most recent digital rectal exam? Was it a year ago or less, more than 1 year but not more than 2 years, more than 2 years but not more than 3 years, more than 3 years but not more than 5 years, or over 5 years ago?

- >**RDI**<
- (1) A year ago or less
 - (2) More than 1 year but not more than 2 years
 - (3) More than 2 years but not more than 3 years
 - (4) More than 3 years but not more than 5 years
 - (5) Over 5 years ago
 - (7) Refused
 - (9) Don't know

PAI.190 A blood stool test is when the stool is examined to determine whether it contains blood. Have you ever had a blood stool test?

- >**BLO**<
- (1) Yes (PAI.200)
 - (2) No (PAI.230)
 - (7) Refused (PAI.230)
 - (9) Don't know (PAI.230)

PAI.200 **FR: SHOW CARD A23.**

When did you have your most recent blood stool test? Was it a year ago or less, more than 1 year but not more than 2 years, more than 2 years but not more than 3 years, more than 3 years but not more than 5 years, or over 5 years ago?

- >**RBL**<
- (1) A year ago or less
 - (2) More than 1 year but not more than 2 years
 - (3) More than 2 years but not more than 3 years
 - (4) More than 3 years but not more than 5 years
 - (5) Over 5 years ago
 - (7) Refused
 - (9) Don't know

PAI.210 Did the doctor take a sample during a physical exam? Or did you take samples at home using a kit, and send them back to the doctor or lab?

- >**SAM**<
- (1) Doctor took sample during exam
 - (2) Used a kit at home and sent samples back
 - (7) Refused
 - (9) Don't know

PAI.220 **FR: SHOW CARD A24.**

What was the main reason you had the blood stool test?

>RBS<

- (1) Because of a specific health problem
- (2) Follow-up to a previous health problem
- (3) Part of a routine physical exam/As a screening test
- (4) Other
- (7) Refused
- (9) Don't know

PAI.230

Have you ever had a test for oral cancer in which the doctor or dentist pulls on your tongue, sometimes with gauze wrapped around it, and feels under the tongue and inside the cheeks?

>ORC<

- (1) Yes (PAI.240)
- (2) No (END_PAI)
- (7) Refused (END_PAI)
- (9) Don't know (END_PAI)

PAI.240

FR: SHOW CARD A23.

When did you have your most recent oral cancer exam? Was it a year ago or less, more than 1 year but not more than 2 years, more than 2 years but not more than 3 years, more than 3 years, but not more than 5 years, or over 5 years ago?

>ROR<

- (1) A year ago or less
- (2) More than 1 year but not more than 2 years
- (3) More than 2 years but not more than 3 years
- (4) More than 3 years but not more than 5 years
- (5) Over 5 years ago
- (7) Refused
- (9) Don't know

Check item END PAI: Go to next section--Oral Health

Section J. - Oral Health

PAJ.010 The next questions are about dental health.

In the past two weeks, have you used a mouthwash or mouthrinse at home?

- >ORW< (1) Yes (PAJ.020) (7) Refused (END_PAJ)
(2) No (END_PAJ) (9) Don't know (END_PAJ)

PAJ.020 What brand did you use most often during the past two weeks?

FR: DO NOT READ ANSWER CATEGORIES. CHOOSE ONLY ONE BRAND.

- >ORWB< (1) ACT, Fluorigard, Kolynos, Listermint, Reach, StanCare (PAJ.040)
(2) Prescription fluoride rinse (END_PAJ)
(3) PLAX (PAJ.040)
(4) Scope, Listerine, Lavioris (PAJ.040)
(5) Other (PAJ.030)
(7) Refused (PAJ.040)
(9) Don't know (PAJ.040)

PAJ.030 **FR: SPECIFY THE BRAND NAME OF THE MOUTH WASH OR RINSE**

>ORWB_1< Name: _____

PAJ.040 Does this mouthrinse contain fluoride?

- >ORWFL< (1) Yes (7) Refused
(2) No (9) Don't know

Check item END PAJ: Go to next section--Physical Activity

PAK.025

>MOREA< Other Specify 1 _____

>MOREB< Other Specify 2 _____(Go to Check item LOOP)

PAK.030 - PAK.120

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

(1) Yes (2) No (7) Refused (9) Don't know

- >WALK< ... Walking for exercise?
- >YARD< ... Gardening or yard work?
- >STRETCH< ... Stretching exercises?
- >LIFT< ... Weightlifting or other exercises to increase muscle strength?
- >RUN< ... Jogging or running?
- >AEROBICS< ... Aerobics or aerobic dancing?
- >BIKE< ... Riding a bicycle or exercise bike?
- >STAIRS< ... Stair climbing for exercise?
- >SWIM< ... Swimming for exercise?
- >TENNIS< ... Playing tennis?

PAK.130 - PAK.160

FR: READ LEAD-IN ONLY IF NECESSARY

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

(1) Yes (2)No (7) Refused (9) Don't know

- >GOLF< (11) Playing golf?
- >BOWL< (12) Bowling?
- >BASEBALL< (13) Playing baseball or softball?
- >RACQUETS< (14) Playing handball, racquetball, or squash?

PAK.170 - PAK.200

FR: READ LEAD-IN ONLY IF NECESSARY.

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

- (1) Yes
- (2) No
- (7) Refused
- (9) Don't know

>SKI< (15) Skiing?

[If SKI eg 1 go to SKI_DH; Else go to PAK.210]

- >SKI_DH< (a) Downhill?
- >SKI_CRS< (b) Cross-country?
- >SKI_WAT< (c) Water?

PAK.210 - PAK.250

FR: READ LEAD-IN ONLY IF NECESSARY.

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

- (1) Yes
- (2) No
- (7) Refused
- (9) Don't know

- >BASKETBL< (16) Playing basketball?
- >VOLLEYBL< (17) Playing volleyball?
- >SOCCER< (18) Playing soccer?
- >FOOTBALL< (19) Playing football?
- (20) Have you done any (other) exercises, sports, or physically active hobbies in the past 2 weeks?

[If item (20) mentioned go to PAK.260; Else go to Check item LOOP]

PAK.260 What were they?

>MOREA< Other Specify: _____

>MOREB< Other Specify: _____

[If MOREA completed, OTR_ACT1 = 1; If MOREB completed, OTR_ACT2 = 1]

Check item LOOP: For each reported activity, begin LOOP by going to the corresponding follow-up question(s).
When all marked activities have been covered, go to the end of the section.

Example: If WALK eq 1 ask WALK_T, WALK_M, and WALK_H. After all activities have been checked, go to END_PAK.

PAK.270 (WALK)

How many times in the past 2 weeks did you walk for exercise?

>WALK_T< (1-100) 1-100 times
(997) Refused
(999) Don't know

On the average, about how many minutes did you actually spend walking each time?

>WALK_M< (1-500) 1-500 minutes
(997) Refused
(999) Don't know

What usually happened to your heart rate or breathing when you went walking? Did you have a small, moderate, or large increase, or no increase at all in your heart rate or breathing?

>WALK_H< (1) Small (4) No Increase
(2) Moderate (7) Refused
(3) Large (9) Don't know (Go to LOOP)

PAK.280 (GARDEN OR YARD WORK)

How many times in the past 2 weeks did you do gardening or yard work?

>YARD_T< (1-100) 1-100 times
(997) Refused {blind}
(999) Don't know

On the average, about how many minutes did you actually spend gardening or doing yard work each time?

>YARD_M< (1-500) 1-500 minutes
(997) Refused
(999) Don't know

What usually happened to your heart rate or breathing when you were gardening or doing yard work? Did you have a small, moderate, or large increase, or no increase at all in your heart rate or breathing?

>YARD_H< (1) Small (4) No Increase
(2) Moderate (7) Refused
(3) Large (9) Don't know (Go to LOOP)

PAK.290 (STRETCH)

How many times in the past 2 weeks did you do stretching exercises?

>STR_T< (1-100) 1-100 times
(997) Refused
(999) Don't know

On the average, about how many minutes did you actually spend stretching each time?

>STR_M< (1-500) 1-500 minutes
(997) Refused
(999) Don't know (Go to LOOP)

PAK.300 (WEIGHT LIFT)

How many times in the past 2 weeks did you do weightlifting or other exercises to increase muscle strength?

>LIFT_T< (1-100) 1-100 times
(997) Refused
(999) Don't know

On the average, about how many minutes did you actually spend weightlifting or doing other exercises to increase muscle strength?

>LIFT_M< (1-500) 1-500 minutes
(997) Refused
(999) Don't know

What usually happened to your heart rate or breathing when you were weightlifting or doing other exercises to increase muscle strength? Did you have a small, moderate, or large increase, or no increase at all in your heart rate or breathing?

>LIFT_H< (1) Small (4) No Increase
(2) Moderate (7) Refused
(3) Large (9) Don't know

(Go to LOOP)

PAK.310 (JOG OR RUN)

How many times in the past 2 weeks did you jog or run?

>RUN_T< (1-100) 1-100 times
(997) Refused
(999) Don't know

On the average, about how many minutes did you actually spend jogging or running?

>RUN_M< (1-500) 1-500 minutes
(997) Refused
(999) Don't know

What usually happened to your heart rate or breathing when you were jogging or running? Did you have a small, moderate, or large increase, or no increase at all in your heart rate or breathing?

>RUN_H< (1) Small (4) No Increase
(2) Moderate (7) Refused
(3) Large (9) Don't know

(Go to LOOP)

PAK.320 (AEROBICS)

How many times in the past 2 weeks did you do aerobics or aerobic dancing?

>AERO_T< (1-100) 1-100 times
(997) Refused
(999) Don't know

On the average, about how many minutes did you actually spend doing aerobics or aerobic dancing each time?

>AERO_M< (1-500) 1-500 minutes
(997) Refused
(999) Don't know

What usually happened to your heart rate or breathing when you were doing aerobics or aerobic dancing? Did you have a small, moderate, or large increase, or no increase at all in your heart rate or breathing?

>AERO_H< (1) Small (4) No Increase
(2) Moderate (7) Refused
(3) Large (9) Don't know

(Go to LOOP)

PAK.330 (BICYCLE)

How many times in the past 2 weeks did you ride a bicycle or exercise bike?

>BIKE_T< (1-100) 1-100 times
(997) Refused
(999) Don't know

On the average, about how many minutes did you actually spend riding each time?

>BIKE_M< (1-500) 1-500 minutes
(997) Refused
(999) Don't know

What usually happened to your heart rate or breathing when you were riding? Did you have a small, moderate, or large increase, or no increase at all in your heart rate or breathing?

>BIKE_H< (1) Small (4) No Increase
(2) Moderate (7) Refused
(3) Large (9) Don't know

(Go to LOOP)

PAK.340 (STAIR CLIMB)

How many times in the past 2 weeks did you stair climb for exercise?

>STAIR_T< (1-100) 1-100 times
(997) Refused
(999) Don't know

On the average, about how many minutes did you actually spend climbing stairs each time?

>STAIR_M< (1-500) 1-500 minutes
(997) Refused
(999) Don't know

What usually happened to your heart rate or breathing when you were climbing? Did you have a small, moderate, or large increase, or no increase at all in your heart rate or breathing?

>STAIR_H< (1) Small (4) No Increase
(2) Moderate (7) Refused
(3) Large (9) Don't know

(Go to LOOP)

PAK.350 (SWIM)

How many times in the past 2 weeks did you swim for exercise?

>SWIM_T< (1-100) 1-100 times
(997) Refused
(999) Don't know

On the average, about how many minutes did you actually spend swimming each time?

>SWIM_M< (1-500) 1-500 minutes
(997) Refused
(999) Don't know

What usually happened to your heart rate or breathing when you were swimming? Did you have a small, moderate, or large increase, or no increase at all in your heart rate or breathing?

>SWIM_H< (1) Small (4) No Increase
(2) Moderate (7) Refused
(3) Large (9) Don't know

(Go to LOOP)

PAK.360 (TENNIS)

How many times in the past 2 weeks did you play tennis?

>TENNIS_T< (1-100) 1-100 times
(997) Refused
(999) Don't know

On the average, about how many minutes did you actually spend playing tennis each time?

>TENNIS_M< (1-500) 1-500 minutes
(997) Refused
(999) Don't know

What usually happened to your heart rate or breathing when you were playing tennis? Did you have a small, moderate, or large increase, or no increase at all in your heart rate or breathing?

>TENNIS_H< (1) Small (4) No Increase
(2) Moderate (7) Refused
(3) Large (9) Don't know

(Go to LOOP)

PAK.370 (GOLF)

How many times in the past 2 weeks did you play golf?

>GOLF_T< (1-100) 1-100 times
(997) Refused
(999) Don't know

(Go to LOOP)

PAK.380 (BOWL)

How many times in the past 2 weeks did you go bowling?

>BOWL_T< (1-100) 1-100 times
(997) Refused
(999) Don't know

(Go to LOOP)

PAK.390 (BASEBALL OR SOFTBALL)

How many times in the past 2 weeks did you play baseball or softball?

>BASEBL_T< (1-100) 1-100 times
(997) Refused
(999) Don't know

On the average, about how many minutes did you actually spend playing baseball or softball each time?

>BASEBL_M< (1-500) 1-500 minutes
(997) Refused
(999) Don't know

What usually happened to your heart rate or breathing when you played? Did you have a small, moderate, or large increase, or no increase at all in your heart rate or breathing?

>BASEBL_H< (1) Small (4) No Increase
(2) Moderate (7) Refused
(3) Large (9) Don't know

(Go to LOOP)

PAK.400 (HANDBALL, RACQUETBALL, OR SQUASH)

How many times in the past 2 weeks did you play handball, racquetball, or squash?

<RACQ_T< (1-100) 1-100 times
(997) Refused
(999) Don't know

On the average, about how many minutes did you actually spend playing?

<RACQ_M< (1-500) 1-500 minutes
(997) Refused
(999) Don't know

What usually happened to your heart rate or breathing when you were playing? Did you have a small, moderate, or large increase, or no increase at all in your heart rate or breathing?

<RACQ_H< (1) Small (4) No Increase
(2) Moderate (7) Refused
(3) Large (9) Don't know

(Go to LOOP)

PAK.410 (SKI - DOWNHILL)

How many times in the past 2 weeks did you go downhill skiing?

<SKI_DH_T< (1-100) 1-100 times
(997) Refused
(999) Don't know (Go to LOOP)

PAK.420 (SKI - CROSS-COUNTRY)

How many times in the past 2 weeks did you cross-country ski?

>SKI_CR_T< (1-100) 1-100 times
(997) Refused
(999) Don't know

On the average, about how many minutes did you actually spend cross-country skiing each time?

>SKI_CR_M< (1-500) 1-500 minutes
(997) Refused
(999) Don't know

What usually happened to your heart rate or breathing when you were cross-country skiing? Did you have a small, moderate, or large increase, or no increase at all in your heart rate or breathing?

>SKI_CR_H< (1) Small (4) No Increase
(2) Moderate (7) Refused
(3) Large (9) Don't know (Go to LOOP)

PAK.430 (SKI - WATER)

How many times in the past 2 weeks did you water ski?

>SKI_WA_T< (1-100) 1-100 times
(997) Refused (999) Don't know (Go to LOOP)

PAK.440 (BASKETBALL)

How many times in the past 2 weeks did you play basketball?

>BASKET_T< (1-100) 1-100 times
(997) Refused
(999) Don't know

On the average, about how many minutes did you actually spend playing basketball each time?

>BASKET_M< (1-500) 1-500 minutes
(997) Refused
(999) Don't know

What usually happened to your heart rate or breathing when you were playing? Did you have a small, moderate, or large increase, or no increase at all in your heart rate or breathing?

>BASKET_H< (1) Small (4) No Increase
(2) Moderate (7) Refused
(3) Large (9) Don't know

(Go to LOOP)

PAK.450 (VOLLEYBALL)

How many times in the past 2 weeks did you play volleyball?

>VOLLEY_T< (1-100) 1-100 times
(997) Refused
(999) Don't know

On the average, about how many minutes did you actually spend playing volleyball each time?

>VOLLEY_M< (1-500) 1-500 minutes
(997) Refused
(999) Don't know

What usually happened to your heart rate or breathing when you were playing? Did you have a small, moderate, or large increase, or no increase at all in your heart rate or breathing?

>VOLLEY_H< (1) Small (4) No Increase
(2) Moderate (7) Refused
(3) Large (9) Don't know

(Go to LOOP)

PAK.460 (SOCCER)

How many times in the past 2 weeks did you play soccer?

>SOCCER_T< (1-100) 1-100 times
(997) Refused
(999) Don't know

On the average, about how many minutes did you actually spend playing soccer each time?

>SOCCER_M< (1-500) 1-500 minutes
(997) Refused
(999) Don't know

What usually happened to your heart rate or breathing when you were playing? Did you have a small, moderate, or large increase, or no increase at all in your heart rate or breathing?

>SOCCER_H< (1) Small (4) No Increase
(2) Moderate (7) Refused
(3) Large (9) Don't know

(Go to LOOP)

PAK.470 (FOOTBALL)

How many times in the past 2 weeks did you play football?

>FOOTBL_T< (1-100) 1-100 times
(997) Refused
(999) Don't know

On the average, about how many minutes did you actually spend playing football each time?

>FOOTBL_M< (1-500) 1-500 minutes
(997) Refused
(999) Don't know

What usually happened to your heart rate or breathing when you were playing? Did you have a small, moderate, or large increase, or no increase at all in your heart rate or breathing?

>FOOTBL_H< (1) Small (4) No Increase
(2) Moderate (7) Refused
(3) Large (9) Don't know

(Go to LOOP)

PAK.480 (OTHER 1)

How many times in the past 2 weeks did you (go/do) [fill activity from PAK.260/MOREA]?

>OTR_A1_T< (1-100) 1-100 times
(997) Refused
(999) Don't know

On the average, about how many minutes did you actually spend (doing) [fill activity from PAK.260/MOREA] each time?

>OTR_A1_M< (1-500) 1-500 minutes
(997) Refused
(999) Don't know

What usually happened to your heart rate or breathing when you (did/went) [fill activity from PAK.260/MOREA]? Did you have a small, moderate, or large increase, or no increase at all in your heart rate or breathing?

>OTR_A1_H< (1) Small (4) No Increase
(2) Moderate (7) Refused
(3) Large (9) Don't know

(Go to LOOP)

PAK.490 (OTHER 2)

How many times in the past 2 weeks did you (go/do) [fill activity from PAK.260/MOREB]?

>OTR_A2_T< (1-100) 1-100 times
(997) Refused
(999) Don't know

On the average, about how many minutes did you actually spend (doing) [fill activity from PAK.260/MOREB] each time?

>OTR_A2_M< (1-500) 1-500 minutes
(997) Refused
(999) Don't know

What usually happened to your heart rate or breathing when you (did/went) [fill activity from PAK.260/MOREB]? Did you have a small, moderate, or large increase, or no increase at all in your heart rate or breathing?

>OTR_A2_H< (1) Small (4) No Increase
(2) Moderate (7) Refused
(3) Large (9) Don't know

(Go to LOOP)

Check item END PAK: Go to next section--Mental Health

Section L. - Mental Health

PAL.010 The next questions are about stress during the past 12 months.

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?

- >STRESAMT< (1) A lot (4) Almost None
(2) Moderate (7) Refused
(3) Relatively little (9) Don't know

PAL.020 During the past 12 months, how much effect has stress had on your health - a lot, some, hardly any, or none?

- >STRESHTH< (1) A lot (7) Refused
(2) Some (9) Don't know
(3) Hardly any, or none

PAL.030 (During the past 12 months), have you taken any steps to control or reduce stress in your life?

- >STRESRED< (1) Yes (7) Refused
(2) No (9) Don't know

PAL.040 During the past 12 months, have you had any SERIOUS personal or emotional problems?

- >PROBSER< (1) Yes (7) Refused
(2) No (9) Don't know

PAL.050 - PAL.070

During the past 12 months, did you seek help for ANY personal or emotional problems from...

- (1) Yes (2) No (7) Refused (9) Don't know

>HELFAMILY< ... family or friends?

>HELTHER< ... a therapist, counselor, or self-help group?

>HELREL< ... a priest minister, rabbi, or other religious counselor

Check item END PAL: Go to next section--Family Discussions

Section M - Family Discussions

Check item PAMCCI01: If Single Member Family [go to PAMCCI02]; Else if all the family members other than the Sample Adult are lt 10 years old [go to PAMCCI02]; Else [go to (PAM.010)].

PAM.010 - PAM.070

[If any of the family members are lt 10 years old display:]

Thinking only of the family members 10 or over who live with you, in the past month, have you had any discussions about-

[If all the family members are ge 10 years old display:]

Thinking only of the family members who live with you, in the past month, have you had any discussions about...

(1)Yes (2) No (7) Refused (9) Don't know

- >DISNUTR< ... Nutrition and healthy eating habits?
- >DISEXER< ... Exercise, sports or other physical activities, as related to health?
- >DISSAFE< ... Safety and things that you can do to prevent injuries?
- >DISSMOK< ... Health issues related to cigarette smoking or other tobacco use?
- >DISDRIN< ... Health issues related to drinking beer, wine, liquor, and other alcoholic beverages?
- >DISSEX< ... Health issues related to sexual behavior, sexually transmitted diseases, AIDS, or unwanted pregnancy?
- >DISDRUG< ... Health issues related to using illegal drugs?

Check item PAMCCI02: Refer to AGE. If AGE lt <25> [go to END_PAM]; Else if AGE ge <25> [go to CHLD1017].

PAM.080 Do you have any children aged 10 through 17?

- >CHLD1017< (1) Yes (PAM.090) (7) Refused (END_PAM)
- (2) No (END_PAM) (9) Don't know (END_PAM)

PAM.090 Have you ever discussed human sexuality with any of your children aged 10 through 17?

- >SEXD< (1) Yes (7) Refused
- (2) No (9) Don't know

PAM.100 Have any of your children aged 10 through 17 had instruction at school about human sexuality?

- >SEXS< (1) Yes (7) Refused
- (2) No (9) Don't know

PAM.110 Have any of your children aged 10 through 17 had instruction about human sexuality from a youth or religious program?

>SEXI< (1) Yes (7) Refused
(2) No (9) Don't know

Check item END PAM: Go to next section--Firearm Safety

Section N. - Firearm Safety

PAN.010 The next questions are about safety and firearms. Firearms include pistols, shotguns, rifles, and other types of guns. Do not include guns that cannot fire, starter pistols, or BB guns.

FR: READ IF NECESSARY:

Sometimes the use of firearms can lead to injury, which is a health problem.

Are any firearms now kept in or around your home? Include those kept in a garage, outdoor storage area, truck, or car.

- >GUNPREV< (1) Yes (PAN.020) (7) Refused (END_PAN)
(2) No (END_PAN) (9) Don't know (END_PAN)

PAN.020 - PAN.060

What kinds of firearms are they?

**FR: ENTER THE NUMBER FOR EACH ITEM MENTIONED;
ENTER (N) FOR NO MORE.**

- >KINDHND< (1) Handgun, including pistol or revolver
>KINDSHT< (2) Shotgun
>KINDRIF< (3) Rifle
>KINDOTH< (4) Other

[If item (4) mentioned go to PAN.070; Else go to PAN.080]

PAN.070

- >KINDSPEC< Other Specify: _____

PAN.080 Is at least one of the firearms kept loaded and unlocked?

- >LOADUN< (1) Yes (END_PAN) (7) Refused (END_PAN)
(2) No (END_PAN) (9) Don't know (END_PAN)

PAN.090 **FR: SHOW CARD A15**

Which statement best describes the PLACES the firearms are kept?

- >LOCK< (1) One or more firearms are kept in an UNLOCKED place
(2) ALL the firearms are kept in LOCKED PLACES, such as drawers, cabinets, or closets
(7) Refused
(9) Don't know

PAN.100 Are the firearms kept loaded or unloaded?

- >LOAD< (1) One or more are kept loaded (7) Refused
(2) All are kept unloaded (9) Don't know

Check item END PAN: Go to next section.