

1987 Behavioral Risk Factor Questionnaire

FIPS STATE CODE	STRATUM CODE	PSU NUMBER	RECORD NUMBER	DATE OF INTERVIEW MM DD YY	ID
[]	[]	[][][][][]	[]	[][][][][][]	[]
(1-2)	(3)	(4-8)	(9)	(10-15)	(16-17)

HELLO. I'm _____ calling for the _____ residents. We're doing a study of the health practices of _____ residents. Your number has been chosen randomly by the _____ to be included in the study, and we'd like to ask some questions about things people do which may affect their health.

Is this

Area Code [][]	Prefix [][]	Suffix [][]
(15-20)	(21-23)	(24-25)

No → Thank you very much, but I seem to have dialed the wrong number. It's possible that your number may be called at a later time. **STOP**

Is this a private residence?

No → Thank you very much, but we are only interviewing in private residences. **STOP**

	Calling Period	Date/Time	ID =
	1 ○ ○ ○ ○	_____	_____
<input type="radio"/> Line busy	2 ○ ○ ○ ○	_____	_____
<input checked="" type="radio"/> No answer	3 ○ ○ ○ ○	_____	_____
	4 ○ ○ ○ ○	_____	_____
	5 ○ ○ ○ ○	_____	_____

- Call Disposition Codes**

 - 01 - Completed interview
 - 02 - Refused interview
 - 03 - Non-working number
 - 04 - No answer (multiple times)
 - 05 - Business phone
 - 06 - No eligible respondent at this number
 - 07 - No eligible respondent could be reached during time period
 - 08 - Language barrier prevented completion of interview
 - 09 - Interview terminated within questionnaire
 - 10 - Line busy (multiple tries)
 - 11 - Selected respondent unable to respond because of physical or mental impairment

- Made appointment
- Refused first time

Spoke with:
 Correct respondent is:
 Call-back date & time
 or Refusal date & time:
 Additional information:
 My ID = _____

Final Disposition _____
 of Telephone Call: _____

Our study requires that we interview only one person who lives in your household. How many members of your household, including yourself, are 18 years of age or older?

(28)

Page 3

How many are men and how many are women?

Men

(29)

Women

(30)

Who is the oldest man who presently lives in this household?

Who is the next oldest man who presently lives in this household?

Etc.

Who is the oldest woman who presently lives in this household?

Who is the next oldest woman who presently lives in this household?

Etc.

Suffix: _____

Name or Relationship	Last digit of phone number										
	0	1	2	3	4	5	6	7	8	9	
1	1	1	1	1	1	1	1	1	1	1	
2	2	1	2	1	2	1	2	1	2	1	
3	3	1	2	3	1	2	3	1	2	X	
4	1	2	3	4	1	2	3	4	X	X	
5	2	3	4	5	1	2	3	4	5	1	
6	5	6	1	2	3	4	X	X	X	X	
7	2	3	4	5	6	7	1	X	X	X	
8	8	1	2	3	4	5	6	7	X	X	

The person in your household that I need to speak with is _____

If "you" page 3

To correct respondent

Hello, I'm _____ calling for the _____, I'm a member of a special research team. We're doing a study of _____ residents regarding their health practices and day-to-day living habits. You have been randomly chosen to be included in the study from among the adult members of your household.

The interview will take about 10 minutes or perhaps a little less and all the information obtained in this study will be confidential.

Your name will not be used, but your responses will be grouped together with information from others participating in the study.

Of course, your part is voluntary and you can end the interview anytime you like. First, I'd like to begin by asking you about using seat belts.....

SECTION A: SEAT BELTS

1. How often do you use seat belts when you drive or ride in a car? *SEATBELT*

Would you say: PLEASE READ (31)

- a. Always 1
- b. Nearly Always 2
- c. Sometimes 3
- d. Seldom 4
- OR
- e. Never 5
- DO NOT Don't know/Not sure 7
- READ
- THESE Never drive or ride in a car..... 8
- RESPONSES
- Refused 9

SECTION B: HYPERTENSION

These next questions are about hypertension or high blood pressure:

2. Have you ever been told by a doctor, nurse, or other health professional that you have high blood pressure? *BPHIGH*

PROBE FOR DOCTOR, NURSE OR OTHER HEALTH PROFESSIONAL (32)

- a. No, GO TO SECTION C (p.5) 1
- b. Yes, by a doctor 2
- c. Yes, by a nurse 3
- d. Yes, by other health professional 4
- Don't know/Not sure GO TO SECTION C (p.5).... 7
- Refused GO TO SECTION C (p.5) ... 9

3. Have you been told on more than one occasion that your blood pressure was high, or have you been told this only once? **HIGHGT1** (32)

- a. More than once 1
- b. Only once 2
- Don't know/Not sure 7
- Refused 9

DOFTREAT
(34)

4. Is any medicine currently prescribed for your high blood pressure?

- a. Yes 1
- b. No, GO TO Q 6 2
- Don't know/Not sure, GO TO Q 6 7
- Refused, GO TO Q 6 9

USE TREAT
(35)

5. Are you currently taking medicine for your high blood pressure?

PROBE FOR "ALL OR MOST OF THE TIME" OR "ONLY OCCASIONALLY" IF NECESSARY. IF ANSWER IS "YES", USE "YES ALL OR MOST OF THE TIME"

- a. Yes, all or most of the time 1
- b. Yes, only occasionally 2
- c. No 3
- Don't know/Not sure 7
- Refused 9

6. As far as you know, is your blood pressure presently normal--or under control--or is it still high?

BRUPNOW

PLEASE NOTE: NORMAL OR UNDER CONTROL INCLUDES "RETURNED TO NORMAL" AND "NO LONGER HAVE HIGH BLOOD PRESSURE" (36)

- a. Normal 1
- b. Under control 2
- c. Still high 3
- Don't know/Not sure 7
- Refused 9

SECTION C: EXERCISE

The next few questions are about exercise, recreation, or physical activities other than your regular job duties.

EVERYDAY

7. During the past month, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?

(37)

- a. Yes 1
- b. No, GO TO SECTION D (p.8) 2
- Don't know/Not sure, GO TO SECTION D (p.8).. 7
- Refused, GO TO SECTION D (p.8) 9

8. What type of physical activity or exercise did you spend the most time doing during the past month?

EVERYDAY
(38-39)

- a. ACTIVITY — —
- SEE CODING LIST A Refused, GO TO 0 13 (p.6) 9 9

Activity

ASK QUESTION 9 ONLY IF ANSWER TO QUESTION 8 IS RUNNING, JOGGING, WALKING, OR SWIMMING, ALL OTHERS, GO TO QUESTION 10 (p.6).

EVERYDAY

9. How far did you usually walk/run/jog/swim?

(40-42)

- a. Miles and tenths — —
- Don't know/Not sure 7 7. 7
- Refused 7 7. 7

SEE CODING LIST B
IF RESPONSE IS NOT
IN MILES AND TENTHS

10. How many times per week or per month did you take part in this activity during the past month? *EXEROP1*
(43-45)

- a. Times per week 1 ___
- b. Times per month 2 ___
- Don't know/Not sure 7 7 7
- Refused 9 9 9

11. And when you took part in this activity, for how many minutes or hours did you usually keep at it? *EXERHMM1*
(46-48)

- a. Hours & Minutes : ___
- Don't know/Not sure 7: 7 7
- Refused 9: 9 9

12. Was there another physical activity or exercise that you participated in during the last month? *EXEROTH2*
(49)

- a. Yes 1
- b. No, GO TO SECTION D (p.8) 2
- Don't know/Not sure, GO TO SECTION D (p.8).. 7
- Refused, GO TO SECTION D (p.8) 9

13. What other type of physical activity gave you the next most exercise during the past month? *EXERACT2*
(50-51)

- a. Activity ___
- Refused, GO TO SECTION D (p.8) 9 9

SEE CODING LIST A

Activity

ASK QUESTION 14 ONLY IF ANSWER TO QUESTION 13 IS RUNNING, JOGGING, WALKING, OR SWIMMING, ALL OTHERS GO TO QUESTION 15

EXERDIS2
(52-54)

14. How far did you usually walk/run/jog/swim?

a. Miles and tenths _____

SEE CODING LIST B
IF RESPONSE IS NOT
IN MILES AND TENTHS

Don't know/Not sure 7 7 7

Refused..... 9 9 9

EXEROPTZ
(55-57)

15. How many times per week or per month did you take part in this activity?

a. Times per week 1 _____

b. Times per month 2 _____

Don't know/Not sure 7 7 7

Refused 9 9 9

EXERHHM2
(58-60)

16. And when you took part in this activity, for how many minutes or hours did you usually keep at it?

a. Hours & Minutes..... _____:_____

Don't know/Not sure 7: 7 7

Refused 9: 9 9

SECTION B: DIET

39-41

WEIGHT

17. About how much do you weigh without shoes?

(61-63)

a. WEIGHT

Pounds

Don't know/Not sure 7 7 7

Refused 9 9 9

HEIGHT

(64-66)

18. About how tall are you without shoes? 42-44

a. HEIGHT

Fe/Inches

Don't know/Not sure 7 7 7

Refused 9 9 9

LOSEWT

(67)

19. Are you now trying to lose weight? 45

a. Yes 1

b. No, GO TO Q 22 (p.9) 2

Refused, GO TO Q 22 (p.9) 9

FEWCAL

(68)

20. Are you eating fewer calories to lose weight? 46

a. Yes 1

b. No 2

Don't know/Not sure 7

Refused 9

PHYACT

(69)

21. Have you increased your physical activity to lose weight? 47

a. Yes 1

b. No 2

Don't know/Not sure 7

Refused 9

22. How often do you usually add salt to your food at the table? 48 ADDSALT

Would you say:	<u>PLEASE READ</u>	(70)
a. Most of the time		1
b. Sometimes		2
c. Rarely		3
OR		
d. Never		4
Don't know/Not sure		7
Refused		9

23. Are you now under the advice of a doctor to reduce your cholesterol or blood fat level? 49 REDCHOL1 (71)

a. Yes		1
b. No		2
Don't know/Not sure		7
Refused		9

SECTION E: TOBACCO USE

Now, I would like to ask you a few questions about tobacco products.

24. Have you smoked at least 100 cigarettes in your entire life? ⁵⁰ *SMOKE 100* (72)

100 CIGARETTES
= 5 PACKS

a. Yes 1

b. No, GO TO Q 29 (p.11) 2

 Don't know/Not sure, GO TO Q 29 (p.11) 7

 Refused, GO TO Q 29 (p.11) 9

25. Do you smoke cigarettes now? *SMOKE NOW* (73)

a. Yes 1

b. No, GO TO Q 28 (p.11) 2

 Refused, GO TO Q 29 (p.11) 9

26. On the average, about how many cigarettes a day do you now smoke? *SMOKE NOW* (74-75)

1 PACK =
20 CIGARETTES

a. Number of cigarettes —

b. Don't smoke regularly 8 8

 Refused 9 9

27. Have you stopped smoking for a week or more sometime during the past year? *SMOKED QUIT* (76)

a. Yes, GO TO Q 29 (p.11) 1

b. No, GO TO Q 29 (p.11) 1

 Refused, GO TO Q 29 (p.11) 9

28. About how long has it been since you last smoked cigarettes fairly regularly?

SMOKING (77)

PLEASE READ

Was it:

- a. Within the past year(0 TO 12 MONTHS) 1
- b. Within the past two years(13 TO 24 MONTHS) 2
- c. Within the past five years(25 TO 60 MONTHS) 3
- OR
- d. More than five years ago(61+ MONTHS) 4
- Don't know/Not sure -
- Never 8
- Refused 9

29. Have you ever used or tried any smokeless tobacco products such as chewing tobacco or snuff? 56

USE EVER 2 (78)

PROBE FOR CHEWING TOBACCO, SNUFF, OR BOTH

- a. Yes, chewing tobacco 1
- b. Yes, snuff 2
- c. Yes, both 3
- d. No, neither, GO TO SECTION F (p.12) 4
- Don't know/Not sure, GO TO SECTION F (p.12). 7
- Refused, GO TO SECTION F (p.12) 9

30. Do you currently use any smokeless tobacco products such as chewing tobacco or snuff? 57

USE NOW 2 (79)

PROBE FOR CHEWING TOBACCO, SNUFF, OR BOTH

"Yes" INCLUDES OCCASIONAL USE

- a. Yes, chewing tobacco 1
- b. Yes, snuff 2
- c. Yes, both 3
- d. No, neither -
- Don't know/Not sure -
- Refused 9

SECTION F: ALCOHOL CONSUMPTION

These next few questions are about the use of beer, wine, or liquor-- all kinds of alcoholic beverages that people drink at meals, special occasions, or when just relaxing.

31. Have you had any beer, wine or liquor during the past month, ^{58 DRINKANY} that is, since _____? (81)

- a. Yes 1
- b. No, GO TO SECTION G (p.15) 2
- Refused, GO TO SECTION G (p.15) 9

32. During the past month, how many days per week or per month did you drink any beer? ^{DRKBEER} (81-83)

- a. Days per week 1 ___
- b. Days per month 2 ___
- c. Never or none, GO TO Q 34 (p.13) 8 8 8
- Don't know/Not sure, GO TO Q 34 (p.13). 7 7 7
- Refused, GO TO Q 34 (p.13) 9 9 9

33. On the days when you drank beer, about how many beers did you drink on the average? ^{NBEEPROCC} (84-85)

- a. Number of beers ___
- Don't know/Not sure 7 7
- Refused 9 9

DRKWINE

(86-88)

34. Also, during the past month, how many days per week or per month did you drink any wine?

- a. Days per week 1 ___
- b. Days per month 2 ___
- c. Never or none, GO TO Q 36 8 8 8
- Don't know/Not sure; GO TO Q 36 7 7 7
- Refused, GO TO Q 36 9 9 9

NWINEOCC

(89-90)

35. On the days when you drank wine, about how many glasses of wine did you drink on the average?

- a. Number of glasses of wine ___
- Don't know/Not sure 7 7
- Refused 9 9

DRKLQR

(91-93)

36. And, during the past month, about how many days per week or per month did you have any liquor to drink, such as vodka, gin, rum, or whiskey?

- a. Days per week 1 ___
- b. Days per month 2 ___
- c. Never or none, GO TO Q 38 (p.14) 8 8 8
- Don't know/Not sure, GO TO Q 38 (p.14) 7 7 7
- Refused, GO TO Q 38 (p.14) 9 9 9

NLIRROCC

(94-95)

37. On the days when you drank any liquor, about how many drinks did you have on the average?

- a. Number of drinks ___
- Don't know/Not sure 7 7
- Refused 9 9

38. Considering all types of alcoholic beverages, that is beer, wine, and liquor, as drinks, how many times during the past month did you have 5 or more drinks on an occasion?

DRINKGES
(96-97)

a. Number of times	_____
b. None	8 8
Don't know/Not sure	7 7
Refused	9 9

39. And during the past month, how many times have you driven when you've had perhaps too much to drink?

DRINKDRI
(98-99)

a. Number of times	_____
b. None	8 8
Don't know/Not sure	7 7
Refused	9 9

SECTION G: PREVENTIVE HEALTH PRACTICES

Some people visit a doctor for a routine checkup, even though they are feeling well and have not been sick.

40. About how long has it been since you last visited a doctor for a routine checkup?

DKZ -22
CHECKUP
(109)

PLEASE READ

Was it:

- a. Within the past year(0 TO 12 MONTHS) 1
- b. Within the past two years(13 TO 24 MONTHS) 2
- c. Within the past five years(25 TO 60 MONTHS) 3
- OR
- d. More than five years ago(61+ MONTHS) 4
- Don't know/Not sure 7
- Never 8
- Refused 9

These next questions are about blood cholesterol, which is a fatty substance found in the blood.

41. Have you ever had your blood cholesterol checked? 23

BLOODCHOL

(101)

- a. Yes 1
- b. No, GO TO 0 46 (p.16) 2
- Don't know/Not sure, GO TO 0 46 (p.16) 7
- Refused, GO TO 0 46 (p.16) 9

42. About how long has it been since you last had your blood cholesterol checked?

CHOLCHK

(102)

PLEASE READ

Was it:

- a. Within the past year(0 TO 12 MONTHS) 1
- b. Within the past two years(13 TO 24 MONTHS) 2
- c. Within the past five years(25 TO 60 MONTHS) 3
- OR
- d. More than five years ago(61+ MONTHS) 4
- Don't know/Not sure 7

43. Have you ever been told your blood cholesterol level, in numbers? **TOLDLEV**
(103)
- a. Yes 1
 - b. No, GO TO Q 45 2
 - Don't know/Not sure, GO TO Q 45 7
 - Refused, GO TO Q 45 9

44. What is your blood cholesterol level? **LEVEL**
(104-106)
- a. RECORD THE NUMBER — — —
 - b. Don't know/Not sure 7 7 7
 - Refused 9 9 9

45. Have you ever been told by a doctor or other health professional that your blood cholesterol is high? **TOLDHAI**
(107)
- a. Yes 1
 - b. No 2
 - Don't know/Not sure 7
 - Refused 9

46. Next, I would like to ask you about influenza vaccination, commonly called a flu shot. Have you had a flu shot in the last 12 months? **FLUSHOT**
30 (108)
- a. Yes 1
 - b. No 2
 - Don't know/Not sure 7
 - Refused 9

47. INTERVIEWER: INDICATE SEX OF RESPONDENT ASK IF NECESSARY **SEX** 31 (109)
- a. Male, GO TO SECTION H (p.18) 1
 - b. Female 2

These next questions are about mammograms, which are x-ray tests of the breast to look for cancer.

48. Have you ever heard of a mammogram? 32

MAMMO (110)

- a. Yes 1
- b. No, GO TO SECTION H (p.18) 2
- Don't know/Not sure, GO TO SECTION H (p.18). 7
- Refused, GO TO SECTION H (p.18) 9

49. Have you ever had a mammogram?

HAD MAM (111)

- a. Yes 1
- b. No GO TO SECTION H (p.18) 2
- Don't know/Not sure, GO TO SECTION H (p.18). 7
- Refused GO TO SECTION H (p.18) 9

50. About how long has it been since you had your last mammogram?

HOW LONG (112)

Was it:

PLEASE READ

- a. Within the past year(0 TO 12 MONTHS) 1
- b. Within the past two years(13 TO 24 MONTHS) 2
- c. Within the past five years(25 TO 60 MONTHS) 3
- OR
- d. More than five years ago(61+ MONTHS) 4
- Don't know/Not sure 7
- Refused 9

51. Was your last mammogram done as part of a routine checkup, because of a breast problem, or because you've already had breast cancer?

WHY DONE (113)

- a. Routine checkup 1
- b. Breast problem 2
- c. Had breast cancer 3
- Don't know/Not sure 7
- Refused 9

SECTION H: DEMOGRAPHICS

And finally, these next few questions ask for a little more information about yourself.

52. How old were you on your last birthday? ³⁶⁻³⁷ **AGE** (114-115)

- a. CODE AGE IN YEARS
- Don't know/Not sure 0 7
- Refused 0 9

53. What is your race? ³⁸ **RACE**
Would you say (116)

PLEASE READ

- a. White 1
- b. Black 2
- c. Asian, Pacific Islander 3
- d. Aleutian, Eskimo, or American Indian 4
- e. Other specify _____ 5
- Don't know/Not sure 7
- Refused 9

54. Are you of Hispanic origin such as Mexican American, ³⁹ **HISPANIC** Latin American, Puerto Rican, or Cuban? (117)

- a. Yes 1
- b. No 2
- Don't know/Not sure 7
- Refused 9

EDUCA

55. What is the highest grade or year of school you completed? 40 (118)

READ ONLY IF NECESSARY

- a. Eighth Grade or Less 1
- b. Some High School 2
- c. High School Grad or GED Certificate 3
- d. Some Technical School 4
- e. Technical School Graduate 5
- f. Some College 6
- g. College Graduate 7
- h. Post Grad or Professional Degree 8
- Refused 9

56. Are you currently: 41 PLEASE READ EMPLOY (119)

- a. Employed for wages 1
- b. Self employed 2
- c. Out of work for more than 1 year 3
- d. Out of work for less than 1 year 4
- e. Homemaker 5
- f. Student 6
- OR
- g. Retired 7
- Refused 9

57. And are you: PLEASE READ 42 **MARITAL** (120)

- a. Married 1
- b. Divorced 2
- c. Widowed 3
- d. Separated 4
- e. Never been married 5
- OR
- f. A member of an unmarried couple 6
- Refused 9

INCOME

58. Which of the following categories best describes your annual household income from all sources? PLEASE READ 43 (121)

- a. Less than 10,000 1
- b. 10 to 15,000 2
- c. 15 to 20,000 3
- e. 20 to 25,000 4
- e. 25 to 35,000 5
- f. 35 to 50,000 6
- OR
- g. Over 50,000 8
- Don't know/Not sure 7
- Refused 9

INTERVIEWER: ASK THIS QUESTION ONLY OF FEMALES
BETWEEN 18 AND 45 YEARS OF AGE,
OTHERWISE GO TO QUESTION 60.

59. To your knowledge, are you now pregnant? *44* *PREGNANT*
(122)
- a. Yes 1
 - b. No 2
 - Don't know/Not sure 7
 - Refused 9

60. How many telephone numbers will reach this household, including the number I used today?

DIFFERENTIATE BETWEEN TELEPHONE NUMBERS AND
TELEPHONE SETS IF NECESSARY. INCLUDE ALL
TELEPHONE NUMBERS THAT CAN REACH HOUSEHOLD.

NUMPHONS

- 45* (123)
- a. Total Telephone Numbers

SECTION I: HEALTH STATUS

Next, I have a couple of questions which ask about your health status. *124*

61. All in all, would you say that your health is excellent, good, fair or poor?

D123 b-17

HLTHGOOD

- a. Excellent 1
- b. Good 2
- c. Fair 3
- d. Poor 4
- e. Refused 9

I am going to read you a list of medical conditions and physical ailments that usually last for some time. As I read each one, please tell me if you have ever experienced this problem or been told by a medical doctor that you have this problem.

	<u>YES</u>	<u>NO</u>	<u>DON'T KNOW/ NOT SURE</u>	<u>REFUSED</u>
2. Diabetes DIABETES	1	2	7	9 132
3. Heart Trouble HEART	1	2	7	9 133
4. Stroke STROKE	1	2	7	9 134
5. Arthritis ARTHRIT	1	2	7	9 135
6. Chronic Bronchitis or Emphysema BRONCH	1	2	7	9 136
7. Asthma ASTHMA	1	2	7	9 137
8. Kidney or Bladder Trouble KIDNEY	1	2	7	9 138
9. Liver Trouble LIVER	1	2	7	9 139
10. Cancer CANCER	1	2	7	9 140
11. Frequent Headaches HEADACHE	2		7	9 141
12. Frequent Back Trouble BACK	1	2	7	9 142

Section 73

Finally I have a couple of additional questions about seatbelts

During the past month, when you have driven or ridden in a car, were any of the passengers children under four years of age?

(IF NECESSARY, ADD: "...either your own or someone else's")

CHILDREN

1. yes
2. no (skip to q 53p)
3. never ride in a car (skip to q 53p)
4. don't know / not sure (skip to q 53p)
5. not ascertained / refused (skip to q 53p)

Question 74

... there are children under four in the car,
how often do they ride in a CAR SAFETY SEAT?
Would you say always, nearly always, sometimes,
seldom or never?

SAFTSEAT

1. Always
2. Nearly Always
3. Sometimes
4. Seldom
5. Never

7. Don't know / not sure
8. Inap.
9. Not ascertained / refused

CLOSING STATEMENT

That's my last question. Let me emphasize that your answers cannot be identified with your name. Everyone's answers will be combined to give us information about the health practices of people in this state. Thank you very much for your time and cooperation.

