



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?

NUMA  
291  
If "1" Page 3

How many are men and how many are women?

Men  
1  
29  
NUMMEN  
Women  
1  
30  
NUMWOMEN

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	1	1.
2.	2	1	2	1	2	1	2	1	2	1	2	2.
3.	3	1	2	3	1	2	3	1	2	X	X	3.
4.	1	2	3	4	1	2	3	4	X	X	X	4.
5.	2	3	4	5	1	2	3	4	5	1	2	5.
6.	5	6	1	2	3	4	X	X	X	X	X	5.
7.	2	3	4	5	6	7	1	X	X	X	X	7.
8.	3	1	2	3	4	5	6	-	X	X	X	8.

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 only take a short time, and all the information obtained in this study will be confidential. 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
- Don't know/Not sure . . . . . 7
- Never drive or ride in a car . . . . . 8
- Refused . . . . . 9

DO NOT READ  
THESE  
RESPONSES

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  
(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

PROBE FOR  
DOCTOR, NURSE  
OR OTHER  
HEALTH  
PROFESSIONAL

3. Have you been told on more than one occasion that your blood pressure was high, or have you been told this only once? (33)

HIGH BT 1

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

4. Is any medicine currently prescribed for your high blood pressure? (34)

BPTREAT

- a. Yes . . . . . 1
- b. No GO TO SECTION C (p.5) . . . . . 2
- Don't know/Not sure GO TO SECTION C (p.5) . . . . . 7
- Refused GO TO SECTION C (p.5) . . . . . 9

5. Are you currently taking medicine for your high blood pressure? (35)

USE TREAT

PROBE FOR "All or most of the time" OR "Only occasionally" IF NECESSARY.

- 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

IF ANSWER IS "Yes", USE "Yes, all or most of the time."



9. How many times per week or per month did you take part in this activity during the past month?

(42-44) EXEROFT 1

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

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

(45-47) EXERHMM 1

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

11. Was there another physical activity or exercise that you participated in during the last month?

(48) EXEROTH 2

- 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

12. What other type of physical activity gave you the next most exercise during the past month?

(49-50) EXERACT 2

- a. Activity (specify): \_\_\_\_\_ \_ \_  
See Coding List A
- Refused GO TO SECTION D (p.8) . . . . . 9 9

ASK QUESTION 13 ONLY IF ANSWER TO QUESTION 12 IS RUNNING, JOGGING, WALKING, OR SWIMMING. ALL OTHERS GO TO QUESTION 14.

13. How far did you usually walk/run/jog/swim? (51-53)

EXERDIS 2

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

- a. Miles and tenths . . . . . — — —
- Don't know/Not sure . . . . . 7 7 7
- Refused . . . . . 9 9 9

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

(54-56)

EXEROFT 2

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

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

(57-59)

EXERHMM 2

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

SECTION D: TOBACCO USE

Now I'd like to ask you a few questions about cigarette smoking.

16. Have you smoked at least 100 cigarettes in your entire life? SMOKE 100  
(60)

- |                             |   |   |
|-----------------------------|---|---|
| 100 CIGARETTES<br>= 5 PACKS | a. Yes . . . . .  | 1 |
|                             | b. No <u>GO TO SECTION E (p.10)</u> . . . . .               | 2 |
|                             | Don't know/Not sure <u>GO TO SECTION E (p.10)</u> . . . . . | 7 |
|                             | Refused <u>GO TO SECTION E (p.10)</u> . . . . .             | 9 |

17. Do you smoke cigarettes now? SMOKE NOW (61)

- |   |   |
|---|---|
| a. Yes . . . . .                                | 1 |
| b. No <u>GO TO Q 22 (p.9)</u> . . . . .         | 2 |
| Refused <u>GO TO SECTION E (p.10)</u> . . . . . | 9 |

18. On the average, about how many cigarettes a day do you now smoke? (62-63) SMOKE NOW

- |                           |                                    |     |
|---------------------------|------------------------------------|-----|
| 1 PACK =<br>20 CIGARETTES | a. Number of cigarettes . . . . .  | — — |
|                           | b. Don't smoke regularly . . . . . | 8 8 |
|                           | Refused . . . . .                  | 9 9 |

19. Have you ever made a serious attempt to stop smoking cigarettes? (64) QUIT TRY

- |   |   |
|---|---|
| a. Yes . . . . .                                | 1 |
| b. No <u>GO TO SECTION E (p.10)</u> . . . . .   | 2 |
| Refused <u>GO TO SECTION E (p.10)</u> . . . . . | 9 |



20. When was the start of your most recent quit attempt? (65) ~~QUIT~~ QUITWHE
- a. Past week . . . . . 1
  - b. Past 2 weeks . . . . . 2
  - c. Past month . . . . . 3
  - d. Past 6 months . . . . . 4
  - e. Past year . . . . . 5
  - f. More than 1 year ago . . . . . 6
  - Don't know/Not sure . . . . . 7
  - Refused . . . . . 9

21. How long did you actually stay off cigarettes that time? (66) QUITLONG
- a. Less than one day . . . . . 1
  - b. One to 6 days . . . . . 2
  - c. Seven days to less than 3 months . . . . . 3
  - d. Three months to less than 6 months . . . . . 4
  - e. Six months to less than 1 year . . . . . 5
  - f. 1 or more years . . . . . 6
  - Don't know/Not sure . . . . . 7
  - Refused . . . . . 9

-----  
 INTERVIEWER GO TO SECTION E (p.10)  
 -----

22. About how long has it been since you last smoked cigarettes regularly? (67) ~~SMOK~~ SMOKLAST
- a. Less than 1 month . . . . . 1
  - b. One month, but less than 3 months . . . . . 2
  - c. Three months, but less than 6 months . . . . . 3
  - d. Six months, but less than 1 year . . . . . 4
  - e. One or more years . . . . . 5
  - Don't know/Not sure . . . . . 7
  - Refused . . . . . 9

SECTION E: ALCOHOL CONSUMPTION

These next few questions are about the use of beer, wine, wine coolers, cocktails, or liquor, such as vodka, gin, rum, or whiskey—all kinds of alcoholic beverages that people drink at meals, special occasions, or when just relaxing.

23. Have you had any beer, wine, wine coolers, cocktails, or liquor during the past month, that is, since \_\_\_\_\_? (68) *DRINKANY*

- a. Yes . . . . . 1
- b. No GO TO SECTION F (p.12) . . . . . 2
- Refused GO TO SECTION F (p.12) . . . . . 9

24. During the past month, how many days per week or per month did you drink any alcoholic beverages, on the average? (69-71) *DRKALC*

- a. Days per week . . . . . 1 \_ \_
- b. Days per month . . . . . 2 \_ \_
- Don't know/Not sure GO TO Q 26 (p.11) . . . . . 7 7 7
- Refused GO TO Q 26 (p.11) . . . . . 9 9 9

25. A drink is 1 can or bottle of beer, 1 glass of wine, 1 can or bottle of wine cooler, 1 cocktail, or 1 shot of liquor. On the days when you drank, about how many drinks did you drink on the average? (72-73) *NALCOCC*

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

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

DRINK6E5

(74-75)

- a. Number of times . . . . . — —
- b. None . . . . . ~~87~~ 87
- Don't know/Not sure . . . . . 7 7
- Refused . . . . . 9 9

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

DRINKDRI

(76-77)

- a. Number of times . . . . . — —
- b. None . . . . . ~~87~~ 87
- Don't know/Not sure . . . . . 7 7
- Refused . . . . . 9 9

SECTION F: PREVENTIVE HEALTH PRACTICES

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

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

CHECKUP

Was it:	PLEASE READ	(78)
a. Within the past year (0 TO 12 MONTHS AGO)		1
b. Within the past two years (13 TO 24 MONTHS AGO)		2
c. Within the past five years (25 TO 60 MONTHS AGO) OR		3
d. More than five years ago (61+ MONTHS AGO)		4
Don't know/Not sure <u>GO TO Q 30 (p.13)</u>		7
Never, <u>GO TO Q 30 (p.13)</u>		8
Refused <u>GO TO Q 30 (p.13)</u>		9

29. What type of doctor did you see for your last routine check-up?

WHO CHECK

Was it:	PLEASE READ	(79)
a. Family or General Practitioner		1
b. Internist		2
c. Specialist such as heart, lung, or stomach specialist		3
d. Other		4
.ASK FOR WOMEN ONLY:		
e. Obstetrician/Gynecologist		5
Don't know/Not sure		7
Refused		9

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

BLOOD CHOL  
(80)

30. Have you ever had your blood cholesterol checked?
- a. Yes . . . . . 1
  - b. No GO TO Q 37 (p.15) . . . . . 2
  - Don't know/Not sure GO TO Q 37 (p.15) . . . . . 7
  - Refused GO TO Q 37 (p.15) . . . . . 9

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

CHOLCHK

- Was it: (81)
- PLEASE READ*
- a. Within the past year (0 TO 12 MONTHS AGO) . . . . . 1
  - b. Within the past two years (13 TO 24 MONTHS AGO) . . . . . 2
  - c. Within the past five years (25 TO 60 MONTHS AGO) . . . . . 3
  - OR
  - d. More than five years ago (61+ MONTHS AGO) . . . . . 4
  - Don't know/Not sure . . . . . 7
  - Refused . . . . . 9

32. Have you ever been told your blood cholesterol level, in numbers? (82) TOLDLEV

a. Yes . . . . . 1

b... No GO TO Q 34 . . . . . 2

Don't know/Not sure GO TO Q 34 . . . . . 7

Refused GO TO Q 34 . . . . . 9

33. What is your blood cholesterol level? (83-85) LEVEL

Record the number . . . . . — — —

Don't know/Not sure . . . . . 7 7 7

Refused . . . . . 9 9 9

34. Have you ever been told by a doctor or other health professional that your blood cholesterol is high? (86) TOLDHI

a. Yes . . . . . 1

b. No . . . . . 2

Don't know/Not sure . . . . . 7

Refused . . . . . 9

35. Are you now under the advice of a doctor to reduce your blood cholesterol or blood fat level? (87) REDCHOL

a. Yes . . . . . 1

b. No GO TO Q 37 (p.15) . . . . . 2

Don't know/Not sure GO TO Q 37 (p.15) . . . . . 7

Refused GO TO Q 37 (p.15) . . . . . 9

36. Did the doctor:

- 36a. —prescribe a medication to lower your blood cholesterol? (88)
- a. Yes . . . . . 1
- b. No . . . . . 2
- Don't know/Not sure . . . . . 7
- Refused . . . . . 9

CHOLMED

- 36b. —provide you with a low fat or low cholesterol diet? (89)
- a. Yes . . . . . 1
- b. No . . . . . 2
- Don't know/Not sure . . . . . 7
- Refused . . . . . 9

CHOLDIET

- 36c. —refer you to a dietitian, nutritionist, or nurse to help you reduce the fat or cholesterol in your diet? (90)
- a. Yes . . . . . 1
- b. No . . . . . 2
- Don't know/Not sure . . . . . 7
- Refused . . . . . 9

CHOLHELP

- 37. Next, I'd like to ask you about diabetes, sometimes called sugar diabetes. Have you ever been told by a doctor that you have diabetes? (91)
- a. Yes . . . . . 1
- b. No . . . . . 2
- Don't know/Not sure . . . . . 7
- Refused . . . . . 9

~~DIABCORE~~  
DIABCORE

SECTION G: DEMOGRAPHICS

These next few questions ask for a little more information about yourself.

38. How old were you on your last birthday? AGE  
(92-93)

Code age in years	—	—
Don't know/Not sure	0	7
Refused	0	9

39. What is your race? ORACE  
Would you say: PLEASE READ (94)

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

40. Are you of Hispanic origin such as Mexican American, Latin American, Puerto Rican, or Cuban? HISPANIC  
(95)

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



41. What is the highest grade or year of school you completed?

EDUCA

READ ONLY IF NECESSARY

(96)

- 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

42. Are you currently:

PLEASE READ

EMPLOY

(97)

- 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

43. And are you: PLEASE READ (98)

MARRIAGE

- 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

44. Which of the following categories best describes your annual household income from all sources? PLEASE READ (99)

INCOME

- 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

45. About how much do you weigh without shoes?

(100-102)

WEIGHT

a. Weight	_____	_____	_____
	Pounds		
Don't know/Not sure	7	7	7
Refused	9	9	9

46. About how tall are you without shoes?

(103-105)

HEIGHT

a. Height	____/____	____	____
	Ft./ inches		
Don't know/Not sure	7	7	7
Refused	9	9	9

47. INTERVIEWER: INDICATE SEX OF RESPONDENT. ASK IF NECESSARY

(106)

SEX

a. Male. <u>GO TO SECTION I (p.24)</u>	1
b. Female	2

SECTION H: WOMEN'S HEALTH

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

48. Have you ever had a mammogram? HAD MAM (107)
- a. Yes . . . . . 1
  - b. No GO TO Q 50b (bottom of p.21) . . . . . 2
  - Don't know/Not sure GO TO Q 53 (p.22) . . . . . 7
  - Refused GO TO Q 53 (p.22) . . . . . 9
49. About how long has it been since you had your last mammogram? HOW LONG (108)
- Was it: PLEASE READ
- a. Within the past year GO TO Q 51 (p.21) (0 TO 12 MONTHS AGO) . . . . . 1
  - b. Within the past two years (13 TO 24 MONTHS AGO) . . . . . 2
  - c. Within the past five years (25 TO 60 MONTHS AGO) . . . . . 3
  - OR
  - d. More than five years ago (61+ MONTHS AGO) . . . . . 4
  - Don't know/Not sure . . . . . 7
  - Refused . . . . . 9
- 50a. What is the most important reason that you did not have a mammogram in the last year? WHY NOT (109)
- DO NOT READ LIST. RECORD ONLY ONE ANSWER
- a. Not recommended by doctor / Doctor never said it was needed . . . . . 1
  - b. Not needed / Not necessary . . . . . 2
  - c. Never heard of mammogram . . . . . 3
  - d. Cost . . . . . 4
  - e. No insurance to pay for it . . . . . 5
  - f. Other . . . . . 6
  - 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? (110)

WAY DONE

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

52. Whose idea was it for you to have this last mammogram - was it your idea, your doctor's idea, or someone else's idea? (111)  
PROBE FOR THE MOST INFLUENTIAL. RECORD ONLY ONE RESPONSE.

WHOSIDEA

- a. Respondent's idea . . . . . 1
- b. Doctor's idea . . . . . 2
- c. Someone else's idea . . . . . 3
- Don't know/Not sure . . . . . 7
- Refused . . . . . 9

-----  
INTERVIEWER : GO TO Q 53, PAGE 22  
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53b. What is the most important reason that you never had a mammogram? (109)  
DO NOT READ LIST. RECORD ONLY ONE ANSWER

WHY NEVER

- a. Not recommended by doctor / doctor never said it was needed . . . . . 1
- b. Not needed / not necessary . . . . . 2
- c. Never heard of mammogram . . . . . 3
- d. Cost . . . . . 4
- e. No insurance to pay for it . . . . . 5
- f. Other . . . . . 6
- Don't know/Not sure . . . . . 7
- Refused . . . . . 9

The next questions are about breast physical examination, which is when the breast is felt for lumps by a doctor or medical assistant.

53. Have you ever had a breast physical exam by a doctor or a medical assistant? (112)

HADBPE

- a. Yes . . . . . 1
- b. No GO TO Q 56 (p. 23) . . . . . 2
- Don't know/Not sure GO TO Q 56 (p. 23) . . . . . 7
- Refused GO TO Q 56 (p. 23) . . . . . 9

54. About how long has it been since your last breast physical exam? (113)  
Was it:

WHEN BPE

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

55. Was your last breast physical exam done as part of a routine checkup, because of a breast problem, or because you've already had breast cancer? (114)

WHY BPE

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

INTERVIEWER: ASK THESE TWO QUESTIONS ONLY OF FEMALES BETWEEN 18 AND 45 YEARS OF AGE.

OTHERWISE, GO TO SECTION I (p.24).

56. To your knowledge, are you now pregnant?

*PREGNANT*  
(115)

- a. Yes . . . . . 1
- b. No GO TO SECTION I (p.24) . . . . . 2
- Don't know/Not sure GO TO SECTION I (p.24) . . . . . 7
- Refused GO TO SECTION I (p.24) . . . . . 9

57. During what month is your baby due?

*MONTHS*  
(116-117)

Code Months

- Jan 01
- Feb 02
- Mar 03
- Apr 04
- May 05
- Jun 06
- Jul 07
- Aug 08
- Sep 09
- Oct 10
- Nov 11
- Dec 12

Code month

- Don't know/Not sure . . . . . 7 7
- Refused . . . . . 9 9

SECTION I: AIDS

These next few questions are to determine your beliefs and opinions about the national health problem of AIDS.

58. Have you ever heard the AIDS virus called HIV? (118)
- a. Yes . . . . . 1
  - b. No . . . . . 2
  - Don't know/Not sure . . . . . 7
  - Refused . . . . . 9

AIDSHIV

59. To your knowledge, are there drugs available which can lengthen the life of a person infected with the AIDS virus? (119)
- a. Yes . . . . . 1
  - b. No . . . . . 2
  - Don't know/Not sure . . . . . 7
  - Refused . . . . . 9

AIDSDRUG

60. Do you think a person who is infected with the AIDS virus can look and feel well and healthy? (120)
- a. Yes . . . . . 1
  - b. No . . . . . 2
  - Don't know/Not sure . . . . . 7
  - Refused . . . . . 9

AIDSWELL

61. There has been a lot of talk about how you can and cannot get infected with the AIDS virus. Do you think you can get infected from:
- |  | <u>Yes</u> | <u>No</u> | <u>DK NS</u> | <u>Ref</u> |       |
|--|------------|-----------|--------------|------------|-------|
| a. Giving blood . . . . .                | 1          | 2         | 7            | 9          | (121) |
| b. Mosquitoes or other insects . . . . . | 1          | 2         | 7            | 9          | (122) |

DONATE

INSECTS



62. Do you have a child or children in kindergarten through eighth grade? (123) **CHILDK8**

a. Yes . . . . . 1

b. No GO TO Q 65 . . . . . 2

Don't know/Not sure GO TO Q 65 . . . . . 7

Refused GO TO Q 65 . . . . . 9

63. Would you allow your child to be in the same classroom with a child who is infected with the AIDS virus? (124) **AIDSCLSS**

a. Yes . . . . . 1

b. No . . . . . 2

Don't know/Not sure . . . . . 7

Refused . . . . . 9

At what grade do you think your child should begin AIDS education in school? (125-126) **AIDS GRAD**

Code grade . . . . .

Never . . . . . **87**

Don't know/Not sure . . . . . **77**

Refused . . . . . 9 9

65. Would you eat in a restaurant where the cook is infected with the AIDS virus? (127) **AIDSCOOK**

a. Yes . . . . . 1

b. No . . . . . 2

Don't know/Not sure . . . . . 7

Refused . . . . . 9

66. Would you be willing to work with a person who is infected with the AIDS virus? (128)

AIDSWORK

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

67. Where could you go to be tested for the AIDS virus infection? (129-130)  
PROBE FOR OTHER PLACES IF ONLY ONE RESPONSE IS GIVEN

a. Facility code . . . . . \_ \_

TEST 1

(131-132)

b. Where else could you go? . . . . . \_ \_

TEST 2

-----  
PLEASE DO NOT READ LIST  
-----

- a. Private doctor, HMO . . . . . 01
- b. Blood bank, plasma center, Red Cross . . . . . 02
- c. Health department . . . . . 03
- d. AIDS clinic, AIDS testing site . . . . . 04
- e. Hospital, emergency room . . . . . 05
- f. Family planning clinic . . . . . 06
- g. STD clinic . . . . . 07
- h. Community health clinic, primary care clinic . . . . . 08
- i. Company or industry clinic . . . . . 09
- j. Military induction or examination . . . . . 10
- k. Other . . . . . 87
- l. No place . . . . . 88
- Don't know/Not sure . . . . . 77
- Refused . . . . . 99

Some people use condoms to keep from getting the AIDS virus through sexual activity. How effective do you think using a condom is in preventing getting the AIDS virus through sexual activity?

Would you say: . . . . . PLEASE READ

(133)

CONDOM

- a. Very effective . . . . . 1
- b. Somewhat effective . . . . . 2
- OR
- c. Not at all effective . . . . . 3
- Don't know how effective . . . . . 4
- Don't know method . . . . . 5
- Refused . . . . . 9

DO NOT  
READ  
THESE  
RESPONSES

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

NUMBERS

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

(134)

- a. Total telephone numbers . . . . .

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.

MODULE 1: COUNTY OF RESIDENCE:

*Handwritten notes and scribbles in the top right corner.*

COUNTY  
(135-137)

~~Handwritten scribble~~

What county do you live in?

70.

a. County Code

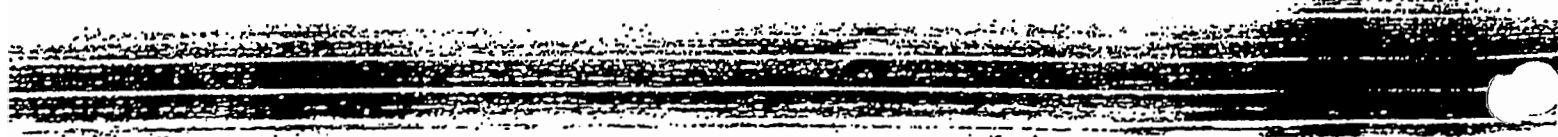
Don't know/Not sure

7 7

Refused

9 9 9

~~Large blacked-out redacted area on the right side of the page.~~



MODULE 3: CERVICAL CANCER SCREENING

PLEASE NOTE: Ask all females, otherwise go to next module

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

73. <sup>PAP</sup> 1. Have you ever heard of a Pap smear test? (140)

a. Yes . . . . . 1

b. No GO TO Q 4 . . . . . 2

Don't know/Not sure GO TO Q 4 . . . . . 7

Refused GO TO Q 4 . . . . . 9

74. <sup>HAD PAP</sup> 2. Have you ever had a Pap smear? (141)

a. Yes . . . . . 1

b. No GO TO Q 4 . . . . . 2

Don't know/Not sure GO TO Q 4 . . . . . 7

Refused GO TO Q 4 . . . . . 9

75. <sup>WHEN PAP</sup> 3. When did you have your last Pap smear? (142)

Was it: PLEASE READ

a. Within the past year (0 TO 12 MONTHS AGO) . . . . . 1

b. Within the past two years (13 TO 24 MONTHS AGO) . . . . . 2

c. Within the past five years (25 TO 60 MONTHS AGO) . . . . . 3

OR

d. More than five years ago (61+ MONTHS AGO) . . . . . 4

Don't know/Not sure . . . . . 7

Refused . . . . . 9

76. <sup>HYSTER 2</sup> 4. Have you had a hysterectomy? (143)

PLEASE NOTE: A hysterectomy is "An operation to remove the uterus."

a. Yes . . . . . 1

b. No . . . . . 2

Don't know/Not sure . . . . . 7

Refused . . . . . 9

MODULE 4: COLORECTAL CANCER SCREENING

These next questions are about digital rectal exams, that is, when a doctor inserts his finger in the rectum to check for problems.

- 77.1. Have you ever heard of a digital rectal exam? (144) DRE
- a. Yes . . . . . 1
  - b. No GO TO Q4 . . . . . 2
  - Don't know/Not sure GO TO Q4 . . . . . 7
  - Refused GO TO Q4 . . . . . 9

- 78.2. Have you ever had a digital rectal exam? (145) HAD DRE
- a. Yes . . . . . 1
  - b. No GO TO Q4 . . . . . 2
  - Don't know/Not sure GO TO Q4 . . . . . 7
  - Refused GO TO Q4 . . . . . 9

- 79.3. When did you have your last digital rectal exam? (146) WHEN DRE
- Was it: PLEASE READ
- a. Within the past year (0 TO 12 MONTHS AGO) . . . . . 1
  - b. Within the past two years (13 TO 24 MONTHS AGO) . . . . . 2
  - c. Within the past five years (25 TO 60 MONTHS AGO) . . . . . 3
  - OR
  - d. More than five years ago (61+ MONTHS AGO) . . . . . 4
  - Don't know/Not sure . . . . . 7
  - Refused . . . . . 9

80. A blood stool test is when the stool is examined to determine whether it contains blood. Have you ever heard of a blood stool test? (147) STOOL

- a. Yes . . . . . 1
- b. No GO TO Q7 . . . . . 2
- Don't know/Not sure GO TO Q7 . . . . . 7
- Refused GO TO Q7 . . . . . 9

81. Have you ever had a blood stool test? (148) HAD STOOL

- a. Yes . . . . . 1
- b. No GO TO Q7 . . . . . 2
- Don't know/Not sure GO TO Q7 . . . . . 7
- Refused GO TO Q7 . . . . . 9

82. When did you have your last blood stool test? Was it: PLEASE READ (149) WHEN STO

- a. Within the past year (10 TO 12 MONTHS AGO) . . . . . 1
- b. Within the past two years (13 TO 24 MONTHS AGO) . . . . . 2
- c. Within the past five years (25 TO 60 MONTHS AGO) . . . . . 3
- OR
- d. More than five years ago (61+ MONTHS AGO) . . . . . 4
- Don't know/Not sure . . . . . 7
- Refused . . . . . 9

83. 7. A proctoscopic exam is when a tube is inserted in the rectum to check for problems. Have you ever heard of a proctoscopic exam? (150)

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

PRO

84. 2. Have you ever had a proctoscopic exam? (151)

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

HADPROC

85. 8. When did you have your last proctoscopic exam? (152)  
Was it: PLEASE READ

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

WHENPROC



MODULE 9: FRUITS AND VEGETABLES

These next questions are about the foods you usually eat or drink. Please tell me how often you eat or drink each one, for example, twice a week, three times a month and so forth. Remember, I am only interested in the foods YOU eat. Include all foods you eat, both at home and away from home.

128. ~~1~~ How often do you drink fruit juices such as orange, grapefruit, or tomato? (237-239)

a. Per Day	1	___	___	JUICE
b. Per Week	2	___	___	
c. Per Month	3	___	___	
d. Per Year	4	___	___	
e. Never	5	5	5	
Don't know/Not sure	7	7	7	
Refused	9	9	9	

129. ~~2~~ Not counting juice, how often do you eat fruit? (240-242)

a. Per Day	1	___	___	FRUIT 90
b. Per Week	2	___	___	
c. Per Month	3	___	___	
d. Per Year	4	___	___	
e. Never	5	5	5	
Don't know/Not sure	7	7	7	
Refused	9	9	9	

130. ~~3~~ How often do you eat green salad? (243-245)

a. Per Day	1	___	___	SALAD
b. Per Week	2	___	___	
c. Per Month	3	___	___	
d. Per Year	4	___	___	
e. Never	5	5	5	
Don't know/Not sure	7	7	7	
Refused	9	9	9	

131 \* How often do you eat potatoes (not including french fries, fried potatoes or potato chips)? (246-248)

POTATOES

- a. Per Day . . . . . 1 \_\_\_
- b. Per Week . . . . . 2 \_\_\_
- c. Per Month . . . . . 3 \_\_\_
- d. Per Year . . . . . 4 \_\_\_
- e. Never . . . . . 5 5 5
- Don't know/Not sure . . . . . 7 7 7
- Refused . . . . . 9 9 9

132 How often do you eat carrots? (249-251)

CARROTS

- a. Per Day . . . . . 1 \_\_\_
- b. Per Week . . . . . 2 \_\_\_
- c. Per Month . . . . . 3 \_\_\_
- d. Per Year . . . . . 4 \_\_\_
- e. Never . . . . . 5 5 5
- Don't know/Not sure . . . . . 7 7 7
- Refused . . . . . 9 9 9

133 Not counting carrots, potatoes or salad, how many servings of vegetables do you usually eat? (For example, a serving of vegetables at both lunch and dinner would be two servings.) (252-254)

VE690

- a. Per Day . . . . . 1 \_\_\_
- b. Per Week . . . . . 2 \_\_\_
- c. Per Month . . . . . 3 \_\_\_
- d. Per Year . . . . . 4 \_\_\_
- e. Never . . . . . 5 5 5
- Don't know/Not sure . . . . . 7 7 7
- Refused . . . . . 9 9 9

Now I'd like to ask you a few questions about your Health Care Coverage, which you use when paying hospital bills, doctor bills or clinic bills. We are interested in the relationship between different kinds of health care coverage and use of preventive services.

Are you covered by any of the following kinds of Health Care Plans?

200. Are you covered by Medicare? (available to adults over the age of 62 or on social security retirement) *MEDICARE*

- a. Yes . . . . . 1
- b. No . . . . . 2
- c. Don't Know/Not Sure . . . . . 7
- d. Refused . . . . . 9

201. Are you covered by Medi-Cal? (available to low-income Californians, those on SSI, AFDC) *MEDICAL*

- a. Yes . . . . . 1
- b. No . . . . . 2
- c. Don't Know/Not Sure . . . . . 7
- d. Refused . . . . . 9

202. Are you covered by Major Medical Insurance, which pays for hospital stays? *MAJOR MED*

- a. Yes . . . . . 1
- b. No . . . . . 2
- c. Don't Know/Not Sure . . . . . 7
- d. Refused . . . . . 9

203. Are you covered by a Health Maintenance Organization or HMO, for example, Kaiser, or Foundation, which allows you to see doctors for no fee or a small fee at each visit? *HMO*

- a. Yes . . . . . 1
- b. No . . . . . 2
- c. Don't Know/Not Sure . . . . . 7
- d. Refused . . . . . 9

204. Are you covered by a Health Insurance Plan, such as Blue Cross or Aetna, which pays a percentage of each doctor bill for routine care while you are responsible?

HIP

- a. Yes . . . . . 1
- b. No . . . . . 2
- c. Don't Know/Not Sure . . . . . 7
- d. Refused . . . . . 9

205. Are you covered by any other type of plan, for example, the military or student health?

OTHER PLAN

- a. Yes . . . . . 1
- b. No . . . . . 2
- c. Don't Know/Not Sure . . . . . 7
- d. Refused . . . . . 9

206. What is the name of your health plan?  
(If more than one plan, most often used plan)

HLTHSTR (text)

HLTHNAME (code)

ENTER NAME OF PLAN

\_\_\_\_\_

- b. Don't Know/Not Sure . . . . . 7
- c. Refused . . . . . 9

207. Does this mean you pay all the costs each time you see a doctor for routine office care?

PAYSELF

- a. Yes . . . . . 1
- b. No . . . . . 2
- c. Don't Know/Not Sure . . . . . 7
- d. Refused . . . . . 9

208. Is there ONE doctor you usually go to who knows your medical history? *ONE DOC*

- a. YES, ONE particular doctor  
(include here people who see TWO or MORE USUAL  
doctors, depending on what is wrong) . . . . . 1
- b. NO (see anyone available; rarely see a doctor) . . . . . 2
- c. Don't Know/Not Sure . . . . . 7
- d. Refused . . . . . 9

209. Which of the following best describes the policy about smoking at your workplace? *WORKSMOK*

- a. No smoking allowed inside . . . . . 1
- b. Smoking restricted to a few designated areas . . . . . 2
- c. Smoking allowed in most places except where posted . . . . . 3
- d. No specific work site, work at home . . . . . 4
- e. Don't Know/Not Sure . . . . . 7
- f. Refused . . . . . 9

210. Does your workplace offer employees health promotion programs for stress management, weight control, physical fitness or to stop smoking? *WORK HPP*

- a. Yes . . . . . 1
- b. No . . . . . 2
- c. Don't Know/Not Sure . . . . . 7
- d. Refused . . . . . 9

211. In the past year, have you participated in such a program at your workplace? *GOTO HPP*

- a. Yes . . . . . 1
- b. No . . . . . 2
- c. Don't Know/Not Sure . . . . . 7
- d. Refused . . . . . 9

Next, I have a couple of questions which ask about your Health Status.

212. All in all, would you say that your health is Excellent, Good, Fair *HUHG* or Poor?

- a. Excellent . . . . . 1
- b. Good . . . . . 2
- c. Fair . . . . . 3
- d. Poor . . . . . 4
- e. Don't Know/Not Sure . . . . . 7
- f. Refused . . . . . 9

I'm going to read you a list of medical conditions and physical ailments that usually last 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?

213. Experienced or told you have/had heart trouble? *HEART*

- a. Yes . . . . . 1
- b. No . . . . . 2
- c. Don't Know/Not Sure . . . . . 7
- d. Refused . . . . . 9

214. Experienced or told you had a stroke? *STROKE*

- a. Yes . . . . . 1
- b. No . . . . . 2
- c. Don't Know/Not Sure . . . . . 7
- d. Refused . . . . . 9

215. Experienced or told you have/had arthritis? *ARTHRIT*

- a. Yes . . . . . 1
- b. No . . . . . 2
- c. Don't Know/Not Sure . . . . . 7
- d. Refused . . . . . 9

216. Experienced or told you have/had chronic bronchitis or emphysema? BRONCH

- a. Yes . . . . . 1
- b. No . . . . . 2
- c. Don't Know/Not Sure . . . . . 7
- d. Refused . . . . . 9

217. Experienced or told you have/had asthma? ASTHMA

- a. Yes . . . . . 1
- b. No . . . . . 2
- c. Don't Know/Not Sure . . . . . 7
- d. Refused . . . . . 9

218. Experienced or told you have/had kidney or bladder trouble? KIDNEY

- a. Yes . . . . . 1
- b. No . . . . . 2
- c. Don't Know/Not Sure . . . . . 7
- d. Refused . . . . . 9

219. Experienced or told you have/had liver trouble? LIVER

- a. Yes . . . . . 1
- b. No . . . . . 2
- c. Don't Know/Not Sure . . . . . 7
- d. Refused . . . . . 9

220. Experienced or told you have/had cancer other than skin cancer? CANCER

- a. Yes . . . . . 1
- b. No . . . . . 2
- c. Don't Know/Not Sure . . . . . 7
- d. Refused . . . . . 9

221. Experienced or told you have/had frequent headaches?

HEADACHE

- a. Yes . . . . . 1
- b. No . . . . . 2
- c. Don't Know/Not Sure . . . . . 7
- d. Refused . . . . . 9

222. Experienced or told you have/had frequent back trouble?

BACK

- a. Yes . . . . . 1
- b. No . . . . . 2
- c. Don't Know/Not Sure . . . . . 7
- d. Refused . . . . . 9

223. Have any of your parents, brothers, sisters, or children ever had cancer, other than skin cancer?

FAMILY CANCER

- a. Yes . . . . . 1
- b. No . . . . . 2
- c. Don't Know/Not Sure . . . . . 7
- d. Refused . . . . . 9

We'd like to ask a few more questions about cancer detection tests.

224. Do you know how to examine your own breast for lumps?

LUMPS

- a. Yes . . . . . 1
- b. No . . . . . 2
- c. Don't Know/Not Sure . . . . . 7
- d. Refused . . . . . 9



p. 91

225. About how often do you examine your breast for lumps?

LUMPOFT

101-102 = times per day                      301-331 = times per month  
201-207 = times per week                    401-412 = times per year

1xx to enter times per day  
2xx to enter times per week  
3xx to enter times per month  
4xx to enter times per year

- a. Never . . . . . 6
- b. Don't Know/Not Sure . . . . . 7
- c. Refused . . . . . 9

226. Within the last two years, has a doctor advised you to examine your breasts for lumps on a monthly basis?

LUMPTOLD

- a. Yes . . . . . 1
- b. No . . . . . 2
- c. Don't Know/Not Sure . . . . . 7
- d. Refused . . . . . 9

227. Within the last 12 months, did you suffer any accidental injury that required medical treatment?

INJURY

- a. Yes (skip to 1117b) . . . . . 1
- b. No (skip to 118) . . . . . 2
- c. Don't Know/Not Sure (skip to 118) . . . . . 7
- d. Refused (skip to 118) . . . . . 9

228. Which of the following best describes where you received treatment? (Interviewer: Use most recent injury if there is more than one.)

INTREAT

- a. Hospital emergency room . . . . . 1
- b. Actual Admission to a hospital . . . . . 2
- c. In an office, clinic, or first aid station . . . . . 3
- d. Don't Know/Not Sure . . . . . 7
- e. Refused . . . . . 9

229. See Page 43

SEATLAW

~~229. In California, if a patrolman sees you NOT wearing a seatbelt, can he then stop you and give you a ticket?~~

- ~~a. Yes . . . . . 1~~
- ~~b. No . . . . . 2~~
- ~~c. Don't Know/Not Sure . . . . . 7~~
- ~~d. Refused . . . . . 9~~

230. Which of the following statements best describes how you feel about requiring bicycle riders to wear safety helmets?

HELMET

- a. All bicycle riders should be required to wear a helmet . . . . . 1
- b. Only bicycle riders under 18 should be required to wear a helmet . . . . . 2
- c. Bicycle helmets should not be required at all . . . . . 3
- d. Don't Know/Not Sure . . . . . 7
- e. Refused . . . . . 9

231. Do you keep a loaded gun in your house?

GUN

- a. Yes (skip to 120b) . . . . . 1
- b. No (to conclusion screen) . . . . . 2
- c. Don't Know/Not Sure (to conclusion screen) . . . . . 7
- d. Refused (to conclusion screen) . . . . . 9

232. If yes, is is a handgun?

HANDGUN

- a. Yes (to conclusion screen) . . . . . 1
- b. No (to conclusion screen) . . . . . 2
- c. Don't Know/Not Sure (to conclusion screen) . . . . . 7
- d. Refused (to conclusion screen) . . . . . 9

0229

-----  
! Which of the following three statements is !  
! true ? !  
-----

**SEATLAW**

1. In California, if a patrolman sees you NOT wearing a seatbelt, he can stop you and give you a ticket.
2. In California, a patrolman can only give you a ticket for not wearing your seatbelt after first stopping you for some other offence.
3. California law does not require the use of seatbelts.  
-----
7. Don't Know/Not Sure
9. Refused

