

**BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM**

(Project Title)

1995 - Final Layout  
(Project Year)

Page 1  
Date 08-16-96

| Field Size | Columns | Question                            | Comments   |
|------------|---------|-------------------------------------|--|
| 28         | 1-28    | <b>IDENTIFICATION INFORMATION</b>   |  |
| 2          | 1-2     | Fips State Code                     |  |
| 1          | 3       | Stratum Code                        |  |
| 5          | 4-8     | PSU Number                          |  |
| 1          | 9       | Record Number                       |  |
| 6          | 10-15   | Date of Interview                   |  |
| 2          | 16-17   | Interviewer Identification          |  |
| 8          | 18-25   | Telephone Number                    | First Eight Digits of Telephone Number   |
| 2          | 26-27   | Final Disposition of Telephone Call | 01= Completed Interview<br>02= Refused Interview<br>03= Non-Working Number<br>04= No Answer<br>05= Business Telephone<br>06= No Eligible Respondent at this number<br>07= No Eligible Respondent could be reached during time period<br>08= Language barrier prevented completion of interview<br>09= Interview terminated within questionnaire<br>10= Line Busy<br>11= Selected respondent unable to respond because of physical or mental impairment |

| Field Size | Columns | Questions  | Comments  |
|------------|---------|--|---|
| 1          | 28      | Winddown   | Blank= Regular Mode<br>9= Winddown Mode   |
| 2          | 29-30   | Number of Adults in Household  | 01-18= Number of adults,<br>18 years plus in<br>household   |
| 1          | 31      | Number of Adult Men in<br>Household  | 0-9= Number of adult men,<br>18 years plus in<br>household  |
| 1          | 32      | Number of Adult Women in<br>Household  | 0-9= Number of adult<br>women, 18 years plus<br>in household  |
|            |         | <b>SECTION 1: HEALTH STATUS</b>  |   |
| 1          | 33      | Q1: Would you say that in<br>general your health is:   | 1= Excellent<br>2= Very good<br>3= Good<br>4= Fair<br>5= Poor<br>7= Don't know/Not sure<br>9= Refused |
| 2          | 34-35   | Q2: Now thinking about your<br>physical health, which<br>includes physical illness<br>and injury, for how many days<br>during the past 30 days was<br>your physical health not<br>good?                | 01-30= Number of days<br>88= None<br>77= Don't know/Not sure<br>99= Refused                           |
| 2          | 36-37   | Q3: Now thinking about your<br>mental health, which<br>includes stress, depression,<br>and problems with emotions,<br>for how many days during the<br>past 30 days was your mental<br>health not good? | 01-30= Number of days<br>88= None<br>77= Don't know/Not sure<br>99= Refused                           |
| 2          | 38-39   | Q4: During the past 30 days,   | 01-30= Number of days   |

| Field Size                           | Columns | Questions   | Comments  |
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|                                      |         | for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?   | 88= None<br>77= Don't know/Not sure<br>99= Refused  |
| <b>SECTION 2: HEALTH CARE ACCESS</b> |         |   |   |
| 1                                    | 40      | Q5: Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare? | 1= Yes<br>2= No<br>7= Don't know/Not sure<br>9= Refused   |
| 1                                    | 41      | Q6: About how long has it been since you had health care coverage?  | 1= Within the past 6 months (1 to 6 months ago)<br>2= Within the past year (6 to 12 months ago)<br>3= Within the past 2 years (1 to 2 years ago)<br>4= Within the past 5 years (2 to 5 years ago)<br>5= 5 or more years ago<br>7= Don't know/Not sure<br>8= Never<br>9= Refused |
| 1                                    | 42      | Q7: Was there a time during the last 12 months when you needed to see a doctor, but could not because of the cost?                              | 1= Yes<br>2= No<br>7= Don't know/Not sure<br>9= Refused   |
| 1                                    | 43      | Q8: About how long has it been since you last visited a doctor for a routine checkup?   | 1= Within the past year (1 to 12 months ago)<br>2= Within the past 2 years (1 to 2 years ago)<br>3= Within the past 5 years (2 to 5 years ago)<br>4= 5 or more years ago  |

| Field Size                               | Columns | Questions   | Comments  |
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|  |         |   | 7= Don't know/Not sure<br>8= Never<br>9= Refused  |
| <b>SECTION 3: HYPERTENSION AWARENESS</b> |         |   |   |
| 1  | 44      | Q9: About how long has it been since you last had your blood pressure taken by a doctor, nurse, or other health professional? | 1= Within the past 6 months<br>(1 to 6 months ago)<br>2= Within the past year<br>(6 to 12 months ago)<br>3= Within the past 2 years<br>(1 to 2 years ago)<br>4= Within the past 5 years<br>(2 to 5 years ago)<br>5= 5 or more years ago<br>7= Don't know/Not sure<br>8= Never<br>9= Refused |
| 1  | 45      | Q10: Have you ever been told by a doctor, nurse, or other health professional that you have high blood pressure?              | 1= Yes<br>2= No<br>7= Don't know/Not sure<br>9= Refused   |
| 1  | 46      | Q11: Have you been told on more than one occasion that your blood pressure was high or have you been told only once?          | 1= More than once<br>2= Only once<br>7= Don't know/Not sure<br>9= Refused   |
| <b>SECTION 4: CHOLESTEROL AWARENESS</b>  |         |   |   |
| 1  | 47      | Q12: Blood cholesterol is a fatty substance found in the blood. Have you ever had your blood cholesterol checked?             | 1= Yes<br>2= No<br>7= Don't know/Not sure<br>9= Refused   |

| Field Size                 | Columns | Questions  | Comments   |
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| 1                          | 48      | Q13: About how long has it been since you last had your blood cholesterol checked?                         | 1= Within the past year (1 to 12 months ago)<br>2= Within the past 2 years (1 to 2 years ago)<br>3= Within the past 5 years (2 to 5 years ago)<br>4= 5 or more years ago<br>7= Don't know/Not sure<br>9= Refused |
| 1                          | 49      | Q14: Have you ever been told by a doctor or other health professional that your blood cholesterol is high? | 1= Yes<br>2= No<br>7= Don't know/Not sure<br>9= Refused  |
| <b>SECTION 5: DIABETES</b> |         |  |  |
| 1                          | 50      | Q15: Have you ever been told by a doctor that you have diabetes  | 1= Yes<br>2= Yes, but female told only during pregnancy<br>3= No<br>7= Don't know/Not sure<br>9= Refused   |

| Field Size                       | Columns | Questions   | Comments  |
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|                                  |         | e<br>t<br>e<br>s<br>?   |   |
| <b>SECTION 6: INJURY CONTROL</b> |         |   |   |
| 1                                | 51      | Q16: How often do you use seatbelts when you drive or ride in a car?  | 1= Always<br>2= Nearly always<br>3= Sometimes<br>4= Seldom<br>5= Never<br>7= Don't know/Not sure<br>8= Never drive or ride in a car<br>9= Refused |
| 2                                | 52-53   | Q17: What is the age of the oldest child in your household under the age of 16?                                   | 01-15= Code age in years<br>88= No children under age 16<br>77= Don't know/Not sure<br>99= Refused  |
| 1                                | 54      | Q18: How often does the oldest child in your household use a car safety seat or seatbelt when they ride in a car? | 1= Always<br>2= Nearly always<br>3= Sometimes<br>4= Seldom<br>5= Never<br>7= Don't know/not sure<br>8= Never rides in a car<br>9= Refused         |
| 1                                | 55      | Q19: During the past year, how often has the oldest child worn a bicycle helmet when riding a bicycle?            | 1= Always<br>2= Nearly always<br>3= Sometimes<br>4= Seldom<br>5= Never<br>7= Don't know/not sure<br>8= Never rides in a car<br>9= Refused         |

| Field Size                    | Columns | Questions  | Comments  |
|-------------------------------|---------|--|---|
| 1                             | 56      | Q20: When was the last time you or someone else deliberately tested all of the smoke detectors in your home, either by pressing the test buttons or holding a source of smoke near them? | 1= Within the past month (0 to 1 month ago)<br>2= Within the past 6 months (1 to 6 months ago)<br>3= Within the past year (6 to 12 months ago)<br>4= One or more years ago<br>5= Never<br>6= No smoke detectors in home<br>7= Don't know/Not sure<br>9= Refused |
| <b>SECTION 7: TOBACCO USE</b> |         |  |   |
| 1                             | 57      | Q21: Have you smoked at least 100 cigarettes in your entire life?  | 1= Yes<br>2= No<br>7= Don't know/Not sure<br>9= Refused   |
| 1                             | 58      | Q22: Do you smoke cigarettes now?  | 1= Yes<br>2= No<br>7= Don't know/Not sure<br>9= Refused   |
| 2                             | 59-60   | Q23: On how many of the past 30 days did you smoke cigarettes?   | 01-30= Code number of days<br>88= None<br>77= Don't know/Not sure<br>99= Refused  |
| 2                             | 61-62   | Q24: On the average, about how many cigarettes a day do you now smoke?   | 01-76= Code number of cigarettes<br>77= Don't know/Not sure<br>99= Refused  |
| 2                             | 63-64   | Q24a. On the average, when   | 01-76= Code number of   |

| Field Size                            | Columns | Questions  | Comments  |
|---------------------------------------|---------|--|---|
|                                       |         | you smoked during the past 30 days, about how many cigarettes did you smoke a day?   | cigarettes<br>77= Don't know/Not sure<br>99= Refused  |
| 1                                     | 65      | Q25. During the past 12 months, have you quit smoking for 1 day or longer?   | 1= Yes<br>2= No<br>7= Don't know/Not sure<br>9= Refused   |
| 2                                     | 66-67   | Q26. About how long has it been since you last smoked cigarettes regularly, that is, daily?  | 01= Within the past month (0 to 1 month ago)<br>02= Within the past 3 months (1 to 3 months ago)<br>03= Within the past 6 months (3 to 6 months ago)<br>04= Within the past year (6 to 12 months ago)<br>05= Within the past 5 years (1 to 5 years ago)<br>06= Within the past 15 years (5 to 15 years ago)<br>07= 15 or more years ago<br>77= Don't know/Not sure<br>88= Never smoked regularly<br>99= Refused |
| <b>SECTION 8: ALCOHOL CONSUMPTION</b> |         |  |   |
| 1                                     | 68      | Q27. During the past month, have you had at least one drink of any alcoholic beverage such as beer, wine, wine coolers, or liquor? | 1= Yes<br>2= No<br>7= Don't know/Not sure<br>9= Refused   |
| 3                                     | 69-71   | Q28. During the past month, how many days per week or per month did you drink any alcoholic beverages?                             | 101-107= Days per week<br>201-231= Days per month<br>777= Don't know/Not sure   |

| Field Size                     | Columns | Questions   | Comments   |
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|                                |         |   | 999= Refused   |
| 2                              | 72-73   | Q29. A drink is 1 can or bottle of beer, 1 cocktail, or 1 shot of liquor. On the days when you drank, about how many drinks did you drink on the average? | 01-76= Number of drinks<br>77= Don't know/Not sure<br>99= Refused  |
| 2                              | 74-75   | Q30. Considering all types of alcoholic beverages, how many times during the past month did you have 5 or more drinks on an occasion?                     | 01-76= Number of times<br>88= None<br>77= Don't know/Not sure<br>99= Refused   |
| 2                              | 76-77   | Q31. During the past month, how many times have you driven when you've had perhaps too much to drink?   | 01-76= Number of times<br>88= None<br>77= Don't know/Not sure<br>99= Refused   |
| <b>SECTION 9: DEMOGRAPHICS</b> |         |   |  |
| 2                              | 78-79   | Q32. What is your age?  | 18-99= Code in years<br>07= Don't know/Not sure<br>09= Refused   |
| 1                              | 80      | Q33. What is your race?   | 1= White<br>2= Black<br>3= Asian, Pacific Islander<br>4= American Indian, Alaskan Native<br>5= Other<br>7= Don't know/Not sure<br>9= Refused |
| 1                              | 81      | Q34. Are you of Spanish or Hispanic origin?   | 1= Yes<br>2= No<br>7= Don't know/Not sure<br>9= Refused  |
| 1                              | 82      | Q35. Are you:   | 1= Married<br>2= Divorced<br>3= Widowed  |

| Field Size | Columns | Questions   | Comments  |
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|            |         |   | 4= Separated<br>5= Never been married<br>6= A member of an unmarried couple<br>9= Refused   |
| 1          | 83      | Q36a. How many children live in your household who are less than 5 years old?   | 1-6= Code number of children<br>7= 7 or more children<br>8= None<br>9= Refused  |
| 1          | 84      | Q36b. How many children live in your household who are 5 through 12 years old?  | 1-6= Code number of children<br>7= 7 or more children<br>8= None<br>9= Refused  |
| 1          | 85      | Q36c. How many children live in your household who are 13 through 17 years old? | 1-6= Code number of children<br>7= 7 or more children<br>8= None<br>9= Refused  |
| 1          | 86      | Q37. What is the highest grade or year of school you completed?                 | 1= Never attended school or kindergarten only<br>2= Grades 1 through 8 (Elementary)<br>3= Grades 9 through 11 (Some high school)<br>4= Grade 12 or GED (High school graduate)<br>5= College 1 year to 3 years (some college or technical school)<br>6= College 4 years or more (college graduate)<br>9= Refused |
| 1          | 87      | Q38. Are you currently?   | 1= Employed for wages<br>2= Self-employed<br>3= Out of work for more than 1 year  |

| Field Size | Columns | Questions  | Comments   |
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|            |         |  | 4= Out of work for less than 1 year<br>5= Homemaker<br>6= Student<br>7= Retired<br>8= Unable to work<br>9= Refused   |
| 2          | 88-89   | Q39. Is your annual household income from all sources:             | 01= Less than \$10,000<br>02= \$10,000 to \$14,999<br>03= \$15,000 to \$19,999<br>04= \$20,000 to \$24,999<br>05= \$25,000 to \$34,999<br>06= \$35,000 to \$49,999<br>07= \$50,000 to \$74,999<br>08= \$75,000 or more<br>77= Don't know/Not sure<br>99= Refused |
| 3          | 90-92   | Q40. About how much do you weigh without shoes?                    | 050-776= Pounds<br>777= Don't know/Not sure<br>999= Refused  |
| 3          | 93-95   | Q41. About how tall are you without shoes?                         | 200-805= Code in inches<br>777= Don't know/Not sure<br>999= Refused  |
| 3          | 96-98   | Q42. What county do you live in?                                   | XXX= FIPS county code<br>777= Don't know/Not sure<br>999= Refused  |
| 1          | 99      | Q43. Do you have more than one telephone number in your household? | 1= Yes<br>2= No<br>9= Refused  |
| 1          | 100     | Q44. How many residential telephone numbers do you have?           | 1-8= Total residential telephone numbers<br>9= Refused   |
| 1          | 101     | Q45. Indicate sex of respondent.                                   | 1= Male<br>2= Female   |

| Field Size                        | Columns | Questions  | Comments  |
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| <b>SECTION 10: WOMEN'S HEALTH</b> |         |  |   |
| 1                                 | 102     | Q46. A mammogram is an x-ray of each breast to look for breast cancer. Have you ever had a mammogram?  | 1= Yes<br>2= No<br>7= Don't know/Not sure<br>9= Refused   |
| 1                                 | 103     | Q47. How long has it been since you had your last mammogram?   | 1= Within the past year (1 to 12 months ago)<br>2= Within the past 2 years (1 to 2 years ago)<br>3= Within the past 3 years (2 to 3 years ago)<br>4= Within the past 5 years (3 to 5 years ago)<br>5= 5 or more years ago<br>7= Don't know/Not sure<br>9= Refused |
| 2                                 | 104-105 | Q48. About how many mammograms have you had in the last 5 years?   | 01-60= Number of mammograms<br>88= None<br>77= Don't know/not sure<br>99= Refused   |
| 1                                 | 106     | Q49. Was you last mammogram done as part of a routine checkup, because of a breast problem other than cancer, or because you've already had breast cancer? | 1= Routine checkup<br>2= Breast problem other than cancer<br>3= Had breast cancer<br>7= Don't know/Not sure<br>9= Refused   |
| 1                                 | 107     | Q50. A clinical breast exam  | 1= Yes  |

| Field Size | Columns | Questions   | Comments   |
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|            |         | is when a doctor, nurse, or other health professional feels the breast for lumps.<br>Have you ever had a clinical breast exam?                                | 2= No<br>7= Don't know/Not sure<br>9= Refused  |
| 1          | 108     | Q51. How long has it been since your last breast exam?  | 1= Within the past year (1 to 12 months ago)<br>2= Within the past 2 years (1 to 2 years ago)<br>3= Within the past 3 years (2 to 3 years ago)<br>4= Within the past 5 years (3 to 5 years ago)<br>5= 5 or more years ago<br>7= Don' know/Not sure<br>9= Refused |
| 1          | 109     | Q52. Was your last breast exam done as part of a routine checkup, because of a breast problem other than cancer, or because you've already had breast cancer? | 1= Routine checkup<br>2= Breast problem other than cancer<br>3= Had breast cancer<br>7= Don't know/Not sure<br>9= Refused  |
| 1          | 110     | Q53. A pap smear is a test for cancer of the cervix. Have you ever had a pap smear?   | 1= Yes<br>2= No<br>7= Don't know/Not sure<br>9= Refused  |
| 1          | 111     | Q54. How long has it been since you had your last pap smear?  | 1= Within the past year (1 to 12 months ago)<br>2= Within the past 2 years (1 to 2 years ago)<br>3= Within the past 3 years (2 to 3 years ago)<br>4= Within the past 5 years (3 to 5 years ago)<br>5= 5 or more years ago<br>7= Don' know/Not sure<br>9= Refused |
| 1          | 112     | Q55. Was your last pap smear  | 1= Routine exam  |

| Field Size                                     | Columns | Questions   | Comments  |
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|  |         | done as part of a routine exam, or to check a current or previous problem?  | 2= Check current or previous problem<br>3= Other<br>7= Don't know/Not sure<br>9= Refused                                    |
| 1  | 113     | Q56. Have you had a hysterectomy?   | 1= Yes<br>2= No<br>7= Don't know/Not sure<br>9= Refused   |
| 1  | 114     | Q57. To your knowledge, are you now pregnant?   | 1= Yes<br>2= No<br>7= Don't know/Not sure<br>9= Refused   |
| <b>SECTION 11. IMMUNIZATION</b>                |         |   |   |
| 1  | 115     | Q58. During the past 12 months, have you had a flu shot?  | 1= Yes<br>2= No<br>7= Don't know/Not sure<br>9= Refused   |
| 1  | 116     | Q59. Have you ever had a pneumonia vaccination?   | 1= Yes<br>2= No<br>7= Don't know/Not sure<br>9= Refused   |
| <b>SECTION 12: COLORECTAL CANCER SCREENING</b> |         |   |   |
| 1  | 117     | Q60. A digital rectal exam is when a doctor or other health professional inserts a finger in the rectum to check for cancer and other health problems. Have you ever had this exam? | 1= Yes<br>2= No<br>7= Don't know/Not sure<br>9= Refused   |
| 1  | 118     | Q61. When did you have your last digital rectal exam?   | 1= Within the past year (1 to 12 months ago)<br>2= Within the past 2 years (1 to 2 years ago)<br>3= Within the past 5 years |

| Field Size                  | Columns | Questions  | Comments  |
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|                             |         |  | (2 to 5 years ago)<br>4= 5 or more years ago<br>7= Don' know/Not sure<br>9= Refused   |
| 1                           | 119     | Q62. A proctoscopic exam is when a tube is inserted in the rectum to check for cancer and other health problems. Have you ever had this exam?    | 1= Yes<br>2= No<br>7= Don't know/Not sure<br>9= Refused   |
| 1                           | 120     | Q63. When did you have your last proctoscopic exam?  | 1= Within the past year (1 to 12 months ago)<br>2= Within the past 2 years (1 to 2 years ago)<br>3= Within the past 5 years (2 to 5 years ago)<br>4= 5 or more years ago<br>7= Don' know/Not sure<br>9= Refused |
| <b>SECTION 13: HIV/AIDS</b> |         |  |   |
| 2                           | 121-122 | Q64. If you had a child in school, at what grade do you think he or she should begin receiving education in school about HIV infection and AIDS? | 01-12= Code grade<br>55= Kindergarten<br>88= Never<br>77= Don't know/Not sure<br>99= Refused  |
| 1                           | 123     | Q65. If you had a teenager who was sexually active, would you encourage him or her to use a condom?  | 1= Yes<br>2= No<br>3= Would give other advice<br>7= Don't know/Not sure<br>9= Refused   |
| 1                           | 124     | Q66. What are your chances of getting infected with HIV, the virus that causes AIDS?   | 1= High<br>2= Medium<br>3= Low<br>4= None<br>5= Not applicable<br>7= Don't know/Not sure  |

| Field Size | Columns | Questions   | Comments  |
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|            |         |   | 9= Refused  |
| 1          | 125     | Q67. Have you ever had your blood tested for HIV?                   | 1= Yes<br>2= Not<br>7= Don't know/Not sure<br>9= Refused  |
| 1          | 126     | Q68a. Have you donated blood since March 1985?                      | 1= Yes<br>2= No<br>7= Don't know/Not sure<br>9= Refused   |
| 4          | 127-130 | Q69a. When did you last donate blood?                               | 0385-1295= Code month and year<br>7785-7795= Code unknown month and year<br>9985-9995= Code refused month and year<br>7777= Don't know/Not sure<br>9999= Refused  |
| 4          | 131-134 | Q68. When was your last blood test for HIV?                         | 0180-1295= Code month and year<br>7780-7795= Code unknown month and year<br>9980-9995= Code refused month and year<br>7777= Don't know/Not sure<br>9999= Refused  |
| 2          | 135-136 | Q69. What was the main reason you had your last blood test for HIV? | 01=For hospitalization or surgical procedure<br>02= To apply for health insurance<br>03=To apply for life insurance<br>04=For employment<br>05=To apply for a marriage license<br>06=For military induction |

| Field Size | Columns | Questions   | Comments   |
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|            |         |   | or military service<br>07=For immigration<br>08=Just to find out if you were infected<br>09=Because of referral by a doctor<br>10=Because of pregnancy<br>11=Referred by your sex partner<br>12=Because it was part of a blood donation process<br>13=For routine check-up<br>14=Because of occupational exposure<br>15=Because of illness<br>87=Other<br>77=Don't know/Not sure<br>99=Refused   |
| 2          | 137-138 | Q70. Where did you have your last blood test for HIV? | 01=Private doctor, HMO<br>02=Blood bank, plasma center, Red Cross<br>03=Health department<br>04=AIDS clinic, counseling, testing site<br>05=Hospital, emergency room, outpatient clinic<br>06=Family planning clinic<br>07=Prenatal clinic<br>08=Tuberculosis clinic<br>09=STD clinic<br>10=Community health clinic<br>11=Clinic run by employer<br>12=Insurance company clinic<br>13=Other public clinic<br>14=Drug treatment facility<br>15=Military induction or military service site<br>16=Immigration site<br>17=At home, home visit by nurse or health worker |

| Field Size | Columns | Questions   | Comments   |
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|            |         |   | 18=At home using self-testing kit<br>87=Other<br>77=Don't know/Not sure<br>99=Refused  |
| 1          | 139     | Q71. Did you receive the results of your last test?   | 1= Yes<br>2= No<br>7= Don't know/Not sure<br>9= Refused  |
| 1          | 140     | Q72. Did you receive counseling or talk with a health care professional about the results of your test?   | 1= Yes<br>2= No<br>7= Don't know/Not sure<br>9= Refused  |
| 1          | 141     | Q73. Some people use condoms to keep from getting infected with HIV through sexual activity. How effective do you think a properly used condom is for this purpose? | 1= Very effective<br>2= Somewhat effective<br>3= Not at all effective<br>4= Don't know how effective<br>5= Don't know method<br>9= Refused |
| 1          | 142     | Q74. Due to what you know about HIV, have you changed your sexual behavior in the last 12 months?   | 1= Yes<br>2= No<br>7= Don't know/Not sure<br>9= Refused  |
| 1          | 143     | Q75a. Have you had sexual intercourse with only one partner?  | 1= Yes<br>2= No<br>7= Don't know/Not sure<br>9= Refused  |
| 1          | 144     | Q75b. Have you used condoms for protection?   | 1= Yes<br>2= No<br>7= Don't know/Not sure<br>9= Refused  |
| 1          | 145     | Q75c. Have you been more careful in selecting sexual partners?  | 1= Yes<br>2= No<br>7= Don't know/Not sure  |

| Field Size                             | Columns | Questions  | Comments   |
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|  |         |  | 9= Refused   |
| <b>MODULE 1: SMOKELESS TOBACCO USE</b> |         |  |  |
| 1                                      | 146     | Q1. Have you ever used or tried any smokeless tobacco products such as chewing tobacco or snuff? | 1= Yes, chewing tobacco<br>2= Yes, snuff<br>3= Yes, both<br>4= No, neither<br>7= Don't know/Not sure<br>9= Refused   |
| 1                                      | 147     | Q2. Do you currently use any smokeless tobacco products such as chewing tobacco or snuff?        | 1= Yes, chewing tobacco<br>2= Yes, snuff<br>3= Yes, both<br>4= No, neither<br>7= Don't know/Not sure<br>9= Refused   |
| <b>MODULE 2: FRUITS AND VEGETABLES</b> |         |  |  |
| 3                                      | 148-150 | Q1. How often do you drink fruit juices such as orange, grapefruit, or tomato?                   | 101-199= Times per day<br>201-299= Times per week<br>301-399= Times per month<br>401-499= Times per year<br>555= Never<br>777= Don't know/Not sure<br>999= Refused |
| 3                                      | 151-153 | Q2. Not counting juice, how often do you eat fruit?  | 101-199= Times per day<br>201-299= Times per week<br>301-399= Times per month<br>401-499= Times per year<br>555= Never<br>777= Don't know/Not sure<br>999= Refused |
| 3                                      | 154-156 | Q3. How often do you eat green salad?  | 101-199= Times per day<br>201-299= Times per week<br>301-399= Times per month<br>401-499= Times per year<br>555= Never   |

| Field Size                | Columns | Questions   | Comments   |
|---------------------------|---------|---|--|
|                           |         |   | 777= Don't know/Not sure<br>999= Refused   |
| 3                         | 157-159 | Q4. How often do you eat potatoes not including french fries, fried potatoes, or potato chips?    | 101-199= Times per day<br>201-299= Times per week<br>301-399= Times per month<br>401-499= Times per year<br>555= Never<br>777= Don't know/Not sure<br>999= Refused |
| 3                         | 160-162 | Q5. How often do you eat carrots?   | 101-199= Times per day<br>201-299= Times per week<br>301-399= Times per month<br>401-499= Times per year<br>555= Never<br>777= Don't know/Not sure<br>999= Refused |
| 3                         | 163-165 | Q6. Not counting carrots, potatoes, or salad, how many servings of vegetables do you usually eat? | 101-199= Times per day<br>201-299= Times per week<br>301-399= Times per month<br>401-499= Times per year<br>555= Never<br>777= Don't know/Not sure<br>999= Refused |
| <b>MODULE 3: DIABETES</b> |         |   |  |
| 2                         | 166-167 | Q1. How old were you when you were told you have diabetes?  | 01-76= Code age in years<br>77= Don't know/Not sure<br>99= Refused   |
| 1                         | 168     | Q2. Are you now taking insulin?   | 1= Yes<br>2= No<br>9= Refused  |
| 3                         | 169-171 | Q3. Currently, about how often do you use insulin?  | 101-106= Times per day<br>201-242= Times per week  |

| Field Size | Columns | Questions  | Comments   |
|------------|---------|--|--|
|            |         |  | 333= Use insulin pump<br>777= Don't know/Not sure<br>999= Refused  |
| 3          | 172-174 | Q4. About how often do you check your blood for glucose or sugar? Include times when checked by a family member or friend, but do not include times when checked by a health professional? | 101-109= Times per day<br>201-263= Times per week<br>301-399= Times per month<br>401-499= Times per year<br>888= Never<br>777= Don't know/Not sure<br>999= Refused |
| 1          | 175     | Q5. Have you ever heard of glycosylated hemoglobin or hemoglobin "A one C"?  | 1= Yes<br>2= No<br>7= Don't know/Not sure<br>9= Refused  |
| 2          | 176-177 | Q6. About how many times in the last year have you seen a doctor, nurse, or other health professional for your diabetes?   | 01-52= Code number of times<br>88= None<br>77= Don't know/Not sure<br>99= Refused  |
| 1          | 178     | Q7. About how many times in the last year has a doctor, nurse, or other health professional checked you for glycosylated hemoglobin or hemoglobin "A and C"?                               | 1-6= Code number of times<br>8= None<br>7= Don't know/Not sure<br>9= Refused   |
| 1          | 179     | Q8. About how many times in the last year has a health professional checked your feet for any sores or irritations?  | 1-6= Number of times<br>8= None<br>7= Don't know/Not sure<br>9= Refused  |
| 1          | 180     | Q9. When was the last time you had an eye exam in which the pupils were dilated? This would have made you temporarily sensitive to   | 1= Within the past month (0 to 1 month ago)<br>2= Within the past year (1 to 12 months ago)<br>3= Within the past 2 years  |

| Field Size                | Columns | Questions   | Comments   |
|---------------------------|---------|---|--|
|                           |         | bright light?   | (1 to 2 years ago)<br>4= 2 or more years ago<br>8= Never<br>7= Don't know/Not sure<br>9= Refused   |
| 1                         | 181     | Q10. How much of the time does your vision limit you in recognizing people or objects across the street?  | 1= All of the time<br>2= Most of the time<br>3= Some of the time<br>4= A little bit of the time<br>5= None of the time<br>7= Don't know/Not sure<br>9= Refused |
| 1                         | 182     | Q11. How much of the time does your vision limit you in reading print in a newspaper, magazine, recipe, menu, or numbers on the telephone?                      | 1= All of the time<br>2= Most of the time<br>3= Some of the time<br>4= A little bit of the time<br>5= None of the time<br>7= Don't know/Not sure<br>9= Refused |
| 1                         | 183     | Q12. How much of the time does your vision limit you in watching television?  | 1= All of the time<br>2= Most of the time<br>3= Some of the time<br>4= A little bit of the time<br>5= None of the time<br>7= Don't know/Not sure<br>9= Refused |
| <b>MODULE 4: EXERCISE</b> |         |   |  |
| 1                         | 184     | Q1. During the past month, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise? | 1= Yes<br>2= No<br>7= Don't know/Not sure<br>9= Refused  |
|                           |         |   |  |

| Field Size | Columns | Questions   | Comments   |
|------------|---------|---|--|
| 2          | 185-186 | Q2. What type of physical activity or exercise did you spend the most time doing during the past month? | XX= See last page, coding list for activity code<br>99= Refused  |
| 3          | 187-189 | Q3. How far did you usually walk/run/jog/swim?  | 001-150= Code Miles and Tenths (one implied decimal place)<br>777= Don't know/Not sure<br>999= Refused |
| 3          | 190-192 | Q4. How many times per week or per month did you take part in this activity during the past month?      | 101-199= Times per week<br>201-299= Times per month<br>777= Don't know/Not sure<br>999= Refused        |
| 3          | 193-195 | Q5. And when you took part in this activity, for how many minutes or hours did you usually keep at it?  | 001-959= Code in hours and minutes<br>777= Don't know/Not sure<br>999= Refused                         |
| 1          | 196     | Q6. Was there another physical activity or exercise that you participated in during the last month?     | 1= Yes<br>2= No<br>7= Don't know/Not sure<br>9= Refused  |
| 2          | 197-198 | Q7. What other type of physical activity gave you the next most exercise during the past month?         | XX= See last page, coding list A for activity code<br>99= Refused                                      |
| 3          | 199-201 | Q8. How far did you usually walk/run/jog/swim?  | 001-150= Code Miles and Tenths (one implied decimal place)<br>777= Don't know/Not sure<br>999= Refused |

| Field Size                      | Columns | Questions   | Comments   |
|---------------------------------|---------|---|--|
| 3                               | 202-204 | Q9. How many times per week or per month did you take part in this activity?                            | 101-199= Code times per week<br>201-299= Code times per month<br>777= Don't know/Not sure<br>999= Refused                          |
| 3                               | 205-207 | Q10. And when you took part in this activity, for how many minutes or hours did you usually keep at it? | 001-959= Code hours and minutes<br>777= Don't know/Not sure<br>999= Refused  |
| <b>MODULE 5: WEIGHT CONTROL</b> |         |   |  |
| 1                               | 208     | Q1. Are you trying to lose weight?  | 1= Yes<br>2= No<br>7= Don't know/Not sure<br>9= Refused  |
| 1                               | 209     | Q2. Are you now trying to maintain your current weight, that is to keep from gaining weight?            | 1= Yes<br>2= No<br>7= Don't know/Not sure<br>9= Refused  |
| 1                               | 210     | Q3. Are you eating either fewer calories or less fat to either lose weight or keep from gaining weight? | 1= Yes, fewer calories<br>2= Yes, less fat<br>3= Yes, fewer calories and less fat<br>4= No<br>7= Don't know/Not sure<br>9= Refused |
| 1                               | 211     | Q4. Are you using physical activity or exercise to lose   | 1= Yes<br>2= No  |

| Field Size                             | Columns | Questions  | Comments   |
|--|---------|--|--|
|  |         | weight or keep from gaining weight?  | 7= Don't know/Not sure<br>9= Refused   |
| 3                                      | 212-214 | Q5. How much would you like to weigh?  | 050-776= Code in pounds<br>777= Don't know/Not sure<br>999= Refused  |
| 1                                      | 215     | Q6. In the past 12 months, has a doctor, nurse, or other health professional given you advice about your weight? | 1= Yes, lose weight<br>2= Yes, gain weight<br>3= Yes, maintain current weight<br>4= No<br>7= Don't know/Not sure<br>9= Refused         |
| <b>MODULE 6: YEARS OF HEALTHY LIFE</b> |         |  |  |
| 1                                      | 216     | Q1. What were you doing most of the past 12 months?  | 1= Working at a job or business<br>2= Keeping house<br>3= Going to school<br>4= Something else<br>7= Don't know/Not sure<br>9= Refused |
| 1                                      | 217     | Q2. Does any impairment or health problem now keep you from working at a job or business?                        | 1- Yes<br>2= No<br>7= Don't know/Not sure<br>9= Refused  |
| 1                                      | 218     | Q3. Are you limited in the kind or amount of work you can do because of any impairment or health problem?        | 1= Yes<br>2= No<br>7= Don't know/Not sure<br>9= Refused  |
| 1                                      | 219     | Q4. Does any impairment or   | 1= Yes   |

| Field Size | Columns | Questions  | Comments  |
|------------|---------|--|---|
|            |         | health problem now keep you from doing any housework at all?   | 2= No<br>7= Don't know/Not sure<br>9= Refused           |
| 1          | 220     | Q5. Are you limited in the kind or amount of housework you can do because of any impairment or health problem?   | 1= Yes<br>2= No<br>7= Don't know/Not sure<br>9= Refused |
| 1          | 221     | Q6. Does any impairment or health problem keep you from working at a job or business?  | 1= Yes<br>2= No<br>7= Don't know/Not sure<br>9= Refused |
| 1          | 222     | Q7. Are you limited in the kind or amount of work you could do because of any impairment or health problem?  | 1= Yes<br>2= No<br>7= Don't know/Not sure<br>9= Refused |
| 1          | 223     | Q8. Are you limited in any way in any activities because of any impairment or health problem?  | 1= Yes<br>2= No<br>7= Don't know/Not sure<br>9= Refused |
| 1          | 224     | Q9. Because of any impairment or health problem, do you need the help of other persons with your PERSONAL CARE needs, such as eating, bathing, dressing, or getting around the house?  | 1= Yes<br>2= No<br>7= Don't know/Not sure<br>9= Refused |
| 1          | 225     | Q10. Because of any impairment or health problem, do you need the help of other persons in handling your ROUTINE needs, such as everyday household chores, doing necessary business, shopping, or getting around for other purposes? | 1= Yes<br>2= No<br>7= Don't know/Not sure<br>9= Refused |

| Field Size                       | Columns | Questions   | Comments   |
|----------------------------------|---------|---|--|
| 1                                | 226     | Q11. Because of any impairment or health problem, do you need the help of other persons with your PERSONAL CARE needs, such as eating, bathing, dressing, or getting around the house?  | 1= Yes<br>2= No<br>7= Don't know/Not sure<br>9= Refused  |
| 1                                | 227     | Q12. Because of any impairment or health problem, do you need the help of other persons in handing your ROUTINE needs, such as everyday household chores, doing necessary business, shopping, or getting around for other purposes? | 1= Yes<br>2= No<br>7= Don't know/Not sure<br>9= Refused  |
| 1                                | 228     | Q13. Are you limited in any way in any activities because of an impairment or health problem?   | 1= Yes<br>2= No<br>7= Don't know/Not sure<br>9= Refused  |
| <b>MODULE 7: QUALITY OF LIFE</b> |         |   |  |
| 1                                | 229     | Q1. Are you limited in any way in any activities because of any impairment or health problem?   | 1= Yes<br>2= No<br>7= Don't know/Not sure<br>9= Refused  |
| 2                                | 230-231 | Q2. What is the major impairment or health problem that limits your activities?   | 01= Arthritis/rheumatism<br>02= Back or neck problem<br>03= Fractures, bone/joint injury<br>04= Walking problem<br>05= Lung/breathing problem<br>06= Hearing problem<br>07= Eye/vision problem<br>08= Heart problem<br>09= Stroke problem<br>10= Hypertension/high |

| Field Size | Columns | Questions   | Comments   |
|------------|---------|---|--|
|            |         |   | blood pressure<br>11= Diabetes<br>12= Cancer<br>13= Depression/anxiety/<br>emotional problem<br>14= Other impairment/<br>problem<br>77= Don't know/Not sure<br>99= Refused |
| 3          | 232-234 | Q3. For how long have your activities been limited because of your major impairment or health problem?  | 101-199= Days<br>201-299= Weeks<br>301-399= Months<br>401-499= Years<br>777= Don't know/Not sure<br>999= Refused   |
| 1          | 235     | Q4. Because of any impairment or health problem, do you need the help of other persons with your PERSONAL CARE needs, such as eating, bathing, dressing, or getting around the house?   | 1= Yes<br>2= No<br>7= Don't know/Not sure<br>9= Refused  |
| 1          | 236     | Q5. Because of any impairment or health problem, do you need the help of other persons in handling your ROUTINE needs, such as everyday household chores, doing necessary business, shopping, or getting around for other purposes? | 1= Yes<br>2= No<br>7= Don't know/Not sure<br>9= Refused  |
| 2          | 237-238 | Q6. During the past 30 days, for about how many days did pain make it hard for you to do your usual activities, such as self-care, work, or recreation?   | 01-30= Code number of days<br>88= None<br>77= Don't know/Not sure<br>99= Refused   |
|            |         |   |  |

| Field Size                               | Columns | Questions   | Comments   |
|--|---------|---|--|
| 2  | 239-240 | Q7. During the past 30 days, for about how many days have you felt sad, blue, or depressed?   | 01-30= Number of days<br>88= None<br>77= Don't know/Not sure<br>99= Refused  |
| 2  | 241-242 | Q8. During the past 30 days, for about how many days have you felt worried, tense, or anxious?  | 01-30= Number of days<br>88= None<br>77= Don't know/Not sure<br>99= Refused  |
| 2  | 243-244 | Q9. During the past 30 days, for about how many days have you felt you did not get enough rest or sleep?  | 01-30= Number of days<br>88= None<br>77= Don't know/Not sure<br>99= Refused  |
| 2  | 245-246 | Q10. During the past 30 days, for about how many days have you felt very healthy and full of energy?  | 01-30= Number of days<br>88= None<br>77= Don't know/Not sure<br>99= Refused  |
| <b>MODULE 8: HEALTH CARE UTILIZATION</b> |         |   |  |
| 1  | 247     | Q1. Is there one particular clinic, health center, doctor's office, or other place that you usually go to if you are sick or need advice about your health? | 1= Yes<br>2= More than one place<br>3= No<br>7= Don't know/Not sure<br>9= Refused  |
| 1  | 248     | Q2. Is there one of these places that you go to most often when you are sick or need advice about your health?  | 1= Yes<br>2= No<br>7= Don't know/Not sure<br>9= Refused  |
| 2  | 249-250 | Q3. What kind of place is it--a clinic, a health center, a hospital, a doctor's office, or some other place?  | 01= Doctor's office or private clinic<br>02= Company or school health clinic/center<br>03= Community/migrant/rural clinic/center<br>04= County/city/public hospital outpatient |

| Field Size                   | Columns | Questions   | Comments  |
|------------------------------|---------|---|---|
|                              |         |   | clinic<br>05= Private/other hospital outpatient clinic<br>06= Hospital emergency room<br>07= HMO/prepaid group<br>08= Psychiatric hospital or clinic<br>09= VA hospital or clinic<br>10= Military health care facility<br>11= Some other kind of place<br>77= Don't know/Not sure<br>99= Refused  |
| 2                            | 251-252 | Q4. What is the main reason you do not have a usual source of medical care?     | 01= Two or more usual places<br>02= Have not needed a doctor<br>03= Do not like/trust/believe in doctors<br>04= Do not know where to go<br>05= Previous doctor is not available/moved<br>06= No insurance/cannot afford<br>07= Speak a different language<br>08= No place is available/close enough/convenient<br>09= Other<br>77= Don't know/Not sure<br>99= Refused |
| <b>MODULE 9: ORAL HEALTH</b> |         |   |   |
| 1                            | 253     | Q1. How long has it been since you last visited the dentist or a dental clinic? | 1= Within the past year (1 to 12 months ago)<br>2= Within the past 2 years  |

| Field Size | Columns | Questions   | Comments   |
|------------|---------|---|--|
|            |         |   | (1 to 2 years ago)<br>3= Within the past 5 years<br>(2 to 5 years ago)<br>4= 5 or more years ago<br>7= Don't know/Not sure<br>8= Never<br>9= Refused   |
| 2          | 254-255 | Q2. What is the main reason you have not visited the dentist in the last year?  | 01= Fear, apprehension, nervousness, pain, dislike going<br>02= Cost<br>03= Do not have/know a dentist<br>04= Cannot get to the office/clinic (too far away, no transportation, no appointments available)<br>05= No reason to go (no problems, no teeth)<br>06= Other priorities<br>07= Have not thought of it<br>08= Other<br>77= Don't know/Not sure<br>99= Refused |
| 1          | 256     | Q3. How many of your permanent teeth have been removed because of tooth decay or gum disease? Do not include teeth lost for other reasons, such as injury or orthodontics?                          | 1= 5 or fewer<br>2= 6 or more, but not all<br>3= All<br>8= None<br>7= Don't know/Not sure<br>9= Refused  |
| 1          | 257     | Q4. Do you have any kind of insurance coverage that pays for some or all of your routine dental care, including dental insurance, prepaid plans such as HMOs, or government plans such as Medicaid? | 1= Yes<br>2= No<br>7= Don't know/Not sure<br>9= Refused  |

| Field Size                 | Columns | Questions   | Comments  |
|----------------------------|---------|---|---|
| <b>MODULE 10: FIREARMS</b> |         |   |   |
| 1                          | 258     | Q1. Are there any loaded or unloaded firearms in your home or the car, van, or truck you usually drive? This includes firearms stored in the basement, garage, or any attached buildings.             | 1= Yes<br>2= No<br>7= Don't know/Not sure<br>9= Refused                   |
| 1                          | 259     | Q2. Are there any loaded firearms in the car, van, or truck you usually drive?  | 1= Yes<br>2= No<br>7= Don't know/Not sure<br>8= Don't drive<br>9= Refused |
| 1                          | 260     | Q3. Not including firearms in a car, truck, or other vehicle, are there any loaded firearms in your home?   | 1= Yes<br>2= No<br>7= Don't know/Not sure<br>9= Refused                   |
| 1                          | 261     | Q4. Are all of the loaded firearms in your home stored in a locked place that can only be opened with a key or combination, or with a trigger lock that can only be opened with a key or combination? | 1= Yes<br>2= No<br>7= Don't know/Not sure<br>9= Refused                   |
| 1                          | 262     | Q5. Are there any unloaded firearms in your home?   | 1= Yes<br>2= No<br>7= Don't know/Not sure<br>9= Refused                   |

| Field Size | Columns | Questions   | Comments   |
|------------|---------|---|--|
| 1          | 263     | Q6. Are all of the unloaded firearms in your home stored in a locked place that can only be opened with a key or combination, or with a trigger lock that can only be opened with a key or combination? | 1= Yes<br>2= No<br>7= Don't know/Not sure<br>9= Refused  |
| 1          | 264     | Q7. Is the ammunition for any of those unloaded and unlocked firearms stored in the same room as the firearms or in closets in the same room?   | 1= Yes<br>2= No<br>7= Don't know/Not sure<br>8= Don't own any ammunition<br>9= Refused           |
| 1          | 265     | Q8. Is the ammunition stored in a locked or unlocked place?   | 1= Locked<br>2= Unlocked<br>7= Don't know/Not sure<br>9= Refused                                 |
| 1          | 266     | Q9. Do you feel safer or less safe because there are firearms in your home or car, van, or truck?   | 1= Safer<br>2= Less safe<br>3= Neither<br>7= Don't know/Not sure<br>9= Refused                   |
| 1          | 267     | Q10. Excluding firearms you carry because of work, have you carried a loaded firearm on your person outside the home for protection during the past 30 days?  | 1= Yes<br>2= No<br>7= Don't know/Not sure<br>9= Refused  |
| 7          | 268-274 | BLANK   |  |
| 176        | 275-450 | STATE ADDED QUESTIONS   |  |
| 2          | 451-452 | New race code   | 01= White, Non-Hispanic<br>02= Black, Non-Hispanic<br>03= Hispanic, White<br>04= Hispanic, Black |

| Field Size | Columns | Questions                           | Comments  |
|------------|---------|-------------------------------------|---|
|            |         |                                     | 05= Other Hispanic<br>06= Asian or Pacific Islander, non-hispanic<br>07=American Indian/Alaskan Native, non-hispanic<br>08= Other<br>99= Unknown/Refused  |
| 1          | 453     | Computed smoking status(2)          | 1= Current smoker--smoked all of past 30 days<br>2= Current smoker--smoked 1-29 days in past 30 days<br>3= Current smoker--smoked 0 days in past 30 days<br>4= Current smoker--unknown number of days smoked in past 30 days<br>5= Former smoker<br>6= Never smoked<br>9= Refused |
| 4          | 454-457 | Total number drinks a month         | 0001-1000= # of Drinks<br>8888= Did not drink in the past month<br>9999= Refused  |
| 5          | 458-462 | Weight for Height Percent of Median | #####= (2 implied decimal places)<br>99999= Unknown   |
| 3          | 463-465 | Body mass index                     | ###= (1 implied decimal place)<br>999= Unknown  |
| 1          | 466     | Physical activity level             | 1= Physically inactive (Yr. 2000 Obj. 1.5)<br>2= Irregular and/or not sustained activity<br>3= Regular and not intensive<br>4= Regular and intensive (Yr. 2000 Obj. 1.4)<br>9= Unknown  |

| Field Size | Columns | Questions   | Comments  |
|------------|---------|---|---|
|            |         |   | Note: Prior to 1992, code 4 represented a measure of a 1990 Objective for physical activity.  |
| 1          | 467     | Computed smokeless status   | 1= Current user<br>2= Former user<br>3= Never used<br>9= Unknown  |
| 5          | 468-472 | Total number of servings of fruits and vegetables consumed per day        | #####= (2 implied decimal places)<br>99999= Unknown   |
| 1          | 473     | Summary index for fruits and vegetables                                   | 1= Less than once per day or never<br>2= Once but less than 3 times per day<br>3= 3 but less than 5 times per day<br>4= 5 or more times per day<br>9= Unknown |
| 12         | 474-485 | Risk factors  | 0= Not at risk<br>1= At risk<br>9= Unknown  |
| 1          | 474     | At risk for seatbelt use (2) (sometimes, seldom, or never)                | 0= Not at risk<br>1= At risk<br>9= Unknown  |
| 1          | 475     | At risk for seatbelt use (3) (nearly always, sometimes, seldom, or never) | 0= Not at risk<br>1= At risk<br>9= Unknown  |
| 1          | 476     | At risk for hypertension (2) (told blood pressure high)                   | 0= Not at risk<br>1= At risk<br>9= Unknown  |
| 1          | 477     | At risk for smoking (2) (all current smokers)                             | 0= Not at risk<br>1= At risk<br>9= Unknown  |
| 1          | 478     | At risk for acute drinking  | 0= Not at risk  |

| Field Size | Columns | Questions  | Comments   |
|------------|---------|--|--|
|            |         | (reported having 5+ drinks at least once on an occasion)   | 1= At risk<br>9= Unknown   |
| 1          | 479     | At risk for drinking and driving (reported having driven at least once when perhaps had too much to drink)                         | 0= Not at risk<br>1= At risk<br>9= Unknown   |
| 1          | 480     | At risk for chronic drinking (having 60+ drinks a month)   | 0= Not at risk<br>1= At risk<br>9= Unknown   |
| 1          | 481     | At risk for sedentary lifestyle (sedentary or irregular physical activity profile)   | 0= Not at risk<br>1= At risk<br>9= Unknown   |
| 1          | 482     | Physical activity level - Frequent Regular (Yr. 2000 Obj. 1.3)   | 0= Does not engage in very regular and sustained activity<br>1= Engages in very regular and sustained activity<br>9= Unknown |
| 1          | 483     | At risk for obesity (greater than 120% of weight for height percent median)  | 0= Not at risk<br>1= At risk<br>9= Unknown   |
| 1          | 484     | At risk for overweight based on BMI (at risk defined as >27.8 for males and >27.3 for females)                                     | 0= Not at risk<br>1= At risk<br>9= Unknown   |
| 1          | 485     | At risk for smokeless tobacco (current user)   | 0= Not at risk<br>1= At risk<br>9= Unknown   |
| 7          | 486-492 | Blank  |  |
| 4          | 493-496 | Raw weighting factor unequal selection probability weight (number of adults in household/the number of phone # reaching household) | ####= (2 implied decimal places)<br>9999= Unknown  |

| Field Size | Columns | Questions   | Comments   |
|------------|---------|---|--|
| 4          | 497-500 | Cluster size adjustment (CSA) (Expected cluster size divided by the actual cluster size)  | ####= (2 implied decimal places)<br>9999= Unknown  |
| 4          | 501-504 | WT1 (Raw * CSA)<br>The product of unequal selection probability weight and cluster size adjustment  | ####= (2 implied decimal places)<br>9999= Unknown  |
| 10         | 505-514 | Post stratification (Population estimate for age/sex/race categories divided by the weighted sample frequency by age/race/sex)  | #####= (2 implied decimal places)<br>9999999999= Unknown   |
| 10         | 515-524 | Final weight: Post stratification multiplied by the product of stratum adjustment and the product of unequal selection probability weight and cluster size adjustment | #####= (2 implied decimal places)<br>9999999999= Unknown   |
| 1          | 525     | Age group codes used in post-stratification   | 1= 18 - 24<br>2= 25 - 34<br>3= 35 - 44<br>4= 45 - 54<br>5= 55 - 64<br>6= 65+<br><br>NOTE: If cell sizes are too small, age categories may have been collapsed. |
| 1          | 526     | Race group codes used in post-stratification  | 1= White<br>2= Other than white<br><br>NOTE: If cell sizes are too small, race categories may have been collapsed.   |
| 1          | 527     | Sex group codes used in post-stratification   | CODES 1-2<br>1= Male   |

| Field Size | Columns | Questions                              | Comments   |
|------------|---------|--|--|
|            |         |  | 2= Female  |
| 2          | 528-529 | Age value used to determine age groups | <p>18-99= Reported or imputed ages*</p> <p>*This value is the reported age or an imputed age, if the respondent refused to give an age.</p> <p>The imputed age value is only used to estimate the age group used to compute the final weight. It will not be recorded as the respondent's age.</p> <p>The value of the imputed age will be an average age computed from the sample if the respondent refused to give an age.</p> |
| 20         | 530-549 | Filler - CDC reserved columns          |  |
| 1          | 550     | End of file marker                     | 1= End of File Marker  |

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