

HEALTH HABITS PAGE

- 1  Not SP or SP under 19 (NP)  
 2  SP 19 + callback required (NP)  
 3  SP 19 + avail. (1-5)

R1

1a. During the past 6 months, did you use any medicines, drugs or pills for insomnia or to help you sleep?	1a.	1 Y	2 N (2)
b. On the average, do you use this medication one or more times per week?	b.	1 Y	2 N
c. Did a doctor advise you to take this medication?	c.	1 Y	2 N
2a. During the past 6 months, did you use any aspirin or aspirin type pills?	2a.	1 Y	2 N (3)
b. On the average, do you use these pills one or more times per week?	b.	1 Y	2 N
3a. Do you drink coffee?	3a.	1 Y	2 N (3a)
b. On the average, how many cups a day do you drink?	b.	_____ Cups 00 <input type="checkbox"/> Less than one per day	
c. Do you usually drink decaffeinated coffee or regular coffee?	c.	1 <input type="checkbox"/> Decaffeinated 2 <input type="checkbox"/> Regular	
d. Were you EVER advised by a doctor to use decaffeinated coffee?	d.	1 Y	2 N
e. Have you EVER been advised by a doctor to cut down or to stop drinking coffee?	e.	1 Y	2 N
4a. Do you drink hot tea?	4a.	1 Y	2 N (4c)
b. On the average, how many cups a day do you drink?	b.	_____ Cups 00 <input type="checkbox"/> Less than one per day	
c. Do you drink iced tea?	c.	1 Y	2 N (4f)
d. In which season do you drink the MOST iced tea?	d.	1 <input type="checkbox"/> Same for all seasons <input type="checkbox"/> Other (Specify) _____	
e. (During the _____ (season) _____) On the average, how many glasses a day do you drink?	e.	_____ Glasses 00 <input type="checkbox"/> Less than one a day	
f. Have you EVER been advised by a doctor to cut down or to stop drinking tea?	f.	1 Y	2 N
5a. Have you smoked at least 100 cigarettes in your entire life?	5a.	1 Y	2 N (6)
b. Do you smoke cigarettes now?	b.	1 Y	2 N (5a)
c. On the average, ABOUT how many cigarettes a day do you smoke?	c.	_____ Cigarettes	
d. Have you EVER tried to stop smoking?	d.	1 Y	2 N
e. Have you EVER been advised by a doctor to stop smoking?	e.	1 Y	2 N (6)
f. Was this because of a specific condition you had at that time?	f.	1 Y	2 N (6)
g. What condition was it? Any other condition?	g.	_____	
<b>ASK QUESTION 6 ONLY DURING CALLBACK</b>			
6. Compared to other persons your age, would you say that your health is excellent, good, fair, or poor?	6.	1 E	2 G 3 F 4 P

R2

R2

- 1  Responded for self  
 Person \_\_\_\_\_ was respondent (Footnote reason)