

Section N. GENERAL HEALTH HABITS		RT72
		3-4
Sample Person Number _____		
<b>N1</b>	1 <input type="checkbox"/> Callback required (Hhld. page) 2 <input type="checkbox"/> Noninterview (Cover page) 3 <input type="checkbox"/> Available (1)	5
Read to respondent: These questions are about general health practices.		6
1. How often do you eat breakfast — almost every day, sometimes, rarely or never?	1 <input type="checkbox"/> Almost every day 2 <input type="checkbox"/> Sometimes 3 <input type="checkbox"/> Rarely or never	
2. Including evening snacks, how often do you eat between meals — almost every day, sometimes, rarely or never?	1 <input type="checkbox"/> Almost every day 2 <input type="checkbox"/> Sometimes 3 <input type="checkbox"/> Rarely or never	7
3. When you visit a doctor or other health professional for routine care, is eating proper foods discussed often, sometimes, rarely or never?	1 <input type="checkbox"/> Often 2 <input type="checkbox"/> Sometimes 3 <input type="checkbox"/> Rarely or never 4 <input type="checkbox"/> Don't visit for routine care	8
<b>N2</b>	Refer to page 46 or 47, item R, of HIS-1.	9
4a. About how tall are you without shoes?	_____ Feet _____ Inches	10-12
b. About how much do you weigh without shoes?	_____ Pounds	13-15
Hand Card N1 or read responses for telephone interview.		16
5. In your opinion which of these are the TWO best ways to lose weight?	1 <input type="checkbox"/> Don't eat at bedtime 2 <input type="checkbox"/> Eat fewer calories 3 <input type="checkbox"/> Take diet pills 4 <input type="checkbox"/> Increase physical activity 5 <input type="checkbox"/> Eat NO fat 6 <input type="checkbox"/> Eat grapefruit with each meal	17
6. Are you now trying to lose weight?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (9)	18
7. Are you eating fewer calories to lose weight?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	19
8. Have you increased your physical activity to lose weight?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	20
9a. Do you consider yourself overweight, underweight, or just about right?	1 <input type="checkbox"/> Overweight 2 <input type="checkbox"/> Underweight 3 <input type="checkbox"/> About right } (10)	21
b. Would you say you are very overweight, somewhat overweight, or only a little overweight?	1 <input type="checkbox"/> Very overweight 2 <input type="checkbox"/> Somewhat overweight 3 <input type="checkbox"/> Only a little overweight	22
10. On the average, how many hours of sleep do you get in a 24-hour period?	_____ Hours	23-24
FOOTNOTES		

**Section N. GENERAL HEALTH HABITS -- Continued**

<b>11. Is there a 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?</b>		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (14)	25
<b>12. What kind of place is it -- a clinic, a health center, a hospital, a doctor's office, or some other place?</b>  IF HOSPITAL: Is this an outpatient clinic or the emergency room?  IF CLINIC: Is this a hospital outpatient clinic, a company clinic, or some other kind of clinic?		1 <input type="checkbox"/> Doctor's office (group practice or doctor's clinic) 2 <input type="checkbox"/> Hospital outpatient clinic 3 <input type="checkbox"/> Sample person's home 4 <input type="checkbox"/> Hospital emergency room 5 <input type="checkbox"/> Company or industry clinic 6 <input type="checkbox"/> Health center 8 <input type="checkbox"/> Other (Specify) _____	26
<b>13. Is there ONE particular doctor you usually see at (place in 12)?</b>		1 <input type="checkbox"/> Yes } (N3) 2 <input type="checkbox"/> No }	27
<i>Hand Card N2 or read reasons for telephone interview.</i> <b>14. Which of these is the MAIN reason you don't have a particular place you usually go?</b>		1 <input type="checkbox"/> Have two or more usual doctors or places depending on what is wrong 2 <input type="checkbox"/> Haven't needed a doctor 3 <input type="checkbox"/> Previous doctor no longer available 4 <input type="checkbox"/> Haven't been able to find the right doctor 5 <input type="checkbox"/> Recently moved to area 6 <input type="checkbox"/> Can't afford medical care 8 <input type="checkbox"/> Other reason (Specify) _____	28
<b>N3</b>	<i>Refer to sex.</i>	1 <input type="checkbox"/> Male (Section O) 2 <input type="checkbox"/> Female (15)	29
<b>15. About how long has it been since you had a Pap smear test?</b>		_____ Years 98 <input type="checkbox"/> Never 00 <input type="checkbox"/> Less than 1 year	30-31
<b>16a. About how long has it been since you had a breast examination by a doctor or other health professional?</b>		_____ Years 98 <input type="checkbox"/> Never 00 <input type="checkbox"/> Less than 1 year	32-33
<b>b. Do you know how to examine your own breasts for lumps?</b>		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (Section O)	34
<b>c. About how many times a year do you examine your own breasts for lumps?</b>		_____ Times per year 98 <input type="checkbox"/> Other (Specify) _____ 98 <input type="checkbox"/> Never	35-36
<b>FOOTNOTES</b>			

Section P. HIGH BLOOD PRESSURE						RT75 3-4
<p><b>1. I am going to read a list of things which may or may not affect a person's chances of getting HEART DISEASE.</b></p> <p><i>Hand Card P</i></p> <p>After I read each one, tell me if you think it definitely increases, probably increases, probably does not, or definitely does not increase a person's chances of getting heart disease. First —</p>						
	DEFINITELY INCREASES	PROBABLY INCREASES	PROBABLY DOES NOT INCREASE	DEFINITELY DOES NOT INCREASE	DK/NO OPINION	
a. Cigarette smoking? (Give me a number from the card.)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	9 <input type="checkbox"/>	5
b. Worry or anxiety?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	9 <input type="checkbox"/>	6
c. High blood pressure?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	9 <input type="checkbox"/>	7
d. Diabetes?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	9 <input type="checkbox"/>	8
e. Being VERY overweight?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	9 <input type="checkbox"/>	9
f. Overwork?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	9 <input type="checkbox"/>	10
g. Drinking coffee with caffeine?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	9 <input type="checkbox"/>	11
h. Eating a diet high in animal fat?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	9 <input type="checkbox"/>	12
i. Family history of heart disease?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	9 <input type="checkbox"/>	13
j. High cholesterol?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	9 <input type="checkbox"/>	14
2. The following conditions are related to having a STROKE. In your opinion, which of these conditions MOST increases a person's chances of having a stroke — diabetes, high blood pressure, or high cholesterol?	1 <input type="checkbox"/> Diabetes 2 <input type="checkbox"/> High blood pressure 3 <input type="checkbox"/> High cholesterol 9 <input type="checkbox"/> DK					15
3. Which one of the following substances in food is MOST often associated with HIGH BLOOD PRESSURE — sodium, cholesterol or sugar?	1 <input type="checkbox"/> Sodium 2 <input type="checkbox"/> Cholesterol 3 <input type="checkbox"/> Sugar 9 <input type="checkbox"/> Other (Specify) _____ 9 <input type="checkbox"/> DK					16
4. Have you EVER been told by a doctor or other health professional that you had hypertension, sometimes called high blood pressure?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (12) 3 <input type="checkbox"/> Only during pregnancy (12)					17
5. Were you told two or more DIFFERENT times that you had hypertension or high blood pressure?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK					18
6. Are you NOW taking any medicine prescribed by a doctor for your hypertension or high blood pressure?	1 <input type="checkbox"/> Yes (8) 2 <input type="checkbox"/> No					19
7a. Was any medicine EVER prescribed by a doctor for your hypertension or high blood pressure?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (8)					20
b. Did a doctor advise you to stop taking the medicine?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No					21
FOOTNOTES						

**Section P. HIGH BLOOD PRESSURE – Continued**

<p><b>8. Because of your hypertension or high blood pressure, has a doctor or other health professional EVER advised you to –</b></p>	<p><b>a. Diet to lose weight?</b></p> <p>1 <input type="checkbox"/> Yes (9) <span style="float:right">22</span>                  2 <input type="checkbox"/> No (8b)</p>	<p><b>b. Cut down on salt or sodium in your diet?</b></p> <p>1 <input type="checkbox"/> Yes (9) <span style="float:right">23</span>                  2 <input type="checkbox"/> No (8c)</p>	<p><b>c. Exercise?</b></p> <p>1 <input type="checkbox"/> Yes (9) <span style="float:right">24</span>                  2 <input type="checkbox"/> No (11)</p>
<p><b>9. Have you EVER followed this advice?</b></p>	<p>1 <input type="checkbox"/> Yes (10) <span style="float:right">25</span>                  2 <input type="checkbox"/> No (8b)</p>	<p>1 <input type="checkbox"/> Yes (10) <span style="float:right">26</span>                  2 <input type="checkbox"/> No (8c)</p>	<p>1 <input type="checkbox"/> Yes (10) <span style="float:right">27</span>                  2 <input type="checkbox"/> No (11)</p>
<p><b>10. Are you NOW following this advice?</b></p>	<p>1 <input type="checkbox"/> Yes } (8b) <span style="float:right">28</span>                  2 <input type="checkbox"/> No }</p>	<p>1 <input type="checkbox"/> Yes } (8c) <span style="float:right">29</span>                  2 <input type="checkbox"/> No }</p>	<p>1 <input type="checkbox"/> Yes } (11) <span style="float:right">30</span>                  2 <input type="checkbox"/> No }</p>
<p><b>11a. Do you still have hypertension or high blood pressure?</b></p>	<p>1 <input type="checkbox"/> Yes (12) <span style="float:right">31</span>                  2 <input type="checkbox"/> No                  9 <input type="checkbox"/> DK</p>		
<p><b>b. Is this condition completely cured or is it under control?</b></p>	<p>1 <input type="checkbox"/> Cured <span style="float:right">32</span>                  2 <input type="checkbox"/> Under control                  9 <input type="checkbox"/> DK</p>		
<p><b>12a. ABOUT how long has it been since you LAST had your blood pressure taken by a doctor or other health professional?</b></p>	<p>Number { 2 <input type="checkbox"/> Days                  3 <input type="checkbox"/> Weeks                  4 <input type="checkbox"/> Months                  5 <input type="checkbox"/> Years</p> <p>999 <input type="checkbox"/> DK } (13)                  000 <input type="checkbox"/> Never }</p>		
<p><b>b. Blood pressure is usually given as one number over another. Were you told what your blood pressure was, in NUMBERS?</b></p>	<p>1 <input type="checkbox"/> Yes <span style="float:right">35</span>                  2 <input type="checkbox"/> No                  9 <input type="checkbox"/> DK } (12d)</p>		
<p><b>c. What was your blood pressure, in NUMBERS?</b></p>	<p>____ / ____ <span style="float:right">37-39</span>                  999 999 <input type="checkbox"/> DK</p>		
<p><b>d. At that time, was your blood pressure high, low, or normal?</b></p>	<p>1 <input type="checkbox"/> High <span style="float:right">40-42</span>                  2 <input type="checkbox"/> Low                  3 <input type="checkbox"/> Normal                  8 <input type="checkbox"/> Other (Specify) _____                  9 <input type="checkbox"/> DK <span style="float:right">43</span></p>		
<p><b>13. Do you NOW have diabetes or sugar diabetes?</b></p>	<p>1 <input type="checkbox"/> Yes <span style="float:right">44</span>                  2 <input type="checkbox"/> No                  8 <input type="checkbox"/> Other (Specify) _____</p>		
<p><b>14. Have you ever been told by a doctor or other health professional that you had high cholesterol?</b></p>	<p>1 <input type="checkbox"/> Yes <span style="float:right">45</span>                  2 <input type="checkbox"/> No</p>		
<p><b>15. Do you have any kind of heart condition or heart trouble?</b></p>	<p>1 <input type="checkbox"/> Yes <span style="float:right">46</span>                  2 <input type="checkbox"/> No</p>		
<p><b>16. Have you ever had a stroke?</b></p>	<p>1 <input type="checkbox"/> Yes <span style="float:right">47</span>                  2 <input type="checkbox"/> No</p>		

FOOTNOTES

Section Q. STRESS		48		
<p><i>Read to respondent:</i></p> <p><b>These next questions are about stress.</b></p> <p><b>1. During the past 2 weeks, would you say that you experienced a lot of stress, a moderate amount of stress, relatively little stress, or almost no stress at all?</b></p>		<p>1 <input type="checkbox"/> A lot</p> <p>2 <input type="checkbox"/> Moderate</p> <p>3 <input type="checkbox"/> Relatively little</p> <p>4 <input type="checkbox"/> Almost none</p> <p>5 <input type="checkbox"/> DK what stress is (3)</p>		
<p><b>2. In the past year, how much effect has stress had on your health — a lot, some, hardly any or none?</b></p>		<p>1 <input type="checkbox"/> A lot</p> <p>2 <input type="checkbox"/> Some</p> <p>3 <input type="checkbox"/> Hardly any or none</p>		
<p><b>3a. In the past year, did you think about seeking help for any personal or emotional problems from family or friends?</b></p>		<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p>		
<p><b>b. from a helping professional or a self-help group?</b></p>		<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p>		
<b>Q1</b>	Refer to 3a and b.	<p>1 <input type="checkbox"/> "No" in 3a and 3b (Section R)</p> <p>8 <input type="checkbox"/> Other (4)</p>		
<p><b>4a. Did you actually seek any help?</b></p>		<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No (Section R)</p>		
<p><b>b. From whom did you seek help?</b></p> <p><i>Number up to four items in the order mentioned.</i></p> <p><i>Do not read list.</i></p>		<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"> <p>Family member or relative <b>54</b></p> <p>Friend <b>55</b></p> <p>Psychologist <b>56</b></p> <p>Psychiatrist <b>57</b></p> <p>Psychiatric social worker <b>58</b></p> <p>Other mental health professional <b>59</b></p> <p>Medical doctor <b>60</b></p> <p>Religious counselor <b>61</b></p> <p>Alcoholics Anonymous <b>62</b></p> </td> <td style="width: 50%; border: none;"> <p>Gamblers Anonymous <b>63</b></p> <p>Weight Watchers <b>64</b></p> <p>Counselor at work <b>65</b></p> <p>Counselor at school <b>66</b></p> <p>Probation officer <b>67</b></p> <p>Other (Specify) <b>68</b></p> <p>_____ <b>69</b></p> <p>_____ <b>70</b></p> </td> </tr> </table>	<p>Family member or relative <b>54</b></p> <p>Friend <b>55</b></p> <p>Psychologist <b>56</b></p> <p>Psychiatrist <b>57</b></p> <p>Psychiatric social worker <b>58</b></p> <p>Other mental health professional <b>59</b></p> <p>Medical doctor <b>60</b></p> <p>Religious counselor <b>61</b></p> <p>Alcoholics Anonymous <b>62</b></p>	<p>Gamblers Anonymous <b>63</b></p> <p>Weight Watchers <b>64</b></p> <p>Counselor at work <b>65</b></p> <p>Counselor at school <b>66</b></p> <p>Probation officer <b>67</b></p> <p>Other (Specify) <b>68</b></p> <p>_____ <b>69</b></p> <p>_____ <b>70</b></p>
<p>Family member or relative <b>54</b></p> <p>Friend <b>55</b></p> <p>Psychologist <b>56</b></p> <p>Psychiatrist <b>57</b></p> <p>Psychiatric social worker <b>58</b></p> <p>Other mental health professional <b>59</b></p> <p>Medical doctor <b>60</b></p> <p>Religious counselor <b>61</b></p> <p>Alcoholics Anonymous <b>62</b></p>	<p>Gamblers Anonymous <b>63</b></p> <p>Weight Watchers <b>64</b></p> <p>Counselor at work <b>65</b></p> <p>Counselor at school <b>66</b></p> <p>Probation officer <b>67</b></p> <p>Other (Specify) <b>68</b></p> <p>_____ <b>69</b></p> <p>_____ <b>70</b></p>			
<p><b>c. Anyone else?</b></p>		<p><input type="checkbox"/> Yes (Reask 4b and c)</p> <p><input type="checkbox"/> No</p>		
Section R. EXERCISE		RT76		
<p><b>R1</b></p>		3-4		
<p><i>Read to respondent:</i></p> <p><b>These next questions are about physical exercise. Hand calendar.</b></p> <p><b>1a. In the past 2 weeks (outlined on that calendar), beginning Monday (date) and ending this past Sunday (date), have you done any exercises, sports, or physically active hobbies?</b></p>		<p>1 <input type="checkbox"/> SP is physically handicapped (Describe in footnotes. THEN 1)</p> <p>8 <input type="checkbox"/> Other (2)</p>		
<p><b>b. What were they?</b></p> <p><i>Record on next page, THEN 1c.</i></p>				
<p><b>c. Anything else?</b></p>		<p><input type="checkbox"/> Yes (Reask 1b and c)</p> <p><input type="checkbox"/> No (2b)</p>		
<p>FOOTNOTES</p>				

**Section R. EXERCISE – Continued**

NOTE – ASK ALL OF 2a BEFORE GOING TO 2b–d.		NOTE: ASK 2b–d FOR EACH ACTIVITY MARKED “YES” IN 2a.	
<p><i>Read to respondent: These next questions are about physical exercise. Hand calendar.</i></p> <p><b>2a. In the past 2 weeks (outlined on that calendar), beginning Monday, (date), and ending this past Sunday, (date), have you done any (of the following exercises, sports, or physically active hobbies) –</b></p> <p>(1) Walking for exercise? YES <input type="checkbox"/> NO <input type="checkbox"/></p>		<p><b>b. How many times in the past 2 weeks did you (play/go/doi (activity in 2a)?</b></p> <p>(1) _____ Times</p>	
<p><b>c. On the average, about how many minutes did you actually spend (activity in 2a) on each occasion?</b></p> <p>_____ Minutes</p>		<p><b>d. (What usually happened to your heart rate or breathing when you (activity in 2a)? Did you have a small, moderate, or large increase, or no increase at all in your heart rate or breathing?</b></p> <p>1 <input type="checkbox"/> Small 3 <input type="checkbox"/> Large 2 <input type="checkbox"/> Moderate 4 <input type="checkbox"/> None</p>	
<b>R2</b>	Refer to age. <input type="checkbox"/> SP is 75+ (23) <input type="checkbox"/> Other (2)		
(2) Jogging or running?	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 7	(2) _____ Times	_____ Minutes
(3) Hiking?	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 15	(3) _____ Times	_____ Minutes
(4) Gardening or yard work?	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 22	(4) _____ Times	_____ Minutes
(5) Aerobics or aerobic dancing?	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 29	(5) _____ Times	_____ Minutes
(6) Other dancing?	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 36	(6) _____ Times	_____ Minutes
(7) Callisthenics or general exercise?	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 43	(7) _____ Times	_____ Minutes
(8) Golf?	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 50	(8) _____ Times	_____ Minutes
(9) Tennis?	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 57	(9) _____ Times	_____ Minutes
(10) Bowling?	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 64	(10) _____ Times	_____ Minutes
(11) Biking?	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 71	(11) _____ Times	_____ Minutes
(12) Swimming or water exercises?	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 78	(12) _____ Times	_____ Minutes
(13) Yoga?	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 85	(13) _____ Times	_____ Minutes
<b>R3</b>	Refer to age. <input type="checkbox"/> SP is 65–74 (23) <input type="checkbox"/> Other (14)		
(14) Weight lifting or training?	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> RT77 3–4 5 6	(14) _____ Times	_____ Minutes
(15) Basketball?	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 7–8	(15) _____ Times	_____ Minutes
(16) Baseball or softball?	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9–11	(16) _____ Times	_____ Minutes
(17) Football?	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 13	(17) _____ Times	_____ Minutes
(18) Soccer?	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 14–15	(18) _____ Times	_____ Minutes
(19) Volleyball?	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 20	(19) _____ Times	_____ Minutes
(20) Handball, racquetball, or squash?	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 21–22	(20) _____ Times	_____ Minutes
(21) Skating?	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 27	(21) _____ Times	_____ Minutes
(22) Skiing?	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 28–29	(22) _____ Times	_____ Minutes
(23) Have you done any (other) exercises, sports, or physically active hobbies in the past 2 weeks (that I haven't mentioned)? Anything else?	<input type="checkbox"/> Yes – What were they? <input type="checkbox"/> No	(23) _____ Times	_____ Minutes
	69–70	71–72	73–75
	77–78	79–80	81–83

**Section R. EXERCISE – Continued**

<b>3. Do you exercise or play sports regularly?</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (5)	<b>85</b>
<b>4. For how long have you exercised or played sports regularly?</b>	Number <span style="font-size: 2em;">}</span> 1 <input type="checkbox"/> Days 2 <input type="checkbox"/> Weeks 3 <input type="checkbox"/> Months 4 <input type="checkbox"/> Years	<b>86-88</b>
<b>5a. Would you say that you are physically more active, less active, or about as active as other persons your age?</b>	1 <input type="checkbox"/> More active 2 <input type="checkbox"/> Less active 3 <input type="checkbox"/> About as active (R4) 4 <input type="checkbox"/> Other (Specify) _____ (R4)	<b>89</b>
<b>b. Is that [a lot more or a little more/a lot less or a little less] active?</b>	1 <input type="checkbox"/> A lot more 2 <input type="checkbox"/> A little more 3 <input type="checkbox"/> A lot less 4 <input type="checkbox"/> A little less	<b>90</b>
<b>R4</b> Refer to "Wa/Wb" boxes in C1 on HIS-1.	1 <input type="checkbox"/> Wa or Wb box marked (6a) 2 <input type="checkbox"/> Other (6c)	<b>91</b>
<b>6a. How much hard physical work is required on your job? Would you say a great deal, a moderate amount, a little, or none?</b>	1 <input type="checkbox"/> Great deal 2 <input type="checkbox"/> Moderate amount 3 <input type="checkbox"/> A little } (7) 4 <input type="checkbox"/> None }	<b>92</b>
<b>b. About how many hours per day do you perform hard physical work on your job?</b>	_____ Hours (7)	<b>93-94</b>
<b>c. How much hard physical work is required in your main daily activity? Would you say a great deal, a moderate amount, a little, or none?</b>	1 <input type="checkbox"/> Great deal 2 <input type="checkbox"/> Moderate amount 3 <input type="checkbox"/> A little } (7) 4 <input type="checkbox"/> None }	<b>95</b>
<b>d. About how many hours per day do you perform hard physical work in your main daily activity?</b>	_____ Hours	<b>96-97</b>
Read to respondent: These next questions are about strengthening the heart and lungs through exercise.		
<b>7a. How many days a week do you think a person should exercise to strengthen the heart and lungs?</b>	_____ Days 8 <input type="checkbox"/> Other (Specify) _____ 9 <input type="checkbox"/> DK	<b>98</b>
<b>b. For how many minutes do you think a person should exercise on EACH occasion so that the heart and lungs are strengthened?</b>	_____ Minutes 999 <input type="checkbox"/> DK	<b>99-101</b>
Hand card R1		
<b>c. (During those (number in 7b) minutes), How fast do you think a person's heart rate and breathing should be to strengthen the heart and lungs? Do you think that the heart and breathing rate should be --</b> no faster than usual, a little faster than usual, a lot faster but talking is possible, so fast that talking is not possible?	1 <input type="checkbox"/> No faster than usual 2 <input type="checkbox"/> A little faster than usual 3 <input type="checkbox"/> A lot faster but talking is possible 4 <input type="checkbox"/> So fast that talking is not possible 9 <input type="checkbox"/> DK	<b>102</b>
FOOTNOTES		

Section S. SMOKING		RT78
		3-4
<b>S1</b>	Refer to "Smoking asked" box on HIS-1.	1 <input type="checkbox"/> "Smoking asked" box marked (4) 8 <input type="checkbox"/> Other (1)
Read to respondent: These next questions are about smoking cigarettes.		6
1. Have you smoked at least 100 cigarettes in your entire life?		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (4)
2a. Do you smoke cigarettes now?		1 <input type="checkbox"/> Yes (3) 2 <input type="checkbox"/> No
b. About how long has it been since you last smoked cigarettes fairly regularly?		8-10 <input type="checkbox"/> Days <input type="checkbox"/> Weeks <input type="checkbox"/> Months <input type="checkbox"/> Years (4) Number _____ 999 <input type="checkbox"/> Never smoked regularly (4)
3. On the average, about how many cigarettes a day do you now smoke?		11-12 00 <input type="checkbox"/> Less than 1 per day _____ Number
4. [These next questions are about smoking cigarettes.] (Hand Card S) Tell me if you think CIGARETTE SMOKING definitely increases, probably increases, probably does not, or definitely does not increase a person's chances of getting the following problems. First --		DEFINITELY INCREASES    PROBABLY INCREASES    PROBABLY DOES NOT INCREASE    DEFINITELY DOES NOT INCREASE    DK/NO OPINION
a. Emphysema? (Give me a number from the card.)		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 9 <input type="checkbox"/> 13
b. Bladder cancer?		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 9 <input type="checkbox"/> 14
c. Cancer of the larynx (lar'inks) or voice box?		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 9 <input type="checkbox"/> 15
d. Cataracts?		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 9 <input type="checkbox"/> 16
e. Cancer of the esophagus?		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 9 <input type="checkbox"/> 17
f. Chronic bronchitis?		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 9 <input type="checkbox"/> 18
g. Gallstones?		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 9 <input type="checkbox"/> 19
h. Lung cancer?		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 9 <input type="checkbox"/> 20
<b>S2</b>	Refer to age.	1 <input type="checkbox"/> SP is under 45 (4i) 2 <input type="checkbox"/> SP is 45+ (S3)
Read to respondent: Does cigarette smoking during pregnancy definitely increase, probably increase, probably not or definitely not increase the chances of --		DEFINITELY INCREASES    PROBABLY INCREASES    PROBABLY DOES NOT INCREASE    DEFINITELY DOES NOT INCREASE    DK/NO OPINION
i. Miscarriage?		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 9 <input type="checkbox"/> 22
j. Stillbirth?		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 9 <input type="checkbox"/> 23
k. Premature birth?		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 9 <input type="checkbox"/> 24
l. Low birth weight of the newborn?		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 9 <input type="checkbox"/> 25
5a. If a woman takes birth control pills, is she more likely to have a stroke if she smokes than if she does not smoke?		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (S3)
b. Is she much more likely or somewhat more likely to have a stroke?		1 <input type="checkbox"/> Much more 2 <input type="checkbox"/> Somewhat more
<b>S3</b>	Refer to 1.	1 <input type="checkbox"/> "Yes" in 1 (6) 8 <input type="checkbox"/> Other (Section T)
6. Did a doctor EVER advise you to quit or cut down on smoking?		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK
		29



**Section T. ALCOHOL USE -- Continued**

<p><b>9. (Hand Card T) Tell me if you think HEAVY ALCOHOL DRINKING definitely increases, probably increases, probably does not, or definitely does not increase a person's chances of getting the following problems. First --</b></p>		DEFINITELY INCREASES	PROBABLY INCREASES	PROBABLY DOES NOT INCREASE	DEFINITELY DOES NOT INCREASE	DK/NO OPINION	
<p><b>a. Throat cancer? (Give me a number from the card.)</b></p>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	9 <input type="checkbox"/>	<b>52</b>
<p><b>b. Cirrhosis of the liver?</b></p>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	9 <input type="checkbox"/>	<b>53</b>
<p><b>c. Bladder cancer?</b></p>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	9 <input type="checkbox"/>	<b>54</b>
<p><b>d. Cancer of the mouth?</b></p>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	9 <input type="checkbox"/>	<b>55</b>
<p><b>e. Arthritis?</b></p>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	9 <input type="checkbox"/>	<b>56</b>
<p><b>f. Blood clots?</b></p>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	9 <input type="checkbox"/>	<b>57</b>
							<b>58</b>
<b>T1</b>	Refer to age.	<p>1 <input type="checkbox"/> SP is under 45 (9g) 2 <input type="checkbox"/> SP is 45 + (Section U)</p>					
<p><i>Read to respondent :</i></p> <p><b>Does heavy drinking during pregnancy definitely increase, probably increase, probably not or definitely not increase the chances of --</b></p>		DEFINITELY INCREASES	PROBABLY INCREASES	PROBABLY DOES NOT INCREASE	DEFINITELY DOES NOT INCREASE	DK/NO OPINION	
<p><b>g. Miscarriage?</b></p>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	9 <input type="checkbox"/>	<b>59</b>
<p><b>h. Mental retardation of the newborn?</b></p>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	9 <input type="checkbox"/>	<b>60</b>
<p><b>i. Low birth weight of the newborn?</b></p>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	9 <input type="checkbox"/>	<b>61</b>
<p><b>j. Birth defects?</b></p>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	9 <input type="checkbox"/>	<b>62</b>
<p><b>10a. Have you ever heard of FETAL ALCOHOL SYNDROME?</b></p>		<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (Section U)</p>					<b>63</b>
<p><b>b. In your opinion, which ONE of the following best describes Fetal Alcohol Syndrome -- a baby is born drunk, or born addicted to alcohol, or born with certain birth defects?</b></p>		<p>1 <input type="checkbox"/> Drunk 2 <input type="checkbox"/> Addicted to alcohol 3 <input type="checkbox"/> With certain birth defects</p>					<b>64</b>
<p>FOOTNOTES</p>							

**Section U. DENTAL CARE**

1. This next question is about preventing TOOTH DECAY. Hand Card U. After I read each of the following, tell me if you think it is definitely important, probably important, probably not, or definitely not important in preventing TOOTH DECAY. First —	DEFINITELY IMPORTANT	PROBABLY IMPORTANT	PROBABLY NOT IMPORTANT	DEFINITELY NOT IMPORTANT	DK/NO OPINION	
a. Seeing a dentist regularly? (Give me a number from the card.)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	9 <input type="checkbox"/>	65
b. Drinking water with fluoride from early childhood?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	9 <input type="checkbox"/>	66
c. Regular brushing and flossing of the teeth?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	9 <input type="checkbox"/>	67
d. Using fluoride toothpaste or fluoride mouth rinse?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	9 <input type="checkbox"/>	68
e. Avoiding between-meal sweets?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	9 <input type="checkbox"/>	69
2. Now I'm going to ask about preventing GUM DISEASE. In your opinion, how important or not important is each of the following in preventing GUM DISEASE? First —						
a. Seeing a dentist regularly?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	9 <input type="checkbox"/>	70
b. Drinking water with fluoride from early childhood?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	9 <input type="checkbox"/>	71
c. Regular brushing and flossing of the teeth?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	9 <input type="checkbox"/>	72
d. Using fluoride toothpaste or fluoride mouth rinse?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	9 <input type="checkbox"/>	73
e. Avoiding between-meal sweets?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	9 <input type="checkbox"/>	74
3. In your opinion, which of the following is the MAIN cause of tooth loss in CHILDREN — tooth decay, gum disease, or injury to the teeth?	1 <input type="checkbox"/> Tooth decay 2 <input type="checkbox"/> Gum disease 3 <input type="checkbox"/> Injury to the teeth					
4. In your opinion, which of the following is the MAIN cause of tooth loss in ADULTS — tooth decay, gum disease, or injury to the teeth?	1 <input type="checkbox"/> Tooth decay 2 <input type="checkbox"/> Gum disease 3 <input type="checkbox"/> Injury to the teeth					
5a. Have you ever heard of DENTAL SEALANTS?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (Section V)					
b. Which of the following BEST describes the purpose of dental sealants — to prevent gum disease, to prevent tooth decay, or to hold dentures in place?	1 <input type="checkbox"/> Prevent gum disease 2 <input type="checkbox"/> Prevent tooth decay 3 <input type="checkbox"/> Hold dentures in place					
FOOTNOTES						



**CARD N1**

*Choose two*

1. Don't eat at bedtime
2. Eat fewer calories
3. Take diet pills
4. Increase physical activity
5. Eat NO fat
6. Eat grapefruit with each meal

FORM HS 501 (1985) 10 2 84

**CARD N2**

1. Have two or more usual doctors or places depending on what is wrong
2. Haven't needed a doctor
3. Previous doctor no longer available
4. Haven't been able to find the right doctor
5. Recently moved to area
6. Can't afford medical care
8. Other reason — Specify

Card N1  
Card N2

Cut along broken line

FORM HS 501 (1985) 10 2 84

**CARD P**

1. Definitely increases the chances of heart disease
2. Probably increases the chances of heart disease
3. Probably does not increase the chances of heart disease
4. Definitely does not increase the chances of heart disease
9. Don't know or no opinion

FORM HS 501 (1985) 10 2 84

**CARD R1**

1. No faster than usual
2. A little faster than usual
3. A lot faster but talking is possible
4. So fast that talking is not possible

Card P  
Card R1

Cut along broken line

FORM HS 501 (1985) 10 2 84

**CARD S**

***Cigarette smoking —***

- 1. Definitely increases the chances**
- 2. Probably increases the chances**
- 3. Probably does not increase the chances**
- 4. Definitely does not increase the chances**
- 9. Don't know or no opinion.**

FORM HS 501 (1985) (10-2-84)

**CARD T**

***Heavy alcohol drinking —***

- 1. Definitely increases the chances**
- 2. Probably increases the chances**
- 3. Probably does not increase the chances**
- 4. Definitely does not increase the chances**
- 9. Don't know or no opinion**

FORM HS 501 (1985) (10-2-84)

Card S  
Card T

(Cut along this line)

**CARD U**

- 1. Definitely important**
- 2. Probably important**
- 3. Probably not important**
- 4. Definitely not important**
- 9. Don't know or no opinion**

FORM HS 501 (1985) (10-2-84)